

Achieve Together Limited

Domiciliary Care Cheshire

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Domiciliary Care Cheshire is a supported living service which is registered to provide personal care for people with learning disabilities and autism who live in their own homes or flats within the local community. The service was providing support to 45 people and personal care to approximately 17 people at the time of the inspection across 6 supported living settings.

People supported either lived in their own home or self-contained apartments some of which had staff facilities within communal areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Restrictions on people's care and support were not always appropriate or monitored clearly. There was a lack of oversight on the use of restriction at times. The provider took steps to rectify this during the inspection.

Staff received a range of training to enable them to provide safe and effective support, but at times staff training was out of date. Staff knew the people they supported well, including their likes, dislikes, needs and preferred choices. Staff were recruited safely and had a good understanding of safeguarding and whistleblowing procedures. People were supported to attend health appointments in the local community and were engaged in a range of activities.

Where people had specific health needs, these were risk assessed and staff understood people's needs well. Where appropriate, people had positive behaviour support plans to guide staff on how to support them safely and effectively.

Right Care

Records relating to people's recorded care needs were at times missing or incomplete. Relatives told us people received enough food and fluid to maintain a health lifestyle, but this was not always recorded clearly. Staff supported people to undertake healthy eating and regular exercise.

Relatives praised the staff approach to providing care and support, and felt their loved ones were being supported well. People received care and support tailored to their wants, needs and preferences. People were able to exercise choice over how they spent their time.

Staff treated people with dignity and respect, and supported them to develop living skills and achieve meaningful outcomes in the areas of independence, community access and taking control of their own care. People told us they were happy with being supported by their staff, and they had developed good relationships with them.

Right Culture

The management team undertook audits of the care delivered, but this had not always identified issues with the use of restrictions and staff recording care delivery. The provider had worked to instil a positive culture at their locations. Staff told us they were confident in raising concerns should they need to, and praised the management team who were described as "brilliant" and "responsive." Staff and relatives told us morale had improved since the last inspection and staff and people were engaged in expressing their views around the delivery of care.

There was a range of professionals involved in people's care. Some professionals felt the management team needed to be more forthcoming with requests for information. People's care records evidenced the involvement of a wide range of health and social care professionals so people could receive effective and responsive care via good partnership working.

Leaders at the service led by example and staff, people and their relatives said there had been a positive improvements in culture and openness. Staff told us they felt supported, valued and listened to by the management team, and people and their relatives were confident in raising concerns should they need to.

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 requires improvement (published 8 June 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

At our last inspection we recommended that the provider worked with partner agencies to review people's accommodation needs and to ensure compatibility within services was being considered. At this inspection we found this recommendation had been met.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, restrictions placed on people and staffing. A decision was made for us to inspect and examine those risks.

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 Domiciliary Care Cheshire on our website at www.cqc.org.uk.

Enforcement

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

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

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

Domiciliary Care Cheshire

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

The inspection was undertaken by 1 inspector and a senior specialist adviser for people with a learning disability and autism.

Service and service type

This service provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. A new manager had recently joined the provider and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be on-site to support the inspection.

Inspection activity started on 12 December 2023 and ended on 26 January 2024. We visited the location's

office on 9 January 2024.

What we did before the inspection

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 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 6 people and 7 of their relatives about the care provided. We spoke with 19 members of staff including the nominated individual, head of operations, service managers, deputy managers, senior support workers, and day and night support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care records, risk assessments and medicines records for 6 people. We reviewed 3 staff files in relation to recruitment. We reviewed a range of records relating to the management of the service including audits, complaints, staff training and policies and procedures.



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 requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection, systems were either not in place or robust enough to demonstrate that risk management was effective, and people were not always effectively supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks relating to people were not always assessed and monitored safely. Where people had restrictions in place, there was not always sufficient supporting documentation to justify the use of this. Supporting documentation in place referred to the use of restrictions being evidenced in a DoLS application. However, the application did not reference the use of a particular restriction, and mental capacity assessments and best interests' decisions had not been followed correctly.
- Where people were at risk of injury from self-harm, subsequent monitoring of their health and welfare was not always implemented. This placed people at risk of harm.

The failure to assess risks to people was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate action to rectify this issue. A multidisciplinary meeting was held, and a subsequent best interests' decision was made. Care plans were updated, and measures put in place to ensure restriction was used safely and appropriately.
- Accidents and incidents were recorded clearly but at times, the terminology and language recorded was not appropriate. The provider agreed to address this issue.
- Where people had health needs such as epilepsy, risk assessments and support plans evidenced robust control measures to ensure they were supported safely. Risks relating to the environment were assessed and reviewed frequently.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, systems to protect people from the risk of harm had not been consistently followed

and staff concerns had not been promptly acted upon. This was a breach of regulation 13 (Safeguarding) 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 13.

- Staff had received safeguarding training and knew how to identify the potential signs and indicators of abuse. A staff member told us, "It could be money going missing, someone not wanting to have company or not wanting to be alone. There are mental, physical, sexual and financial factors."
- There was a whistleblowing policy in place and staff had good understanding of the concept of whistleblowing. A staff member told us, "It means reporting something, I would go to my manager, then above her to the registered manager. I could go to HR, the CQC or the local authority."
- People had access to accessible safeguarding information to help them understand the concept of safeguarding and how to identify abuse. Safeguarding was discussed in staff meetings and the provider worked with the local authority safeguarding teams to ensure referrals were made where appropriate.
- People and their relatives told us they thought the service was safe. They said, "[Person] is content and feels secure with the people they're with," "I do feel safe here" and, "I really like it here."

Staffing and recruitment

- There were not always enough staff to support people. At one location, we were unable to determine if a person received 2:1 support to access the community in line with their assessed needs. At another location, relatives told us they were concerned 2:1 staffing was not always in place. The provider agreed to look into this and work with the local authority to ensure people received the correct amount of support. People at other locations received appropriate staff support.
- People spoke positively of the staff approach to providing care and support. They told us, "The staff have been with my relative for many years, they know them well and everyone is responsible" and, "We have to rely on the carers, generally once it's an established team, they're very good." A person told us, "The staff are lovely, I was quite shy before and wouldn't tell staff what I want. I can be more open about my needs now."
- Staff were recruited to the service safely. All relevant checks had been undertaken such as obtaining a full employment history, references and a Disclosure and Barring Service Check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Staff understood the concept of stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP) and received training in this area. Staff supported people to undertake regular reviews of their medicines in line with this guidance.
- Medicines were stored safely, and medicines administration records (MARs) were completed accurately. Where people had topical medicines, there were body maps in place to guide staff on how to administer them correctly.
- Where people had 'as and when required' medicines, there were detailed and person-centred protocols in place to guide staff in how and when to administer them safely and effectively.
- Staff received medicines administration training and a subsequent competency assessment of their ability to administer medicines safely.

Preventing and controlling infection

- There was an infection prevention and control policy in place and communal areas appeared clean. Staff

completed training in preventing and controlling infection and understood how to ensure people were protected from risk of infection.

- Staff had access to adequate supplies of personal protective equipment (PPE), and we observed staff wearing the correct PPE for different episodes of care.
- The provider completed a detailed infection prevention and control audit monthly, which evidenced high compliance with ensuring people were protected from the risks associated with infection prevention and control.

Learning lessons when things go wrong

- The provider understood the importance of completing a lessons learned process when things go wrong. There was a strong emphasis on lessons learned and improving practice, and this was evidenced in documentation reviewed and the providers response to feedback from the inspection.
- A lessons learned process had been completed following accidents, incidents, safeguarding referrals and medicines administration errors.

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.

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

At the last inspection, we recommended the provider work collaboratively with stakeholders to review people's individual accommodation needs and the mix of people living closely with each other; to ensure everybody's needs and choices were met and the home was operating in line with current best practice.

At this inspection, we found this recommendation had been met.

- People's needs were assessed and people living close to one another told us they were happy with their living arrangements. A person said, "I live with [person] and [person] and I like living with them."
- People's needs and choices were assessed and outlined in their care plans. On one occasion, a person's assessed needs meant they needed additional monitoring to ensure their health needs were met, which was put in place by the provider. This was not always recorded and daily records relating to the delivery of care and support were at times incomplete or missing. The provider agreed to review this.
- Care plans outlined people's needs and choices in relation to food and fluids, activities, hobbies and interests and daily living preferences. People and their relatives told us they were able to exercise choice and people had access to communication aids to help them articulate their choices.
- Where people had specific physical or mental health needs, these were outlined in their care plans. Risk assessments and further care plans were created to ensure people were supported in line with their individual needs.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Where people had restrictions in place regarding their care, mental capacity assessments, best interests' decisions and DoLS applications did not always contain all of the required information. The provider took immediate action to rectify this following feedback from the inspection team.
- Other mental capacity assessments had been completed to ensure people understood decisions relating to their daily care needs. However, on occasion these required more detail to ensure the assessments were robust and accurate. Where people did not have capacity to understand a particular decision, the provider ensured applications were made to the court of protection.
- Staff understood the concept of consent well. We observed staff obtaining consent before providing care and where people had capacity, they had signed various consent forms regarding the delivery of their care. A staff member told us, "You want what's best for people, but if someone has capacity and wants to do something, you have to respect their decision."

Staff support: induction, training, skills and experience

- Staff completed a range of online and face to face training sessions to ensure they had the skills to fulfil their roles. However, on occasion some staff members training was out of date and needed to be refreshed. The provider took immediate action to rectify this.
- Staff received supervision from management to ensure they could learn and develop within their role. However, on occasion these were completed infrequently, and staff feedback confirmed this. The provider agreed to review this going forward.
- Staff told us they received an induction before starting work and were able to spend time with people to learn about their wants and needs before providing support.
- Staff received competency checks on their ability to administer medicines and undertake moving and handling procedures safely.

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

- Records relating to what food and fluids people had consumed were at times incomplete or missing, meaning it was unclear if their needs had been met on certain days.
- Where people had specific health needs, the provider worked to ensure healthy eating plans were available to people to promote health and weight loss. People were supported to undertake living skills in food preparation and cooking to promote their independence. A relative told us, "[Person] had put on weight, but the staff have done a diet and it's worked a treat, it's great."
- People were able to access food and fluids freely and we observed people exercising their choice in this area during the inspection.
- People had detailed care plans outlining their nutritional wants, needs and preferences to guide staff on how to support them in a person-centred way.

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

- Staff worked alongside other agencies to ensure people received consistent and effective care. People received support from external agencies and health partners to ensure their needs were met.
- People's care records evidenced staff responding to people's changing health needs promptly. This was recorded and people were supported to attend health appointments in the community.
- People were supported and encouraged to eat healthily and take part in regular exercise such as going to the gym, swimming and walks in the local community.

- Where people had input from health professionals into their daily care, this was clearly recorded, and care plans and other documentation updated to ensure people received care in accordance with their changing needs. A relative told us, "[Person] has over the years had a skin condition. Now, you wouldn't know they have one. Things are being done when they should be done with practical care."

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

- People had control over their own living spaces and were able to decide how to decorate and furnish areas to meet their individual needs. People had decorated their bedrooms to suit their own preferences and people were supported to have pets should they wish to.
- Where people found high levels of stimulation distressing, the provider had ensured environments were low stimulus, calming and relaxing.
- People had access to a range of communal areas such as dining rooms, activity rooms and lounges so they could spend time together and socialise. People had access to large outdoor spaces to enjoy.

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

- People were well treated and supported by staff who knew them and their needs and wishes well. There was an equality and diversity policy in place and staff had received training in this area. A relative told us, "[Person] eats well, appears healthy, always appears clean. We are not in any way concerned. We are quite pleased about the way things are done. Their hair is always well kept. Their team we are very happy with. The team is a good stable team."
- People's beliefs, religions and cultural observations were clearly recorded in their care plans and staff had a firm understanding of the importance of providing person centred care. A staff member told us, "Person centred care is tailoring an approach to the individual, whether that be adapting the surroundings to make it more accessible, helping them to achieve their goals, encouraging them to make good decisions or protecting people from harm where necessary. People don't want to be cared for in exactly the same way."
- Relatives spoke positively of the staff approach to providing care and support to their loved ones. They said, "Staff have been with [person] for a long time and they're great. Everyone is working together to get the best possible result for [person]" and, "The team [person] has had from the beginning, they have been absolutely brilliant."

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

- People were able to express their views and were actively involved in making decisions regarding the delivery of their care.
- Where possible, people had written their own care plans with support from staff and had direct input into reviewing these records so their voices could be heard. On occasion, care notes relating to people's day to day care was written by the person themselves, empowering them to take ownership of their own care. A staff member told us, "[Person] has a great understanding and can write really well and can edit their own files and write their own documentation, which has given them independence and control."
- Where appropriate, people had access to advocates so their view could be expressed, and their care needs discussed and amended. The provider completed a monthly 'wheel of engagement' so people's participation and engagement in their care could be reviewed and updated.
- People received feedback forms in an accessible format so they could provide ideas and opinions for improvements and amendments to the care they received. People were engaged in decision making around their development of living skills and what activities they would like to access in the community.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity, privacy and independence.

- We observed staff interacting with people in a friendly yet professional manner, whilst communicating clearly and compassionately. Staff knocked on people's bedroom doors before entering and were well mannered and respectful in their interactions.
- People's care plans outlined how they wished to obtain independence in living skills, personal care and access to the local community. These outcomes were monitored and reviewed to ensure people were progressing with their independence with support from staff.
- We saw evidence of people achieving meaningful outcomes in the area of independence. Care records and feedback from staff and relatives evidenced people developing their independence in the areas of cooking and meal preparation, communication skills, accessing the local community and completing their own personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their needs and preferences. The provider worked to ensure the staff skill mix was reviewed, and people received support from staff who knew and understood people's needs well. A staff member told us, "We have a good set of people who live here, and they have good bonds with their staff. We've been able to skill match staff with people. It's about quality of staff now and staff matching with the right person."
- People had keyworkers, who are members of staff who support them consistently and so understand their wants, needs and preferences well. This was further supported by people having a 'core team' of staff to ensure the delivery of care was consistent.
- People's activity plans evidenced their choice and control over how they wished to spend their time whilst at home and in the local community. A person told us, "I get to do what I want, I like to decide on the day."

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 understood the concept of the AIS and people's communication needs were met. There was an AIS policy in place and staff received training in effective communication.
- People had detailed communication plans, which outlined how they express wants and needs, ask questions and convey emotions. There was clear guidance for staff to follow in how best to respond to people to ensure communication was clear and effective.
- People had access to a range of easy ready materials to aid them in understanding key topics such as safeguarding, advocacy and medicines. Where people used communication aids to facilitate communication, there were clear instructions on how to support the person to use them effectively.

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 maintain and develop relationships which are important to them. Staff ensured relatives received regular updates from their loved ones. A relative told us, "I always get calls when things are going on." Some relatives told us they would like to receive more updates from the management team regarding their loved ones. The provider agreed to look into this. Relatives received a monthly newsletter

outlining developments at one of the services.

- People were engaged in a range of activities in the community as evidenced in their care and activity plans. This included trips for meals out, local walks, going to the gym, bowling, cinema visits and social clubs. A relative told us, "The staff team makes an effort to take [person] to things they know she likes doing and have their eye out for things she hasn't tried before."
- Relatives told us they visited the services frequently and staff supported people where appropriate to stay in touch with their family and friends remotely.
- People and their relatives were invited to attend key events and cultural celebrations with their loved ones and support staff. One location had made a winter wonderland for Christmas to raise money for charity, as well as hosting a pantomime.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process for recording, managing and responding to complaints received.
- Very few formal complaints had been raised but where they had, full investigations had been completed and outcomes reached. Learning and development actions from complaints were clearly evidenced.
- People had access to an easy read and accessible complaints policy and form. A person told us, "Managers deal with concerns if I raise them." A relative told us, "We emailed management with a concern, they dealt with the issue quickly. There have been no massive issues."

End of life care and support

- At the time of the inspection, there was no-one receiving end of life care and support.
- People had been supported to understand the concept of planning for end of life, and where appropriate, had given their recorded consent to not participate in this process.

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 requires improvement. The rating for this key question has remained 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

At our last inspection, the lack of consistent management oversight and robust governance placed people at the risk of harm and meant they did not always receive, quality, effective, person-centred care. This was a breach of regulation 17 (Good governance) 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 17.

- The providers monitoring processes were not always effective or robust. Reviews of a person's care and support had not identified the inappropriate use of restriction as outlined in the safe section. Oversight of people's monitoring charts and daily records had not identified incomplete records or absences of recorded information relating to the care people received. At times, staff training was out of date, and this had not been rectified by the management team. Accidents and incidents were not always analysed to identify key trends which could help prevent them from occurring again. Staff received supervision from the management team but at times this was infrequent.

The failure to implement sufficient oversight and monitoring was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was very responsive when these issues were raised and began working towards rectifying the issues found during the inspection.
- The provider completed a range of other monitoring processes, such as regular auditing of infection prevention control and medicines management. Development actions were clearly highlighted and completed to drive improvement.

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

- We received mixed feedback from staff and professionals regarding the providers management team. Staff told us recruitment had been difficult, but things had improved recently. Professionals told us the

management team were not always responsive and forthcoming with requests for information.

- Relatives told us they would like more feedback from the management team regarding the care and support of their loved ones but were mostly positive in their comments. They said, "[Location] suffered from politics in the past, but that doesn't seem to be an issue anymore and it seems nicely focused" and, "[Manager] has been a great point of call for a lot of instances, from the minute we looked round to where we are now, I can't fault her. She's always got time for you."
- Staff told us morale had improved since the last inspection and they felt supported and valued by the management team. They said, "I think [manager] is brilliant. They're very kind and have a lot of time for staff and people. They know them well," and "When I speak to other staff members, people feel like the manager is on the same page as everyone. They treat everyone like they're on the same level, and staff really appreciate that."
- Staff appeared to know the people they were supporting well and were able to explain what is important for people in line with their wants, needs and wishes. Relatives told us, "It's been lovely with [person]. They have some great staff that look after [person] on a daily basis," and "Everyone who [person] has met and has dealt with has been spot on. I've never had a problem with any of the staff."

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 understood the importance of the duty of candour, and being open and transparent when things go wrong. The CQC had been notified of all notifiable events and the provider worked closely with the local authority and safeguarding teams.
- During the inspection, the provider demonstrated an open and transparent approach to feedback received from the inspection team.

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

- People received feedback forms so they could provide input on the service they received. The forms were accessible so people could express their views clearly. Relatives told us they had the opportunity to provide feedback as well and had recently received a survey so they could give constructive feedback. Results from surveys were reviewed and analysed to identify key areas for improvement.
- Regular staff meetings were taking place, and this was witnessed during the inspection. Key areas for improvement and development were communicated clearly and staff were engaged with the process, contributing to the meetings frequently.
- Relatives were invited to regular meetings regarding their loved one's care and support. A relative told us, "Yes, we do go to meetings, we've got one in 2-3 weeks" and, "Some of the phone calls have been good, they [staff] give us outcomes, which is really good." There were plans in place to hold a regular tea, coffee and cake morning so relatives could provide further feedback in person.

Continuous learning and improving care; Working in partnership with others

- The provider understood the concept of continuous learning and improving care. As a result of the inspection, the management team had instigated organisation wide developments in relation to the use of restriction and management and oversight of people's care. There was a development plan in place which outlined improvements to be made in the areas of staff surveys, training, property development and co-production.
- People's care records and feedback from their relatives evidenced people's care, support and outcomes were improving over time. Relatives told us, "Overall I'm really happy. [Person] has transformed as a person since they have been there" and, "[Location] is good, my loved one more interactive with the staff, they are doing a lot for [person]."

- People's care records and experiences evidenced the provider understood and practiced good partnership working. People received visitation from different provider locations for key events, and people received support from health professionals such as speech and language therapists, advocates, social workers, occupational therapists and positive behavioural support teams.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate that risk management was effective, and people were not always effectively supported to stay safe. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of consistent management oversight and robust governance placed people at the risk of harm as they did not always receive safe and effective care.</p>