Voyage 1 Limited

74 Old Ford End

Inspection report

Queens Park
Bedford
Bedfordshire
MK40 4LY

Tel: 01234364022
Website: www.voyagecare.com

Date of inspection visit:
08 March 2019
11 March 2019
15 April 2019

Date of publication:
10 September 2019

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: 74 Old Ford End Road is a residential care home that was providing personal care to six people aged between 18-65 at the time of the inspection. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. The service was not able to support people to have person centred, individual and meaningful activities. People did not always have choice and control over their lives and there was limited evidence of promoting independence and meaningful activities.

People had the opportunity to go out and do activities but these were often task based and not always person centred or regular. Goals were not very meaningful, not always implemented and relatives did not always feel involved in the planning and assessing of people's care needs. Improvements were needed in this area.

The provider had documented risks but these did not always contain enough information to tell staff how to support the risk. This could mean less experienced staff would not know what to do to keep people safe.

Staff and relatives spoke well of the registered manager and the staff team, however relatives, staff and management felt that the provider did not support them or implement agreed plans.

The registered manager did not have a good oversight of the service or knowledge of their responsibilities. Improvements were needed in this area.

Staff supported people with choices of meals and drinks and accessed specialised healthcare when needed. However, staff did not always support people during meals in a dignified manner and the provider needed to make some improvements in this area.

Staffing skills and experience were suitable to meet the needs of people. However, there were several staff changes which meant relatives had concerns about the continuity of care.

Care provided by the staff team and staff interactions with people was good and encouraged positive relationships.

Staff had a good knowledge of how to keep people safe and received training in this area. People and relatives told us they felt safe and thought that staff were kind and caring.

One relative said, "My family member is happy and gets on well with all the staff and really enjoys it, they come home for a weekend and are desperate to get back, they are laughing. They are really happy and the

staff are all very good and seem to know what my relative wants with hand signs and everything."

The provider implemented safe systems for the management of medicines which included staff training and assessments of staff competency checks.

People decorated their rooms in ways they preferred and which met individual tastes. The provider suitably adapted the environment to meet individual physical and mental health needs of people.

Enforcement: We found three breaches of the Health and Social Care Act 208 (Regulated Activities) Regulations 2014. The service met the characteristics of Good in Safe and Caring. The service met the characteristics of Requires Improvement in Effective, Caring, Responsive and Well-Led.

Please see the action we have told the provider to take section towards the end of the report.

Rating at last inspection: At the last inspection (published 07 April 2016) the service was rated Good. Overall the rating has worsened since the last inspection.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will discuss improvements with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
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 not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

74 Old Ford End

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector carried out this inspection. The inspector visited the home on 8 March 2019 and spoke with relatives and professionals involved in the service on 11 March 2019 and 15 April 2019.

Service and service type:
74 Old Ford End Road, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

74 Old Ford End Road accommodated six people in one adapted building. The environment was adapted to enable people who use a wheelchair to easily move about throughout the home. The service was registered to support people with learning disabilities and/or autism.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We did not give any notice as this was an unannounced inspection.

What we did:
Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and is called a Provider Information Return (PIR).

Before the inspection we:
• Reviewed information we received from the provider on the provider information return (PIR).
• Researched feedback received about the provider to CQC as well as online.
• Reviewed information about incidents that have occurred since the last inspection.
• Reviewed any complaints and compliments received since the last inspection.
• Reviewed the providers own website.
• Looked at notifications we received from the service. Notifications are reports about serious incidents that the provider is legally obliged to tell us about.

During the inspection we:
• Spoke with two people receiving care from the service, one relative, the operations manager and with three staff members.
• Gathered information from two care files which included all aspects of care and risk.
• Looked at two staff files including all aspects of recruitment, supervisions, and training records, health and safety records, records of accidents, incidents and complaints.
• We also looked at audits and surveys and complaints and compliments.

After the inspection, we:
• Spoke with the registered manager (as they had been away on annual leave at the time of the site visit).
• Reviewed further evidence sent to us by the provider.
• Spoke to three further relatives.
• Spoke to two health and social care professionals.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• Relatives had some concerns around how staff managed people's risks but mostly felt the provider had improved in this area during the last year.
• For example, one relative told us about a serious incident which occurred last year after risk assessments were not followed. They said, "The care wasn't that good then…the local safeguarding team and the provider were unable to find out through their investigation, why my [family member] was left alone. Social services were involved and since then a year ago the care has been excellent."
• Staff told us, "I assessed the risk of showering for one person. I felt they needed a different chair [to be safer]. Their new chair is perfect for them."
• The registered manager assessed peoples risks and incorporated them into the new-style care plans. The new plans had clear guidance as to how staff should support people in most places but not in others.
• Staff told us the correct fire and evacuation procedures and confirmed management tested fire systems regularly. Each person had a personal evacuation plan in place.
• Risk assessments for supporting people who used a hoist were very detailed including photographs of the person in situ, the hoist used, the sling they used and how to safely support them.

Staffing and recruitment
• Relatives told us there were regular changes of staff and they would like to see a more stable team ensuring staff working with their family member knew them well.
• One relative told us, "At the moment we are really happy. [My family member] has been there several years. It has been up and down [with staff retention] but over the last few years it has been very good."
• Another relative said, "Unfortunately, we have learnt we have lost two senior staff this month. [Registered manager] has been an excellent manager, we are just so cross that Voyage can't support staff so they stay."
• The registered manager had safe recruitment policies and processes in place ensuring staff were suitable for their role. This included looking at employment history, criminal record checks, qualifications and evidence of staff's good character.
• The registered manager sometimes used agency staff but tried to cover shortfalls among the permanent team first.
• The staffing levels were based on people's assessed needs. On the day of the inspection the service was short of one staff member. No-one had tried to get this covered with agency staff.
• This did affect negatively on people's activities and meant that some people were alone for extended periods of time. But, we saw that staff worked hard to ensure that people were safe. A staff member was available when requested to ensure they met people's basic care needs.

Systems and processes to safeguard people from the risk of abuse
• When we asked people if they felt safe, one person told us, "Yes."

• Relatives told us they thought people felt safe. One relative told us, "Yes, [person] is very safe. [Staff] give everything my family member needs and their room is set up for everything they need so I can't fault them."
• Staff were aware of how to keep people safe. One staff member said, "You have to look out for signs of abuse such as bruises, you might see someone crying or their reaction when certain staff come near, checking for missing receipts" and "I would disclose to management then after to the Care Quality Commission (CQC), the local authority safeguarding team or helplines."
• The staff received training on safeguarding adults.

Using medicines safely
• The provider had detailed systems in place for monitoring and auditing safe management of medicines.
• People told us, "I do think my relative gets their medicines at the right time, they [staff] will act on it and call the doctors if they are unwell."
• The registered manager trained and assessed staff in medicine administration and theory and practice which ensured competence.
• People's care plans had medicine information and photographs of people administering their medicines so that all staff knew the correct procedure to follow in line with guidance and the persons preferred method.
• We found that the storage and recording of medicines in stock was correct.

Preventing and controlling infection
• Systems were in place to minimise the spread of infection such as thorough cleaning schedules, the use of personal protective equipment and suitable arrangements for the disposal of continence waste.
• Staff told us, "We do this by using one use gloves and aprons and having good hand hygiene."
• Staff confirmed they had access to plenty of personal protective equipment such as gloves and aprons.
• We saw the house was clean, fresh and odour free throughout our visit.

Learning lessons when things go wrong
• The registered manager shared learning from when things went wrong the staff at team meetings and supervisions.
• One relative confirmed the registered manager had shared with them the outcomes and lessons learnt when incidents had occurred.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet
• Peoples dietary preferences were clearly explained in their care plans including details such as 'if food falls out of my mouth scoop it and consider why. Did I not like it? Is it too runny or too thick?'
• Two people were finishing their breakfast when we arrived on our site visit. One person waved their empty tea mug at staff who responded immediately asking if they would like another cup of tea. The person started laughing loudly, throwing back their head and waving the mug some more so the staff member made another cup straight away.
• Staff had not thought through the environment for lunch to make this a positive and pleasant meal experience.
• For example, there were no condiments on the table. The room was a little chaotic and noisy due to staff talking across to each other as well as to the people they were supporting. One person had to wait a while until their food was ready while watching other people eat.
• There were no napkins on the table and we saw one person using the apron they were wearing to wipe their mouth. Staff did not intervene and offer an alternative.
• Another person had their face and neck wiped clean with a tea towel by staff. We asked staff about this and they said the apron the person wore resulted in blended food dripping down the persons neck. Staff told us they had not tried alternative aprons, only putting paper towels under the persons apron around their neck and this had been worse.
• One person when talking about their lunch said, "Gorgeous." The person then asked staff to come and look at their empty plate.
• One relative we spoke with told us, "My relative loves their food but eats very slowly so one meal can run into the next but staff don't rush them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager had systems in place for conducting initial assessments of people's needs. However, they confirmed they had not fully completed one person's care plan three months after moving into the home. They told us this was due to only having met the person three times before they moved in and were still assessing their behaviours. We saw the registered manager had now fully completed the persons plan.
• This meant there was a risk of staff not being fully aware of the person's needs and preferences and how to support them correctly during their initial three months of living at the home.
• The initial assessment used a tick box style document and had space for further information but the assessor had not written any further information in most cases.
• For example, for one person, next to 'eyes' and 'feet' there was a tick to confirm they had a need in this

area. Prompts were given on the pre- populated form such as 'wears glasses', 'has glaucoma', 'has cataracts' but the document did not confirm what the need was or any further details.
• This was the same in the files viewed for 'mobility' and 'eating and drinking' despite one person having high risks for choking, dehydration and pressure sores.

Staff support: induction, training, skills and experience.
• The provider used an induction program for inexperienced staff which included shadowing a more experienced staff member and checks of skills.
• Relatives felt the staff were well trained and knowledgeable.
• Staff confirmed the registered manager provided regular supervision and annual appraisals.
• The registered manager gave staff training in all areas needed their role. One staff member said, "Most training I have had with this company has been good, I feel confident. For example, one person can be quite challenging but we don't restrain as we have learnt other techniques to manage the person's behaviour."

Adapting service, design, decoration to meet people's needs
• Relatives we spoke to told us they felt the environment was homely, clean and well adapted to give people different spaces and meet their mobility requirements. People could personalise their rooms.
• One relative told us how the garden had improved with the addition of a canopy. They said, "My family member likes going out in the garden, they can have some shade now as they have a canopy. It is perfectly comfortable and my relative also now has their own static chair in the lounge."
• The service had built raised plots in the garden which meant people who used equipment to mobilise could easily access them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Health and social care professionals we spoke to said they had no concerns with the service.
• Relatives views on how the provider encouraged healthy lifestyles was mixed. For example, one relative said, "They [staff] are really good at healthcare, generally my family member is very healthy but had one health issue going on for years and staff were very quick to call the doctor and get someone out."
• Another relative told us, "I am a bit worried about my relative's weight sometimes, the meetings I have gone to staff agreed about healthy eating but I have never seen evidence of this, when I go there my relative is eating whatever they like on the plate and it's not healthy food."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• The MCA and DoLS require providers to submit applications to a 'supervisory body' for authority to do so. Applications under the DoLS had been authorised and were being met.
• Staff could tell us about restrictions on certain people for certain things such as locked knives and breakable cups and not being able to leave the house alone.
• Related assessments and decisions had been properly taken. The provider had applied for this to be authorised under the DoLS.

Good

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

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 told us, "I like living here."
• One person told us how staff had supported them to date their boyfriend for two years and they met with them to walk the dogs in the parks once a week. They were very happy about this.
• We saw staff responding to people in a very friendly manner being caring and kind and interacted well.
• One staff member, showed very good interaction with people and used gentle touch and verbal reassurances. This staff member chatted with everyone and gave individual compliments such as, 'You look really lovely today.' People responded well to this staff member.
• Two staff took part in a spontaneous race with one person who asked staff to do this. The person was laughing loudly and smiling and shouting throughout suggesting they had thoroughly enjoyed the moment.
• We observed family visiting with one person, the staff were engaging the family member and the person they were supporting and we could hear a lot of friendly banter and laughing. This helped to create a relaxed and positive atmosphere.
• Relatives all thought staff treated people well and were kind. One relative said, "They [staff] are a really good team, there is one new staff member that I don't know at all yet. The other staff show evidence of caring for my relative and taking an interest in them."
• Another relative said, "I feel they [staff] are kind and caring, there are always new carers so I don't always know about new carers. I do not know if they are alone. I more or less visit once a week and there would normally be carers about."

Supporting people to express their views and be involved in making decisions about their care
•The registered manager told us how they had supported one person to access an advocate ensuring the person had a voice in relation to a particular issue.
• Review documents we looked at had very little in terms of people's likes and dislikes, achievements and dreams. For example, one person's goals for the future stated 'to main activities and eat well'.
• One person had 'involvement and mood charts' in place in their file and I was told by staff this was to analyse what the persons likes and dislikes were. However, staff had not completed the record every day so the data analysed might not be correct.
• Staff did demonstrate they understood how to provide good care based on people's needs and involve people and their relatives.
• However, staff did not question beyond basic care needs and did not show they were empowered or motivated to use their initiative and find creative solutions to respect people's preferences and choices and empower people to decide on care that was truly person centred.
• Relatives did not always feel involved by management or listened to when supporting their family member to make decisions about their care.

• One relative told us, "That is just how they run it there. They [staff] know what my [family member's]' needs are but they have never come back to us. We get a review once a year with the Council so probably it would all be brought up then."

Respecting and promoting people's privacy, dignity and independence
• People told us, "I can do my laundry."
• We saw one person ask to speak to staff privately and requested the time they would like support with personal care. Staff agreed a time with the person and I noticed they kept to this plan.
• We spoke to the registered manager about people taking risks which would be safe to empower people and promote independence, however the registered manager was not sure what we meant by this so we needed to explain.
• Relatives told us they felt staff upheld people's privacy and dignity.
• Staff received training on confidentially and information governance.
• Staff encouraged people to show us around their home and their bedrooms themselves. One person was very happy to do this and proud to show me their home whilst speaking about the things they liked to do.
• The registered manager securely stored all paper and electronic records.
• We saw people and their visitors had time and space to meet privately.
• Staff supported involved some people in meal preparation and used special knives to chop and cut food. One person did this independently and staff supported another person using a 'hand over hand' style of support.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Overall, we found activities were not very person centred or varied. For example, people had two activity plans and staff were unable to tell us which one was current and correct.
• Examples of the way the service did not respond to people's individual needs included generic activity plans that did not match the people's wishes as stated in their care plans.
• During the period of 25 to 28 January 2019, one person's daily notes showed that they did not go out at all for four days but spent a lot of time 'listening to the radio' or 'watching tv'.
• Most indoor planned activities were also not personalised or meaningful. One person's plan showed their evening activity for every day of the week as 'radio/tv/dvd' time. There was also no detail about favourite radio stations, tv shows or films.
• Relatives explained that some people could not afford to pay for support to go away on holiday and so were offered days out throughout the year as an alternative. Staff confirmed they supported people with some local discos and days away but said they were more ad-hoc, one off annual days out rather than regular planned activities.
• Staff also explained only a limited number of people could go out as there were only two staff who could drive the vehicle.
• One relative told us, "I guess I have always had the same disappointment from the beginning that there isn't much going on in the house. For years it was just sitting around and stagnant. When we queried it a few years ago [the provider] said they would train the staff to do more structured activities but that never really happened. My family member is always happy and I do like the staff but I would just like more activities."
• We saw one person who could not easily communicate, refuse to eat their lunch because they wanted to go out. Staff promised to pass it on to the afternoon staff to see if it were possible. This did not happen and the person did not go out at all on the day of our visit.
• Some aspects of the new-style care plan were really personalised and clear and had photographs of the person doing the activities. However, other aspects were very generic and missing detail for staff on 'how' to best support someone or what the persons preferences were.
• Care files mostly had good explanations of people's communication needs. For example, using some signs and Makaton (an aid to speech which uses signs and symbols) and needing the staff to repeat back to the person what they thought the person meant, to seek confirmation.
• However, the plan then goes onto to say that the person also used gestures but did not say what those gestures were and what they meant.

Due to people not always being supported to have person centred care. The provider not always working in partnership with people and their relatives to support them to make informed decisions about their care and agreed plans not always being followed through and implemented, this was a breach of Regulation 9 Health and Social Care Act 208 (Regulated Activities) Regulations 2014. Person centred care.

Improving care quality in response to complaints or concerns
• Most relatives felt able to talk to the registered manager if they had a concern and were confident their concern would be actioned.
• For example, one relative told us, "[Name of registered manger], is very up front and forthright and listens and does act on concerns."
• A staff member said, "The registered manager tries [to improve things and address poor practice] but the company block them because they do not want to lose any staff as they have trouble recruiting."
• The registered manager showed an open and honest approach to managing complaints when they occurred including involving the local authority safeguarding team or other professionals where appropriate to help resolve concerns.

End of life care and support
• The service was not currently supporting people with end of life care but had good systems in place to support people if needed, such as training, policies and care plans.
• Staff told us, "We haven't had training on end of life care. Most of the parents are the advocates though so they would get involved."

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• A number of quality assurance processes were in place and the provider checked outcomes and actions. However, these had not picked up some of the issues we saw around personalisation of care, dignity, and staff support.
• The management team and care staff were all very passionate about ensuring they gave quality care. However, whilst staff were caring, this did not always translate into personalised quality care in practice.
• The registered manager did not feel supported by the provider to achieve a high standard of care. They told us, "[The provider] is a huge company and you have to deal with many different departments so I will be like 'I don't know something' and I am calling to get an answer but I need to wait for two weeks and I have to chase them as they pass it to one person then another person. I am not 100% supported."
• The registered manager showed an open and honest approach to care provision. They and the staff team all understood the impact of good care on the people they were supporting.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager did not show a good understanding of current legislation, guidance and best practice. This included the requirements of the Health and Social Care Act and their responsibilities within their management role.
• For example, we had to explain to the registered manager what we meant by protected characteristics, making safeguarding personal, supporting people to, take risks in a safe way, equality, diversity and human rights values, the accessible information standard and registering for the right support guidance.
• This meant the registered manager could not support the staff team to understand these issues nor support best practice guidance.
• The staff team were able to define their roles and how to put these into practice. Some staff needed more support but felt they did not always receive it from senior management.
• For example, one staff member told us, "We are struggling with the new care plan forms as they are not written well in structure and format. We had training but it was not about the new format and how to complete it. It asks us to use 'SMART' but we need someone to come and tell us what that is. We tried what we thought but (senior management) complained."
• 'SMART' is a system used for writing goals and ensuring they were clear and fair by being 'specific, measurable, achievable, realistic and timed'.

The registered provider had not ensured that the registered manager had received the appropriate support,

training and professional development necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 Health and Social Care Act 208 (Regulated Activities) Regulations 2014. Staffing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and staff gave positive feedback about the registered manager and care staff.
• A relative told us, "The [registered] manager is lovely, they contact me regularly and when they can will bring my family member over as the [registered] manager is one of the drivers."
•Staff told us they liked the registered manager but said about senior management, "They do not support the staff" "They should care more about what is happening" and "What they say is not the picture on the shop floor."
• The provider sent out annual questionnaires to relatives and professionals to seek their views and documented outcomes.
• However, relatives we spoke with could not confirm having received a survey or had any information shared with them about the service on a regular basis if ever.
• One relative told us, "I've had one [survey] once and that was over a year ago. No more in all the time that my relative has lived there which is more than few years."
• Another relative said, "No, I've never had Voyage seek feedback about being happy with the service." And, "We do not get information about what is going on in the service, when there is a Barbecue or birthdays [staff] will send out an invitation."

Continuous learning and improving care
• The registered manager used audits and feedback to develop and improve the service. For example, a three-month quality audit with action plan.
• Following these audits and staff feedback the registered manager told us about various schemes that senior management intend to implement such as thank you cards and a special thanks award each quarter. This had occurred in December 2018 for the first time.
•Staff did not feel that positive changes were always sustainable. One staff member told us, "I just stop saying now what I am not happy with as it will improve for two or three weeks but then staff stop doing it. I have tried telling [registered manager] but they were a senior here before and know it is just the company and so do not do anything."

The registered manager had a lack of oversight and good governance in relation to systems and processes which failed to identify issues found during this inspection. The registered manager did not demonstrate an understanding of their roles requirements and responsibilities and did not ensure that improvements could be implemented and sustained. This was a breach of Regulation 17 Health and Social Care Act 208 (Regulated Activities) Regulations 2014. Good governance.

Working in partnership with others
• The registered manager liaised with other teams to share ideas and try to find ways to improve the care they provided. However, they were unable to give any examples of how this had positively affected people.
• A social care professional told us, "We believe the [registered] manager to be transparent and open with us."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 Health and Social Care Act 208 (Regulated Activities) Regulations 2014 Person centred care People were not always supported to have person centred care. The provider did not always work in partnership with people and their relatives to support them to make informed decisions about their care. Where plans were agreed they were not always follow through and implemented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 Health and Social Care Act 208 (Regulated Activities) Regulations 2014. Good governance. The registered manager had a lack of oversight and good governance in relation to systems and processes which failed to identify issues found during this inspection. The registered manager did not demonstrate an understanding of their roles requirements and responsibilities and did not ensure that improvements could be implemented and sustained.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Regulation 18 Health and Social Care Act 208 (Regulated Activities) Regulations 2014. Staffing.

The registered provider had not ensured that the registered manager had received the appropriate support, training and professional development necessary to enable them to carry out the duties they are employed to perform.