

Willow View Care Limited

Willow View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

Willow View Care Home is a residential care home providing personal care to up to 77 people. The service provides support to older people, some of whom may be living with a dementia, physical disability or sensory impairment. The home is divided into 2 areas: Willow View and Willow Gardens. The 2 areas are joined by a covered walkway, and both areas comprise of 2 floors. At the time of our inspection there were 42 people living at the service.

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

Risks to people's safety were assessed and recorded. However, risk assessments had not always been updated when changes occurred and some care plans contained contradictory information. Environmental risks had not always been identified and mitigated where possible. We found call bells that were inaccessible to people.

New recruitment processes were in place but they had not always been fully followed and gaps in recruitment records remained.

Improvements had been made to medicine management. However, records did not always reflect the prescriber instructions. Medicines prescribed to assist with bowel movements had not always been given in a timely manner.

Overall, some improvements had been made in relation to infection, prevention and control. However, Covid guidance was not being followed and dirty items were found in communal areas.

People had not always been provided with sufficient fluids and recommended modified diets had not always been followed.

Quality assurance processes were now in place. They failed to identify some of the shortfalls found during this inspection. Provider oversight had improved. Provider level audits were completed, but there was a lack of recorded evidence of action taken to address the shortfalls identified.

There was enough staff on duty to meet people's needs. An effective dependency tool was now in place and used to help calculate safe staffing levels.

Staff had been provided with additional training following the last inspection. Staff told us they felt very well supported by the new manager.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Appropriate signed consent was now in place.

Staff were now working effectively with other professionals. Where staff had concerns, referrals had been made in a timely manner. Professionals spoke positively of the improvements made to the service since the new manager was appointed in December 2023.

People and relatives told us staff were kind and caring and treat them like family. A new activities coordinator had been recruited and a variety of activities were on offer. People and relatives had been asked to provide feedback on the service and felt their views were listened to and acted upon.

A new process was in place to ensure complaints were recorded and acted upon appropriately. Accidents and incidents were now fully recorded and appropriate post falls checks were in place.

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 (report published 12 July 2023).

At this inspection we found the provider remained in breach of some regulations.

This service has been in Special Measures since 12 July 2023. During this inspection the provider demonstrated that some improvements have been made. However, further improvements are needed, and the service remains rated inadequate in the Safe domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4, 9, 10 and 22 May 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve dignity and respect, consent, safe care and treatment, good governance and oversight and staffing levels and deployment.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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

We have found evidence that the provider still needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, infection prevention and control, assessing risk and good governance at this inspection.

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

The overall rating for this service is 'requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'inadequate' in any Key Question over two consecutive comprehensive inspections. The 'inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service

under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 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 ●

Willow View 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors, an operations manager and a pharmacy inspector. An Expert by Experience made telephone calls to people following the site visits. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willow View 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. Willow View 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. The previous registered manager had left the home in June 2023. Another manager was appointed but they left the service in November 2023. A new manager had been recruited and they commenced employment in December 2023, and they planned to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 5 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 also reviewed.

We spoke with 7 people who used the service and 8 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, deputy manager, clinical lead, senior carers, care staff, maintenance person and the chef. We also spent time observing staff interactions with people and conducted a tour of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last 3 consecutive inspections the provider had failed to demonstrate that safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments were now place. However, these had not always been updated when changes in people's care and support needs occurred. One person returned from hospital with pressure damage, but their care plans and risk assessment had not been updated to reflect this.
- Some care plans and risk assessments contained contradictory information. For example, one care plan did not state what type of modified diet the person required. However, the risk assessment stated they required a level 4 pureed diet.
- Where risk assessments were in place, these were not always followed by staff. For example, one person required their vegetables to be mashed due to a choking risk. We observed staff providing meals and this guidance had not been followed.
- Some risks in relation to the environment remained. We found trailing wires which could pose a ligature risk and nurse calls bell which were inaccessible to people.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager took immediate action to address some of the risk identified including ligature risks, inaccessible call bells and ensuring risk assessments were updated.

Using medicines safely

At our last 3 consecutive inspection the provider had failed to administer and manage medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, further improvements were needed and the provider was still in breach of regulation 12.

- Medicines were stored securely. However, temperature monitoring was not always in place to ensure

medicines were stored at the correct temperature.

- Where people were prescribed medicines to be taken as and when required, guidance was in place to support staff with administering them. However, this guidance was not always being followed by staff.
- Topical medicines administration records were now in place. However, we were not assured records accurately reflected prescriber instructions.
- Bowel monitoring records were not always accurate. Medicines prescribed to assist with bowel movements had not always been given in a timely manner.
- Audit processes in relation to medicines were not sufficient and had not been completed consistently.

Systems were either not in place or robust enough to demonstrate medicines were safely and effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Processes had been put in place to ensure that medicines which react when given together were given at separate times.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of preventing, controlling and spreading of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- During the inspection, there was a Covid outbreak within the home. The manager and staff were unable to provide information on people who had tested positive, and we were given conflicting information. People who were Covid positive were observed in communal areas.
- Staff failed to follow PPE guidance. PPE that should have been discarded in clinical waste bins was put in general waste bins and face masks were not being worn appropriately.
- The overall cleanliness of the home had improved. However, some issues with regards to effective and sufficient cleaning remained such as dirty bath seats. Paintwork remained chipped and damaged items, such as worktops in some areas prevented effective cleaning.

Failure to assess the risk of preventing, controlling and spreading of infections was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider failed to operate effective systems and maintain complete, accurate and contemporaneous records in relation to recruitment. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Safe recruitment processes were not yet embedded and being followed fully.
- Some gaps in recruitment records remained. For example, not all recruitment files reviewed had interview questions completed. Where new staff had received a negative reference, no action had been taken to review this. The provider's auditing process failed to identify this.

- Disclosure and Barring Service (DBS) checks had been completed. However, where required, appropriate risk assessments were not in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Failure to operate effective systems and maintain complete, accurate and contemporaneous records in relation to recruitment was a continued breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our last inspection the provider failed to ensure a suitable number of staff were on duty to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- There was a suitable number of staff on duty. A new dependency tool had been implemented to help calculate safe staffing levels in accordance with people's care and support needs.

Learning lessons when things go wrong

At our last inspection the provider failed to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Lessons had not always been learnt when things went wrong. Whilst some issues found at the last inspection had been addressed, concerns remained.
- Accidents and incidents had been recorded. However, actions to mitigate risks had not always been taken in a timely manner. One person suffered a fall. A recorded action was for the person's risk assessment to be updated. However, this action had not been completed until one month after the fall occurred.

Failure to assess, monitor and improve the quality of the service provided was a continued breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Appropriate monitoring was now in place following an accident or incident, such as regular recorded post fall checks.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems and maintain complete and accurate safeguarding records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection in relation to maintaining completed and accurate safeguarding records and the provider was no longer in breach of this part of regulation 17.

- Systems were in place to safeguard people from the risk of abuse.
- Safeguarding records were kept which included any outcomes or actions taken.

- Staff were aware of safeguarding processes and felt confident raising any concerns. One staff member said, "I am confident to speak up if I have any concerns. The new manager is very approachable. I honestly feel people are safe here."

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 requires improvement. The rating for this key question has remained 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

At the last 3 consecutive inspection the provider failed to assess, monitor and mitigate risks to people in relation to nutritional requirements. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were not always supported to ensure they had enough to drink.
- Daily fluid targets were in place for people, but these had not always been achieved as not enough fluids had been provided by staff.
- The manager had an auditing process in place which identified daily fluid targets were not always reached. It was not always evident action that had been taken to address this.
- Where people required a modified diet due to risks, guidance had not always been followed by staff.

Failure to assess, monitor and mitigate risks to people in relation to nutritional requirements was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At our last inspection the provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Consent to care and treatment was now in line with law and guidance. Signed consent forms were in place and where people lacked capacity to sign consent, appropriate MCA assessments and best interest decisions were recorded.
- Where people required a DoLS, appropriate authorisations were in place. The manager had introduced an overview to ensure they knew when DoLS renewals were required.

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

At our last inspection the provider did not have systems in place to evidence risks were robustly managed in relation to new admissions to the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made and the provider was no longer in breach of this element of regulation 12 in relation to new admissions.

- People's needs were assessed and recorded. However, risk assessments had not always been followed by staff.
- There had been no new admissions to the service since the last inspection. New pre-admission assessment tools were in place to ensure admissions to the service were safe. The manager told us, "I have implemented clear processes to ensure admissions are safe and I will take responsibility for completing any new admission assessments to make sure they are appropriately managed."

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

At the last inspection we recommended the provider considered best practice guidance to help create a more dementia friendly environment. Some improvements had been made, but further improvements were needed.

- Some improvements had been made to the design and décor of the home. Corridors were clear of clutter and large, open spaces to allow people to move around freely.
- Dementia friendly signage was in place to help people navigate around the home. Dementia friendly aids, such as coloured toilet seats, were now in place.
- There was still a lack of visible sensory items around the home for people living with dementia to interact with.

We recommend the provider considers best practice guidance to help create a more dementia friendly environment.

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

- Staff were now working effectively with other professionals.
- Where concerns about people's health and well-being were identified, referrals to relevant professionals, such as the falls team, had been made in a timely manner.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This was not always the case for agency staff.
- A new training program had been introduced which included all mandatory training, as well as training relating to people's specific medical conditions.
- Staff had been provided with inconsistent support and supervisions. However, the new manager had a system in place and support and supervisions sessions had been conducted on a regular basis since December 2023.
- Staff told us they felt very well supported by the new manager. Comments included, "The new manager actually has time for staff and listens to what we say" and "The new manager keeps us up to date and involved. They work as part of the team not like the other managers we have had."

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to treat people with dignity and respect and ensure privacy and autonomy were maintained. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were treated with dignity and respect, and their independence was promoted.
- CCTV was still in operation. However, appropriate processes and guidance were now in place and being followed. Appropriate signed consent was also now in place.
- Observation showed positive relationships had been built between people and staff. People's care plans contained person-centred information on what people could do for themselves and what they needed support with. Staff were observed encouraging people to be as independent as possible. A relative told us, "[Person's name] used to spend too much time in their room. Staff have worked with them so they now join in with activities, singing and dancing which is so much better for them."
- People told us their privacy and dignity was respected. One person said, "Staff are very good. They are kind and caring and I have no issues or concerns regarding privacy. They (staff) treat me like I am one of their family." A relative told us, "Staff are aware [person's name] is quite shy when it comes to undressing. They show [person's name] respect so they feel comfortable."

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

- People were treated well by a team of staff who were caring in their approach. Staff had time to interact with people and engage in meaningful conversations.
- Overall, observation showed staff were attentive to people's needs. We observed some resident being left unsupervised for a period of time in a communal area. We discussed this with the manager who took action to address this.
- People and relatives spoke highly of the staff team and improvements made since the last inspection. One person said, "There are clear improvements. More staff, more activities and a manager who is actually management material." A relative told us, "People and staff are a lot happier now. It feels more like a home from home. I can't really fault the care now."

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

- There was now recorded evidence that people, and where relevant relatives, had been involved in making decisions about their care.
- We observed staff seeking consent or consulting with people about how they wishes to spend their day.

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 requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider failed to maintain accurate, completed and contemporaneous records in relation to care plans. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made in relation to care planning documentation and the provider was no longer in breach of this element of regulation 17.

- Records in place were person-centred.
- A new electronic system had been implemented and work was ongoing to ensure all care plan contained as much person-centred information as possible. Some care plans contained conflicting information. We asked the manager to address this.
- Care plans were now in place which covered all expected areas, such as specific medical conditions.

Improving care quality in response to complaints or concerns

At the last inspection the provider failed to maintain accurate, completed and contemporaneous records in relation to complaints. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made in relation to the management of complaints and the provider was no longer in breach of this element of regulation 17.

- A new system was in place to respond and address complaints.
- Prior to the new manager joining the service, complaints had still not been appropriately addressed. We were provided with assurances that a thorough complaints process was now in place and being followed.

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.

At our last inspection we recommended the provider consider current best practice guidance on accessible

information and act to update their practice. The provider had made improvements.

- Communication care plans were now in place. These provided staff with information on how best to communicate with people.
- We observed one person, who required the use of spectacles, without these throughout the inspection. We discussed this with the manager who told us the person often refused to wear them. This information was not recorded in the person's care plan.
- Information, such as activities on offer and meal choices, were now displayed in an easy read format. Signage throughout the building had improved.

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

- Improvements had been made in relation to the provision of activities.
- An activities coordinator had been employed, who had developed a weekly program of activities. Where people preferred not to participate, time was allocated so they could have one to one time with the activities coordinator, doing an activity they enjoyed.
- One relative said, "The activities coordinator is brilliant. Things are much better now. There is a lot more stimulation for people living here."

End of life care and support

- Appropriate care plans were now in place in relation to end of life care.
- People were supported well at the end stages of their lives. Thank-you cards expressing relatives' appreciation were on display throughout the service.

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 inadequate. 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

At our last 3 inspections the provider had failed to operate effective systems and processes to monitor the quality and safety of the service provided and failed to evaluate and improve their practice. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Quality Assurance processes were now in place. However, they had only been completed consistently since December 2023 when the new manager was appointed.
- Some of the quality assurance processes needed further development. For example, the medicines audit being used failed to identify the shortfalls we found during the inspection.
- Some care records remained inconsistent. Although there were now quality assurance processes in place to monitor this, not all issues and concerns we found during the inspection had been identified.
- Whilst improvements had been made since the last inspection, some shortfalls identified at the last 3 consecutive inspections had not been fully addressed.
- The provider visited the service on a weekly basis to monitor improvements being made. An employed consultant visited the service on a monthly basis and completed governance checks on behalf of the provider. Prompt action had not always been taken where shortfalls had been found. However, improvements had been made since the new manager was appointed.

Failure to effectively and consistently oversee the quality of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a consultant to support the home with improvements.
- The new manager had begun to develop and embed quality assurance system. The manager was aware these needed to be fully embedded to demonstrate sustained improvements.

Working in partnership with others

- The service was working in partnership with others.
- Following the last inspection, support had been provided by the local authority to drive forward improvements. Professionals involved in this spoke positively of the new manager and improvements they

had begun to make.

- Professionals and partner organisations told us the provider and manager had been responsive to external support and recommendations they made. They felt improvements had initially been slow, but they were now progressing well.

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 morale within the service had improved. People, staff and relatives spoke positively of the new manager and the impact they had already had on improvements within the service. One member of staff told us, "[Manager's name] is brilliant. Everything is starting to come together now since they came. [Manager's name] really does care and you can see that."
- People and relatives told us they were fully involved in the service and were provided with the opportunity to ask questions and make suggestions. One relative said, "We had a meeting and I have to say they (provider and manager) were very open and honest with us."
- Satisfaction surveys had recently been distributed to people, relatives and staff. The manager was in the process of evaluating this feedback and told us they would implement a 'you said, we did' board so everyone could see action being taken as a result of their feedback.

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 now understood the requirement to be open and honest when things went wrong.
- Meetings had taken place where people, relatives and staff were provided with updates on improvements within the home, as well as further improvements that were needed.