

# The Old Vicarage Care Home Limited

# The Old Vicarage Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Old Vicarage Care Home is a care home providing accommodation in one adapted building, for up to 44 adults who require personal care. At this inspection, there were 34 adults receiving care at the service.

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

The registered provider's accountability and oversight arrangements were not wholly effective, to consistently ensure timely and sustained service improvement when needed. Action had recently commenced to rectify this. A range of management, staffing and care improvements were either recently made or in progress. However efficacy was not yet demonstrated, as the improvements were either not yet fully embedded, or demonstrated as sustained and ongoing for people's care.

There was no registered manager for the service and a history of high manager turnover. Recruitment had commenced to address this, and suitable interim management arrangements were confirmed. Overall staff understood their role and responsibilities for people's care, but remedial measures recently introduced for their supervision and support were not yet wholly assured.

People, relatives and staff were somewhat confident in the management of the service, following the recent appointment of a deputy manager. However, most held reservations due to the high manager turnover and the impact previously experienced from this in relation to staffing, complaints and concerns handling.

For the most part, the provider was able to demonstrate effective partnership working, information handling and communication with external professionals, agencies, authorities and other care providers when needed for people's care. Action was taken to notify us of important events when they happened at the service, although this was not always without delay.

Complaints and concerns, including those raised by staff, were not always effectively handled and responded to in a timely manner. Remedial management action had commenced to rectify this, to help inform and improve people's care when needed.

People were protected from the risk of harm or abuse at the service. Overall, risk management strategies for people's care, environment and emergency contingency planning, were effectively informed and understood by staff. The service was suitably adapted and designed to promote people's safety, choice and independence.

People's medicines were safely managed to ensure people received them when they should. We were assured the provider was meeting with requirements and nationally recognised government guidance, concerned with the prevention and control of infection, including COVID-19. People, relatives and staff were confident people were safe when they received care within the service.

Staff were trained and safely deployed for people's care. 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 received care from kind, caring staff who knew people well, how to communicate with them and had good relationships with people and their families. Nationally understood care values were promoted and understood by staff. This help ensure people's equality, rights, independence and choice in relation to their care and daily living arrangements.

People were effectively supported to maintain or improve their health and nutrition. People received care from staff who were trained and informed to provide this in accordance with the law and nationally recognised care standards, including end of life care principles.

The provider was meeting the accessible information standard, to enable people to agree their care and daily living arrangements within the service in a way they could understand.

Overall, people received timely, individualised care, which they and their families were happy with at the time of this inspection. People's equality characteristics were taken account of, to help enhance their care and daily living experience.

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 October 2017).

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of people's care in relation to staffing and management arrangements at the service. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well Led sections of this full report. You can also see what action we have asked the provider to take at the end of this full report.

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

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 The Old Vicarage Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# The Old Vicarage Care Home

## **Detailed findings**

### Background to this inspection

#### Service and service type

The Old Vicarage Care Home 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. The Old Vicarage Care Home 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 not a registered manager in post. An interim manager had very recently commenced at the service, who told us they had commenced the registered manager application process.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from local authority care commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, 10 relatives and 7 care staff, including 4 senior and the deputy manager. We also spoke with the cook, 2 external senior managers and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how staff interacted with people and we reviewed a range of records. This included 6 people's care plans, multiple medicines records, complaints and staffing records. The provider sent us a range of quality assurance and management records we asked for, which we reviewed off site. This included audits, meeting minutes and some of the provider's operational policies for people's care and safety. Following the inspection, we continued to seek clarification from the provider, to validate evidence found.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were mostly effectively assessed and managed. This included risks associated with people's health condition, environment and any equipment used for their care.
- Following recent management changes at the service, measures for the ongoing monitoring and analysis of individual health incidents had been reviewed. This helped inform or improve people's care when needed.
- Staff understood people's care plans for their safety, which included the care steps staff needed to follow, to mitigate any risks identified. For example, to help people move, to eat and drink and take their medicines safely when needed. Regular care plan reviews were identified to be carried out on an ongoing basis.
- Emergency contingency measures and health incident procedures were in place, which staff knew to follow in any event. Such as in the event of a fire alarm or a person's sudden health collapse.
- People, relatives and staff we spoke with, felt confident people's safety needs were being met. One person said, "Yes, I absolutely am safe here; there was an incident just the other week; it was dealt with very quickly and efficiently." A relative told us, "[Person] can sometimes fall easily; they have a sensor mat in their room to alert staff, so they can check on them quickly."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- Staff knew how to recognise and report any suspected, or witnessed abuse, in accordance with local procedures.
- People and relatives were sufficiently informed and supported to help keep people safe.
- People and relatives that we spoke with, all told us they felt safe, knew how and were confident to raise any safety concerns if they needed to.

Staffing and recruitment

- Overall, there were safe staffing arrangements for people's care and service delivery.
- Staff described safe arrangements for their recruitment and deployment, and related records we looked at mostly showed this. However, in 2 out of 4 care staff files we looked at, completed employment application forms did not provide the full dates of their previous employment listed; giving years only. Potential employment gaps from this had not been explored with the individual staff members.
- We discussed our findings with the provider's nominated individual. Following this inspection they told us about their remedial action to rectify this for people's safety and to help prevent any reoccurrence. However, this had not been ensured proactively or without delay. We have therefore referred further to this under the Well Led section of this report.

- With the exception of one incident, where we observed a care delay, we saw staff were visible and provided people with timely care and support when needed. We discussed our findings with the deputy manager who subsequently instructed staff accordingly, to rectify this. The person's safety was not compromised.
- People, relatives and staff, felt staffing arrangements had improved significantly over recent months and they were confident that staffing levels were sufficient to ensure people's care and safety needs.
- Feedback included, "Staffing levels are much better than they were last year; we have time to do the job now, it's a stable staff team." "Staffing is more consistent now; we don't use as many agency staff and use the same ones, if needed; it's much better for continuity." "It's a nice stable staff team now, there's always plenty of staff around; communication is good." And, "I can definitely say there seems to be enough staff, they check I'm ok if I'm in my room and come straight away when I need anything."

#### Using medicines safely

- People's medicines were safely managed. We found safe arrangements for the ordering, receipt, storage, administration, recording and disposal of people's medicines when needed.
- We observed staff giving people their medicines safely. This included making appropriate checks before and after giving medicines, to ensure the right dose at the right time. People were supported to take their medicines in the way they preferred and with sufficient water to take them with, when needed.
- Medicines protocols were in line with nationally recognised guidance, which staff followed to ensure their safe administration, when required. For example, pain relief when people were not able to request this directly themselves because of their individual health condition, such as dementia.
- There were safe arrangements for people to manage their own medicines; if they chose and were assessed as safe to do so.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider followed current government guidance concerned with visiting in care homes. People's rights to family life and to receive visitors were being met.



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

Support: induction, training, skills and experience

- Staff were trained but not effectively supervised for their role and responsibilities.
- Staff were not all satisfied regarding the level of management support given during their care induction at the service, which a recent staff survey conducted by the provider also showed. Management remedial actions were in progress to rectify this.
- The deputy manager had recently re-established a rolling programme for regular staff supervision, which staff were pleased about. However, management remedial actions to for effective staff supervision and support, had not been fully ensured by the provider in the first instance without significant delay. We have therefore referred further to this under the Well Led section of this report.
- Outstanding training updates for emergency first aid, were booked for staff who needed to complete this, during April 2023. All of the staff we spoke with said they received the training they needed. However, many felt they were not afforded sufficient time to complete any e-learning subjects required, which usually resulted in them undertaking this in their own time at home.
- Care staff were expected to complete the Care Certificate and supported to obtain vocational qualifications relevant to their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction.
- Feedback from staff included, "I have supervision booked with the deputy manager; before that I'd never had one over the last year." "I've got my supervision booked in now, there's a new programme." "Training is pretty good; we get reminded where e learning is overdue but being afforded the time to do it is an issue." And, "We've raised concerns, but we still end up doing e-learning in our own time at home because we know we have to get it done."

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

- People's care was effectively informed and ensured in line with nationally recognised standards.
- Since their more recent appointment, the deputy manager had worked to consistently ensure the regular review of people's care and related health needs, along with timely referral to relevant external health professionals, when needed for people's care. However, this had not been without delay due to gaps in the provider's governance systems. We have therefore referred further to this under the Well Led section of this report.
- We observed staff supporting people in line with their risk assessed needs and written care plans. Staff understood people's health conditions and related care needs. Related communication systems and care

policy for staff to follow, helped to ensure the effective organisation and delivery of people's care.

- People and relatives felt staff provided the care they expected. This included, ensuring timely referral and communication with relevant parties involved in people's care when needed. Examples of their feedback included, "Staff have involved other professionals, including paramedics when needed; it's good to know [person] is cared for, if they become unwell." And, "There is a sense of calm and staff are more organised now; they know [person] well and do seem to know what they are doing." A few commented that this was a welcomed improvement over recent months of 2023.
- Staff described effective communication and arrangements for the organisation and delivery of people's care. One staff member said, "Since the deputy manager came on board, it's been so much better, we are working as a team and get the right information about people's care needs." Another staff member told us, "We get detailed information, such as for people with dementia, so we understand any individuals' emotional distress that can flare up, and know how to help them feel calmer."

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

- People were supported to eat and drink sufficient amounts in line with their risk assessed needs.
- Staff understood people's care requirements associated with their nutritional needs. This included any special diets such as a diabetic diet, and to ensure people received the correct dietary consistency when needed.
- Due to their health condition, some people were at risk of malnutrition from not eating enough or difficulty chewing or swallowing safely. We saw staff supported people to eat and drink in the way they needed. This included ensuring people received the correct level of support, diet and fluids in line with their needs and choices. Such as thickened fluids and any fortified, soft or vegetarian diets.
- Feedback from people and relatives told us they were happy with the meals provided and the arrangements for people's related support.

Staff working with other agencies to provide consistent, effective, timely care

- The service was working effectively with relevant authorities and external care providers to promote effective, informed care in line with people's needs and choices.
- Standardised arrangements were in place to ensure key information sharing about people's health and related care needs and choices. Such as, in the event of a person's hospital admission. This helped to ensure people received consistently informed care and treatment, as agreed with them or their representative.

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

- The environment supported people's independence, choice, orientation and safety needs.
- Appropriate signage and information was visibly displayed, to help people's understanding and orientation. Such as, by way of picture signs or large text.
- Handrails were fitted in bathrooms, toilets and corridors with sufficient space to enable people to move around safely.
- A choice of communal and quiet spaces were available for people and their families to use as they chose. There was a well-kept garden area, with level access, seating, planting and a bird aviary.
- People were supported to choose and personalise their own rooms as they wished. People and relatives were happy with the environment.

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.

- The service was working within the principles of the MCA. Appropriate legal authorisations to deprive any person of their liberty were sought or in place, when needed for people's safety best interests.
- Staff understood people's care plans, which showed how people's care was agreed. This included any decisions made in their best interests, or that could be made by another, legally appointed to act on the person's behalf. Such as for decision about people's finances or health and welfare.

# 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. At this inspection 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who strove to promote people's equality and rights.
- Throughout the inspection we observed staff were patient, kind and caring. They treated people with respect, understood people's preferences for their care and ensured people's dignity when they provided care. For example, by knocking on bedroom doors before entering, closing doors before providing personal care and ensuring people's clothing was properly adjusted when needed.
- Staff we spoke with, understood the provider's published care aims and related staff training. This helped to ensure people's equality, rights within the service.
- Feedback from people and relatives was positive. Examples included, "Staff are very attentive and respectful, but not overbearing, I am very impressed so far." "[Person] is very proud, it's important to them how they look; staff always make sure clothes are washed, pressed and put away and help them to look after their hair and nails." "We are always made welcome and can visit any time." "Meal times are protected from general visiting, which makes sense, unless you want to help, then you can do so, to suit [person]."

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

- People's involvement and choice for their care and daily living arrangements was generally well promoted and respected at the service.
- Staff understood people's care plans which showed their agreed care needs, lifestyle choices and what was important to them for their care and daily living arrangements. Arrangements for family and friends' involvement was accounted for.
- We observed that staff ensured people's involvement and choice when they provided care. For example, choice of clothing, food and when, where and how people received care or spent their time.
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf, or to help agree formal decisions about their care and treatment, including in their best interests.
- One person said, "I've been included and kept informed all the way so far; staff are very supportive and understanding."

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

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

- Overall people's care and daily living arrangements were individualised, which helped to optimise people's independence, choice and control.
- The registered manager had recently undertaken a thorough review all people's care plans to ensure they were accurate and personalised. We evidenced recent care improvements from this. For example, one person living with dementia could sometimes experience emotional distress when they didn't understand what was happening around them. Revised care plan interventions and related staff instruction, following referral to relevant external health professionals, had resulted in a reduction in distress reactions the person experienced and also in the number of their related falls, that could sometimes occur when this happened.
- With the exception of one oversight, which resulted in a care delay, we observed throughout the inspection that staff responded in a timely manner to support people in the way they preferred and understood when needed.
- People and relatives we spoke with, felt staff knew people well and worked hard to ensure people's needs were met. A relative said, "[Person] is unable to say directly, if they are in pain or feeling anxious; staff know them well respond appropriately."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard for people's care.
- Key service information could be provided for people in other formats they could understand when needed, For example, large print or picture format.

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

- People were supported to take part in home life, maintain relationships that were important to them and participate in a range of activities they enjoyed, both within and outside the home.
- The provider regularly sought to maximise opportunities to enable people to achieve their goals and aspirations. For example, the provider's 'Make a Wish' programme encouraged people to try new activities. One person had recently been supported to a nail bar experience and another to visit a church museum they wished to visit, followed by a trip to a favourite sweet shop.

- There was a regular programme of occupational, recreational and social activities, organised for people as they chose, both within and outside the home. People were actively consulted to ensure their individual preferences could be met. Meetings held with people and their relatives also helped to inform this. Regular pet zoo visits at the service were particularly well received by people and a gardening club was in the process of being launched following people's recent request for this.
- People living with dementia were regularly supported to participate in activities they enjoyed, wished for and were meaningful to them. For example, two people had recently been supported to engage in a dementia friendly swim session at a local leisure centre, which they particularly enjoyed. A trip to the local Winding Wheel Theatre was planned for a group of people to participate in during March, to watch a dementia friendly version of Carousel, followed by tea and cakes.
- Staff understood and followed people's preferred daily living arrangements and lifestyle routines. People were supported to maintain their contacts with family and friends, as they chose.

#### Improving care quality in response to complaints or concerns

- People were informed how to make a complaint or raise any concerns about their care if they needed to, but complaints and concerns were not always recorded, or actioned without delay.
- Feedback we received showed there had been a number of concerns raised, which had not been recorded or actioned without considerable delay, until the recent deputy manager's appointment at the service. We have therefore referred further to management gaps under the Well Led section of this report.
- Related comments included, "The concern is the high turnover of manager's; things have been getting lost in translation; the deputy manager is on it straight way though now – any niggles or concerns." And, "There's been a lack of leadership, so I think communication was not the best and things had been getting missed, but I'm confident this has improved of late."

#### End of life care and support

- End of life care for people was informed against related nationally recognised principles.
- Staff were trained and understood the key care principles concerned with ensuring people's dignity, comfort and choice in their end of life care. This included the importance of working with relevant external health professionals.
- We looked at two people's care records, who were living with life limiting conditions, including one person receiving end of life care. These were reflective of relevant end of life care principles and included any advance decisions for their care and treatment, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place, if needed out of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to help them avoid any unnecessary hospital admission.

# 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 Good. At this inspection this key question has now deteriorated 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

- We found gaps in the provider's governance framework for accountability and oversight with regard to the management and effectiveness of people's care. This had resulted in significant delays in ensuring timely service improvement for people's care, when needed. This included staffing, care planning, complaints handling, and for people's health monitoring and referral.
- There had been a high turnover of managers for the service. Some registered with us as required to do so, and some not. There was no registered manager at the service at the time of the inspection.
- The provider's governance policy was not sufficient or robust and referenced out-of-date legislation, which informed the policy. Delegation arrangements for effective management communication and decision making regarding the service, were not fully identified.
- The provider told us they had commenced steps to introduce a revised, branded quality assurance system for the service. However, there was no operational evidence or any identified timescale for completion. Therefore the provider was unable to demonstrate this as operational or embedded, to consistently ensure effective management and oversight of the service, along with timely and sustained service improvement when needed.

The provider had not consistently ensured effective governance, oversight and management of the service for the quality and safety of people's care, along with timely service improvement when needed. This meant there was a risk to people from this, of receiving unsafe or ineffective care. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- A senior manager for the provider told us they had commenced the process to submit a registered manager application to us, whilst recruitment was sought for a permanent manager.
- A deputy manager had more recently commenced at the service and was worked hard with the provider, to help ensure a range of staffing and care improvements. However, commencement of this had not been without delay on the part of the provider.
- Overall staff understood their roles and responsibilities for people's care. However, related management and communication measures for staff performance, supervision and support was not yet wholly assured.
- People, relatives and staff told us they were somewhat confident in the management of the service.

However, with a focus on the deputy manager, who they felt had been instrumental in recent service improvement. Feedback included, "They've been through a lot of managers, it's meant things have been up and down." "Things are definitely settling down now, [name] deputy manager has made a world of difference for the better." "They are looking for a new manager but it's a worry as they don't stay, and we don't get to know what's happening." "Staff morale and care has improved so much since the [name] deputy manager came to work here."

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

- There was a welcoming, calm and positive atmosphere at the service. We observed staff were kind, caring and had good relationships with people and their relatives. They knew people well and provided their care in a personalised way.
- People, staff and relative views were often sought and used to help inform people's care experience in line with their wishes and preferences; although, any concerns raised by them had not always been acted on in a timely manner, in the first instance. People's equality characteristics were considered and acted on, in a way that helped to enhance their care and daily living experience at the service.
- Staff felt engaged, motivated and many commented on this as a recent change along with improved morale. Feedback included, "It was a mess when I first came, but since the deputy manager started here, the care values are back on track; it's a good place to work again, I love it." A relative told us, "There is a noticeable difference of late; staff are working as a team again and people are treated and cared for well, as individuals. It did get to one point when everything seemed like a task to them; staff were struggling, but that's gone – the atmosphere and approach is so much better, I hope it continues."

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 provider had mostly sent us written notifications when required to do so, to tell us about any important events when they happened at the service, to help us check people's safety there. However, there had been gaps in notifying us regarding some of the management changes at the service, including the recent. Following our inspection, related information was subsequently confirmed but this was not proactively ensured by the provider in the first instance.
- Management and senior staff we spoke with understood the duty of candour principles, which the provider's related policy informed.

Working in partnership with others

- The provider worked with relevant agencies, including external health and social care partners, to help inform and agree people's care when needed.
- Local care commissioners and an external health professional told us staff worked in consultation with them for people's care at the service.



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 data-bbox="837 544 1449 618">Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p data-bbox="837 651 1485 925">The provider had not consistently ensured effective governance, oversight and management of the service for the quality and safety of people's care, along with timely service improvement when needed. This meant there was a risk to people from this, of receiving unsafe or ineffective care.</p> <p data-bbox="837 972 1390 1086">This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>