

# Broad Horizons Limited

# Valmark House

## Inspection report

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05 October 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Valmark House is a residential care home providing personal care. The service can support up to 4 people, at the time of the inspection 2 people were using the service. Valmark House is a semi-detached property with single occupancy bedrooms located over three floors. People have access to a kitchen, lounge/diner, and sensory garden.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Valmark House does not look like a care home and merges in well with the other properties forming part of a local community. People had a choice about their living environment and were supported by staff to personalise their rooms. For 1 person this included the use of interactive and sensory objects to provide a stimulating environment.

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

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Within the house and gardens, people were being supported to do individual activities of their choice. Staff supported people to go out, shopping and visiting the local area. However, with the recent reduction in staffing levels to reflect occupancy, we found people were not always being given the opportunity to pursue individual interests outside the service. The registered manager said they would take action to support this happening and look at opportunities for people to try new activities to enhance and enrich their lives.

Staff enabled people to access specialist health and social care support in the community.

The service worked with people and health professionals to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff knew how people preferred to take their medicines to achieve best possible health outcomes.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

### Right Care:

People received kind and compassionate care by staff who knew them well. Staff promoted and respected people's privacy and dignity. Staff understood and responded to people's individual needs.

Staff received an induction and on-going training, which supported them to get to know the people they were supporting and meet their changing needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

We saw people could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

### Right Culture

Governance systems were in place but the oversight of these was not always effective. During the inspection, we identified shortfalls in risk management, and infection control. Although action was taken by the registered manager at the time, it demonstrated a weakness in their checks and audits, which could impact on people's safety.

Since the last inspection we found the provider had not kept updated with current best practice. The impact of the registered manager working 'hands on,' and providing cover for another of the provider's services had not been assessed. No protected time was in place to support them and the provider to jointly review the quality of the service against best practice and regulations, as part of developing the service.

People benefited from having lived at Valmark House for many years. This had enabled staff to develop a good understanding of people's communication to support them having a voice. Relatives, stakeholders and staff were all positive about the service and the quality of care people received.

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

The last rating for this service was good (published 19 March 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

### Enforcement and Recommendations

We have identified a breach in relation to governance procedures at the service.

We have made 2 recommendations in relation to health and safety and infection control, to ensure the staff's knowledge is up to date.

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

Prior to this inspection we recognised that the provider had failed to have a registered manager in post. This was a breach of regulation and we issued a fixed penalty notice [FPN]. The provider accepted the FPN and paid this in full. There was now a registered manager in post.

#### 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Valmark House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Valmark House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Valmark House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on the 13 September 2023 and ended on 6 October 2023. We visited the service on the 13 and 18 September 2023.

#### What we did before the inspection

We reviewed information we had received about the service since we last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of a CQC monitoring activity that took place on 25 July 2023 to help plan the inspection and inform our judgements. This included discussion with a relative. We used all this information to plan our inspection.

#### During the inspection

We visited the service, to gain a view of the service's routines and spend time with the 2 people living at Valmark House. We observed staff interactions with people throughout the visit. We looked around the house and gardens. We spoke with the registered manager and 2 senior staff.

We reviewed a range of records. This included the 2 people's care records, medicines records, and risk assessments. We also reviewed 2 staff recruitment records, staff rosters, staff training records and records relating to the quality assurance of the service, including audits, and fire risk assessments. The provider's recent August/September 2023 quality questionnaires provided feedback from both people's relatives, a social care professional and specialist health professional, on their views of the service.

#### Following the inspection

We contacted the provider, and the commissioner of the service, to clarify information around the staffing levels and related risk assessments.



# 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 the rating has changed 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

- Improvements were needed in monitoring the safety of the environment, to ensure consistency, and any potential risks to people were identified and acted on.
- On the first day of our inspection, not all radiators had covers on to protect from the potential risk of skin burns when in use. When fitting locks to prevent people having access to fluids which would be hazardous to health, a cupboard containing cleaning fluids in the kitchen had been overlooked. Risks around people's wardrobes being fixed to the wall to prevent the risk of falling forward had not been considered.
- The registered manager acted straight away, addressing all the shortfalls and reducing risks to people.

We recommend the provider consider current guidance on managing health and safety in care homes, to support them in gaining a better understanding in managing environmental risks.

- Feedback given in the provider's quality feedback surveys showed people's relatives and visiting professionals felt people were supported in a safe environment. A relative had stated, 'Valmark House provides a very safe,' environment.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Records showed how staff had worked well with health and social care professionals, to support a person through a time of emotional distress.
- Care records contained individual risk assessments, which included health and positive behavioural support plans. We observed people going out with staff visiting the local area. Staff knew people well, they were aware of any potential risks, and told us actions they took to keep people safe.

### Preventing and controlling infection

- People were supported in a clean environment. A relative told us, "The home is clean, and people are involved in cleaning too, where they are able to."
- Daily cleaning schedules were in place, and staff had access to sufficient supplies of personal protective equipment (PPE). Staff confirmed they wore appropriate PPE when supporting people with care tasks.
- Staff had received training in infection prevention and control (IPC). However, staff were not always following effective IPC, where they were using textile towels, rather than paper, as part of their IPC. The registered manager acted during the inspection and put in place a paper towel dispenser, which reduced cross infection risks.

We recommend the provider consider current infection control guidance to support their understanding when carrying out infection control audits, to ensure consistent safe practice.



Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from abuse because staff knew them well and understood their safeguarding role and responsibilities. The service worked well with other agencies to safeguard people from abuse.
- Where there had been a safeguarding concern, records showed management had shared learning with the staff, and had taken effective action to reduce the risk of it happening again.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us if something, "Doesn't feel right," they would not hesitate to report their concerns to the registered manager. If they felt their concerns were not listened to, they would report to the appropriate external agencies.
- Records showed staff's supervision was also used as a forum to check staff knowledge of safeguarding, and their understanding. This included their awareness of the provider's safeguarding and whistleblowing policies and procedures.

#### Staffing and recruitment

- People benefited from a low turnover of staff, which meant they received consistent support from staff they knew. A relative told us the staffing levels had been higher and were reduced when occupancy reduced from 3 to 2; confirming additional staff had been brought in when needed.
- Staff felt there was enough staff on duty to keep people safe, and if a person became physically or mentally unwell, staffing levels would be increased during that time.
- We noted staffing levels over the weekends did not support people to go out individually. The provider told us extra staffing would be provided to support any planned activities or appointments. The reduction in staffing levels was temporary and would be increased to reflect increase in occupancy levels and needs.
- The provider had safe recruitment systems in place, however, it was not always being followed where gaps in 1 staff's employment history had not been fully explored. Action was taken by the management to obtain missing information and put further checks in place to prevent it happening again.

#### Using medicines safely

- Staff were working to the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). This ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. People's medicines were reviewed by prescribers in line with these principles.
- The registered manager said the good working relationship they had developed with specialist health professionals, ensured good communication and best outcomes for people when monitoring and adjusting medication. A relative told us how well staff worked together to minimise the number of medicines their family member was prescribed.
- The service had received written instructions from a prescriber to adjust a person's medicine. However, although the person was receiving the right dosage medicine, it did not reflect what was being given on the person's medication administration record [MAR]. The registered manager acted straight away to ensure the correct information was on the MAR and put procedures in place to prevent it happening again.
- Staff confirmed they had received training and had their competency checked prior to supporting people with their medicines. Records confirmed this.
- Staff knew about the verbal and non-verbal signs to look out for, which could indicate the person was in pain. Where pain medicines have been given, staff monitored to ensure it had been effective, and if not, sought medical advice.

#### Visiting in care homes

- There were no restrictions on visiting. Visiting was carried out in line with people's wishes.

# 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 the rating question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care needs were carried out prior to people being offered a place. this was to ensure the service could provide the level of care the person was looking for.
- The registered manager was aware of the need to ensure any new admission, "Have to be 100% compatible," with people already living at Valmark House. Therefore, the assessment period included short visits.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Staff could describe how their induction, ongoing training and personal development related to the people they supported. A staff member said their induction included shadowing an experienced member of staff for a week; getting to know people's day and night routines.
- A staff member spoke about the transferable skills they had been able to bring to this service to enhance people's life. Such as experience of using different types of textures, colouring, and lighting to provide a stimulating sensory environment.
- Feedback, and examples given in the provider's August 2023 quality questionnaires, was very positive from the people's relatives, and visiting health and social care professionals. All felt staff had the skills to meet people's needs.
- Staff were supported through monthly supervision. Records showed the sessions were used as a forum to discuss a different 'topic' each month, for example fire safety, to keep their knowledge updated.
- The registered manager confirmed they did not have set, formal staff meetings, and would be arranged as needed. A staff member commented, "You can have them whenever you like." Which they felt was good, and stopped staff, "Bottling anything up."

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

- All staff were aware of the people's likes, dislikes, and preferred meal routines. Staff were knowledgeable around encouraging people to eat a healthy diet, and drink plenty of fluids.
- A relative told us, "Food is freshly cooked." A staff member said, "We cook every day...like you would at home," as part of supporting people to eat a balanced diet and always give choice.
- During the inspection we observed a person go to the freezer and choose what they wanted cooked to eat that day. People were being offered, or had selected themselves, snacks, and drinks of their choosing.
- People's care records provided staff, where applicable, with the level of support they needed when eating

and drinking.

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

- The provider worked alongside other agencies to ensure people's health needs were met in a timely manner. Multi-disciplinary team professionals were involved in/ made aware of support plans to improve people's care.
- A relative provided examples which showed how well staff worked with specialist healthcare services to ensure their family member's safety and wellbeing.
- The registered manager said they had built up a, "Really good rapport," with other professionals involved in people's care and if they had any concerns, or, "Anything needs changing, they really do listen to us." A specialist health professional had commented in the provider's August 2023 quality questionnaire, 'The service always follows advice and guidance from specialists and complete effective records.'
- People's records showed they were supported to access health services in the local community, such as the dentist and GP surgery and kept their relatives updated on the outcome. A relative said, "[Staff] keep us extremely well updated,"
- People had a 'This is me passport,' which were used by health and social care professionals to support them in the way they needed.

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

- The design, layout and furnishings in the service supported people's individual needs and was kept under review. An extra stair handrail had been fitted to support people using the steep stairs safely.
- The environment was homely and stimulating. Staff viewed the property as the person's home and were encouraging them to personalise areas such as their bedroom.
- People showed us their bedrooms, which reflected their different interests and supported their sensory needs. A person showed us where the neutral-coloured walls in their bedroom had been brightened up using stencils.
- The vacant bedrooms had not been redecorated, this enabled people to choose their colour scheme, and have it redecorated, before they moved in.
- Systems were in place to ensure the people's home continued to be well maintained. A relative told us staff, "Are forever updating carpets and furniture." New garden furniture had recently been purchased to provide more seating.
- However, where, following an incident, the taps from a bedroom sink had been removed, although put back during the inspection, consideration had not been given to fitting specialist taps. The registered manager said they would seek advice, to see what type of fitment would be best.

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.

- Staff were working within the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support.
- Care records provided staff guidance on supporting the person to make decisions. This included the use of visual aids and communication cards, and their knowledge of people's verbal and non-verbal body language.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 showing warmth and respect when interacting with people. They focused fully on the person as they checked with the person what they wanted to do.
- Staff spoke about people in caring positive manner, focusing on positive behaviours. A staff member described a person's personality as, "Happy...has an infectious laugh...a joy to be around."
- A relative commented in the provider's quality questionnaire, '[Staff are] extremely,' caring. Another had found all staff, 'Very caring and understanding, providing a loving and homely environment,' which reflected what they told us.
- The service had also received positive feedback from visiting health and social care professionals. This included, 'It is clear the staff care for the adult, [person] appears comfortable with [staff]. The staff know [person] very well, which can only be achieved through genuine care.'
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A staff member told us their focus each day was, "Making a difference and giving [people] their best days."
- Staff received training on equality and diversity and had good awareness of people's individual characteristics and how to support them. They celebrated people's achievements and demonstrated empathy where there had been setbacks.

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

- People had lived at Valmark House for many years, supported by a consistent staff team, who took the time to understand people's individual communication styles and develop a rapport with them.
- Throughout the inspection, we observed staff asking people what they wanted to do next and acting on the response they received. Staff provided lots of examples of how the people liked to express their views and interacted with staff to ensure their feelings were known.
- People were supported to maintain links with those that were important to them, through going on social leave, outings and staff keeping in regular contact with family members. A relative told us staff were, "Very good," at keeping them updated.

Respecting and promoting people's privacy, dignity and independence

- Staff provided examples of how they ensured people's privacy and dignity when supporting with personal care, and when taking part in activities. A person's bedroom window had pretty window covering, which ensured the person's privacy, whilst enabling them to look out.
- A relative told us staff encouraged their family member, "To be as independent as possible," which we

observed, included undertaking domestic tasks, such as filling/emptying the washing machine.

- Staff had a good understanding of what a person could do for themselves. This ensured staff did not take away the person's independence by carrying out tasks which the person was able to do, sometimes with encouragement, themselves.

# 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. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

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

- A relative told us they were, "Very happy," and felt their family member was being well supported in every aspect of their care and support.
- People's 'My person-centred plan – about me,' provided staff with guidance on how each individual wanted to be supported. This included information on the person's likes and dislikes, and areas of personal care and daily living tasks they needed help with.
- Information held showed the person and others, including family, health, and social care professionals, who played a significant role in the person's life had been consulted.
- Staff spoke knowledgeably about tailoring the level of support to people's individual physical and mental health needs.

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

- Staff told us the majority of the time, unless the person had a planned appointment, people decided on the day what activities they would like to do. We saw this included people choosing their favourite television programmes, using sensory equipment, and going out in the car to the local beach for an ice cream.
- Although this provided spontaneity, more planned activities were needed, ensuring enough staff cover, to support people's individual interests. For example, where a person loved swimming and trampolining. On speaking with staff, we identified these activities had not been facilitated for some time.
- We raised this with the registered manager, who said they had been looking into re-starting the swimming, but no action had yet been taken. However, they provided reassurance they would do this, and also would contact a specialist disability trampolining facility.
- A staff member told us they had also been looking into an accessible cycling facility, with a purpose-built track. which offered, "Wheels for all," to support another person. In taking these actions, will ensure people are supported to try new activities, whilst continuing ones they enjoy.
- People were supported to spend time with and communicate with people who were important to them. This included social stays and outings with their relatives, and as observed during the inspection, visiting people they had got to know at the provider's other home.

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.

- Care records provided staff with detailed guidance on interpreting the person's body language and gestures. Staff knew people well and were skilled in supporting people by using personalised communication systems, which we observed being used during the inspection.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations. This included objects of reference, flash cards, and use short and simple sentences.
- The providers complaint's policy and people's care records contained a mixture of photographs of the person carrying out activities and easy read accessible format.
- Where needed, staff had also sought advice from a Speech and Language therapist to support people's communication and acted on their advice.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- A relative told us, "The [staff] and management are completely approachable", and they could raise any concerns if they had any. The service had not received any complaints.
- Staff knew people's body language and behaviours well. This supported them in identifying if something was worrying the person, so they could identify the cause and take action to address it.

End of life care and support

- Systems were in place, if the need occurred, to ensure a personalised end of life care plan. This would be completed using feedback from the person, staff and significant people in the person's life, along with support from specialist health professionals and palliative care team.



# 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 the rating has changed 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; Continuous learning and improving care

- Relatives and professionals felt staff had a good understanding of people's needs and were providing quality care. However, we found governance processes were not effective enough to provide good consistent oversight of the service.
- Risks associated with the environment, medicines management, and infection control, although immediately acted on, had not been picked in the provider's quality assurance processes.
- The provider's staff application forms had not been updated to request a full work history, to support them identifying and exploring any gaps in employment.
- Prior to this inspection, in July 2023, the registered manager and provider had not been aware that their legal duty of submitting statutory notifications to the CQC, included authorised DoLS notifications. This has now been addressed, and CQC are receiving the notifications.
- There was no service improvement/development plan in place to assist the management team to plan and review improvements. The provider told us actions from audits were acted on at the time they were identified. However, during the inspection, we had been told of planned actions including activities, which were not included in a plan with the planned date for completion and review.
- The staff team consisted of a registered manager, and 4 support workers. There was no effective business contingency plan in place to cover staff sickness in an emergency. There were no 1 page profiles in people's care plans to support agency staff in knowing essential information about the person.
- The staff rota showed the registered manager regularly worked 12-hour shifts as a support worker. At the time of the inspection, they were also providing annual leave cover and support for the provider's other service located close by. Where shortfalls were identified in the oversight of the service, they were not being given sufficient protected time to carry out their role, and keep their knowledge updated.
- Our contact with the provider in July 2023, identified the provider was not aware of Right Support Right Care Right Culture, so was unable to explain how they worked in line with this guidance. At this inspection the registered manager had printed off the guidance, but not had time to review the information and relate it to their service.

The provider's systems and processes that assessed, monitored, mitigated risk and keep them updated on best practice were not fully effective. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us they had contacted a suitable care agency, to provide staff cover in an

emergency.

- Relatives comments in the provider's quality questionnaires included, 'We are very satisfied with the leadership and integrity of management and the staff team.'
- Since our last inspection, a fixed penalty notice [FPN] was issued after failure to comply with their registration condition to have a registered manager in post. The provider paid the FPN, and a manager was registered for the service 28 January 2020.

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

- The registered manager understood their responsibilities in relation to the duty of candour and were open and honest when things had gone wrong.
- A health professional had commented in the provider's quality questionnaire that they found the 'Manager and staff team are always open, honest and transparent.'

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

- The provider, registered manager, and staff put people's needs and wishes at the heart of everything they did. They were receptive to challenge and welcomed fresh perspectives.
- The registered manager worked directly with people and led by example and promoted equality and diversity in all aspects of the running of the service.
- Staff felt valued and enjoyed their job, which supported the positive, homely environment.
- A relative praised the person-centred culture of the service, and told us staff and management, "Are completely approachable," and how the quality of care provided met their family member's needs.
- A visiting professional had written in the provider quality questionnaire, 'Management have always been available when needed and implement suggested actions effectively.'

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 17 HSCA RA Regulations 2014 Good governance  The provider's systems and processes that assessed, monitored, mitigated risk and keep them updated on best practice were not fully effective