

# Voyage 1 Limited St Helens Down

## Inspection report

46 St Helens Down  
Hastings  
East Sussex  
TN34 2BQ  
Tel: 01424432958  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit: 23 April 2015  
Date of publication: 05/08/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 23 April 2015. The inspection was unannounced. This meant the provider did not know we were completing an inspection.

St Helens Down is registered to provide accommodation and personal care for a maximum of six people with learning disabilities. At the time of our inspection five older people lived at the service.

People had different communication needs. Some people were able to understand and verbally respond to simple sentences and some people used words and

gestures to answer questions. People had different levels of verbal reasoning skills. We talked directly with people and used observations to better understand people's needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

# Summary of findings

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good Governance. You can see what action we told the provider to take at the back of the full version of this report.

People were encouraged to comment on the service provided to influence how the service was developed. There were audit processes in place intended to drive service improvements. It was not always clearly recorded what actions had been taken to address shortfalls or feedback identified by the provider's quality assurance systems.

The registered manager had ensured that people were safe. People said they felt safe with the care staff and there were sufficient staff to meet people's needs.

Staff had the required competency to meet people's needs. Staff received on-going supervision and appraisals to monitor their performance and development needs.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them. People spoke positively about the care staff and told us they liked the staff.

People received care that was responsive to their care needs. People felt confident they could make a complaint and that the provider would address their concerns.

Staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted.

Records showed that the Care Quality Commission (CQC) had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

# Summary of findings

## 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.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who used the service.

Good



### Is the service effective?

The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The provider held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good



### Is the service caring?

The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good



### Is the service responsive?

The service was responsive.

People's individual needs had been consistently responded to by the provider.

People felt confident they could make a complaint and that the provider would address concerns.

Good



### Is the service well-led?

The service was not consistently well-led.

There were quality assurance systems in place to drive service improvements. It was not always clearly recorded what actions had been taken to address shortfalls and feedback identified by the provider's quality assurance systems.

Requires improvement



# Summary of findings

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences to ensure people remained as independent as possible.

# St Helens Down

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector, due to the small size of the service, so as not to cause undue disruption to people who used the service.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We spoke with the registered manager, the area manager, and the two members of care staff team on shift. We spoke with four people who used the service. After the inspection we spoke with an external health professional to obtain their views about the service.

We looked at three people's care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

People said they felt safe with the staff that supported them. If people had concerns they told us they could speak to the registered manager. People said, “I would speak with the manager or my key worker.” A key worker is a member of care staff with key responsibility to support an individual to meet their support and care needs. People had key worker meetings every week to discuss issues of importance to them. People talked about what was working well for them, things they wanted to change and any concerns they might have. Meeting minutes showed that regular discussions took place about what people should do if they had concerns. The minutes of these meetings were written in accessible language and contained pictures and symbols to support people to understand and remember what had been discussed. Information on keeping safe was available to people in an accessible format and contained pictures to support their understanding. There was a pictorial poster at the service entitled ‘See something, say something’ which gave people information about how to raise any concerns about possible abuse. One relative had commented in a questionnaire sent by the service that, “Our relative feels safe, secure, settled and happy.”

People were protected from discriminatory abuse. For example the registered manager had concerns that someone was not receiving the correct medical treatment potentially due to their learning disability. Documents showed that the registered manager made a formal complaint about this and raised a safeguarding alert. A review of the person’s medical needs was completed by health professionals to ensure they received appropriate care and treatment.

Policies and procedures were in place for dealing with any allegations of abuse. Staff showed they understood these policies and how to use them in practice. This included how to recognise different forms of abuse, how to identify abuse and how to report it. Staff said, “I might see changes in people’s behaviour or physical signs of concern.” Staff were aware of their responsibility to report any concerns about abuse. They said, “It is my responsibility to report any concerns to the manager or local authority. I have a

duty of care to people. I would also document it if I had any concerns.” Training records showed staff had completed training in safeguarding adults. Contact details for the local authority safeguarding were available to staff.

Care records contained risks assessments and the actions necessary to reduce individual risks. The risk assessments covered any medical condition and history, and included people’s communication, social, mobility and dietary needs. One person was at risk of falls. The registered manager ensured that the person’s needs were assessed to reduce the risk of falls and to promote their independence when they were moving around the service. The person had access to equipment to assist them to move around independently. The person worked with the physiotherapy team to undertake daily exercises to maintain their independence with walking. We saw the person move around safely with their walking frame. Staff gave the person support and reassurance.

Records of accidents and incidents were kept at the service. Body maps were used to show where a person may have sustained any injuries. Accidents and incidents were regularly monitored by the registered manager to ensure risks to people were identified and reduced. For example, one person had a fall getting in and out of bed. The person was supported to test out different beds to obtain a height adjustable bed to enable them to get out of bed safely. The person showed us their room and the bed. The person was involved in making decisions and supported to understand the possible risks. Staff used accessible language and broke information down into manageable chunks to help them understand the risks. One staff member gave us a clear overview of risks for the person and how they supported them. They told us, “They have had no recent falls, but did lose their balance last week. We completed an accident form to record this.” They told us they had also completed moving and handling training to ensure they supported the person safely.

Personal Emergency Evacuation Plans (PEEP) were in place. These plans provided details of how staff would support people to vacate the premises in the event of a fire. Records showed that monthly evacuation drills were completed to support people and staff to understand what to do in the event of a fire. The PEEPs identified people’s individual levels of independence and provided staff with

## Is the service safe?

guidance about how to support people to safely evacuate the premises. The provider completed a fire risk assessment on 22 April 2015. No actions were identified as a result of this audit.

The premises were maintained to ensure hazards were reduced. The building was well maintained and communal areas had recently been redecorated. The provider followed an on-going improvement plan of decoration and maintenance of the premises.

There was adequate staffing levels to meet people's needs. The registered manager completed rotas which confirmed that enough staff were on duty at all times. This was confirmed by rotas that we looked at. Staff said, "The staff work as a team. We know each other and the people who live here well. There is good teamwork. We all get on. There is good communication between us." A member of staff had recently left the service. Staff were working additional hours. Bank and agency staff had been used on occasion whilst the registered manager recruited to the post. The registered manager advised us that one permanent staff and one bank staff member were due to start with the service pending satisfactory recruitment checks. This enabled the service to have sufficient staff to cover staff absences and to reduce the number of additional hours staff were working.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked

unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable. The provider followed a consistent and robust recruitment and selection process in the staff files we looked at. This ensured that staff were of suitable character to work with people to ensure their safety.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. Staff had read policies about the management and review of medicines and signed to confirm this. Records showed supervision had been given to staff where they required additional support to administer medicines.

We checked Medicine Administration Records (MAR) for everyone who used the service in March 2015. All records we reviewed were accurate and staff had recorded that people had their medicines administered in line with their prescriptions. Records contained individual instructions on how staff should support people with medicines. The registered manager completed weekly audits to ensure people were provided with the correct medicines. This ensured that people were given medicines in a safe way and any potential errors would be identified and resolved.

# Is the service effective?

## Our findings

People said they were happy with the staff who supported them. They said, “I go to the day centre and do artwork and painting. I like it here. I make my own decisions. Staff help me. I like my room.” Comments from questionnaires completed by relatives read, “Excellent care and support” and “Very good care and support. My relative is very happy. There is a high level of care in all areas of their life” and “The staff team are all committed and dedicated to providing a high standard of care.”

Staff received regular supervision from a senior staff member. This staff member had completed a training qualification to provide staff supervision. Staff had one to one meetings with their supervisor to discuss their role, performance and development needs. Staff were able to raise issues or concerns and supervision meetings were recorded and signed by staff. Staff completed training in dementia, diabetes and epilepsy management to support people with their needs. Staff were satisfied with the training and professional development options available to them. Staff could access training and development programmes to attain a qualification in care. Training and staff records confirmed that people were provided with training and supervision to carry out their role.

All staff completed a four week induction training programme before starting work at the service. The induction included safeguarding and moving and handling training. This ensured that staff had completed the basic training requirements for their role. Training records show that an induction checklist was signed off by the registered manager to show new staff members had effectively completed the induction programme. Records showed that staff attended a probationary meeting after three months to check whether they met the requirements of the role. Staff records showed they completed annual appraisals with the registered manager to discuss their performance and career development needs.

Staff had specialist training to support someone to manage a serious health condition. They had on-going access to advice and visits from a health professional. This helped them to effectively use a medical device to support the person. Due to this training staff now supported the person to manage their health needs at the service rather than attending frequent hospital appointments. The health professional told us, “The staff are more than competent in

this complex procedure. They keep good records and I go in regularly to monitor the person. Staff contact me if they have any issues.” The person was supported to maintain their health and received on-going healthcare support.

People gave their consent to their care and treatment. Care plans and consent forms contained pictures and staff used accessible language to help people understand their support needs and to give informed consent. People had signed consent forms to show they consented to the care and support they received. Staff sought and obtained people’s consent before they helped them. One staff member told us, “One person told us they did not want to go out. We discussed this and accepted their decision.” When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. This ensured people’s right to make their own decisions was respected and promoted. There had been no cause for assessing people’s mental capacity since our last inspection and no one was deprived of their liberty.

The registered manager had previously completed a DoLS application for someone where they lacked the capacity to make a decision about a medical procedure. The registered manager followed the correct procedures to ensure they made a decision in the best interests of the person. People who knew the person well, including the provider, family members and the medical consultant attended a ‘best interest’ meeting and were involved in making a decision to ensure the person had the most appropriate care and treatment.

One member of staff said, “I have had MCA training. I understand the key principles. We cannot assume someone lacks capacity. When it is assessed that they lack capacity we have to make decisions in the person’s best interests” and “I have had MCA training. Decisions about people’s capacity are made depending on the issue. We have to assess people’s levels of understanding and help



## Is the service effective?

them understand the decision to be made using simple language. We give people time to reflect on the information and ask questions. We also break down the information to help them understand what the decision involves.”

People told us, “The food is ok” and “I like milkshakes and cake. I have diabetes. I can have small amounts of chocolate. I had a diabetic cake for my birthday.” People told us they liked the food and were able to make choices about what they wanted to eat. Records showed that people attended menu planning meetings to decide what was put on the menu, in line with their choices.

Staff knew people’s dietary needs and preferences and were able to give us detailed information on people’s assessed dietary needs. For example one person was on a low fat diet to maintain a healthy weight. Another person had diet controlled diabetes and staff monitored their food and drink intake and supported them to have regular blood tests to monitor their blood sugar levels. Where appropriate, staff recorded people’s food and fluid intake. The records showed what the person ate and drank to

ensure they were getting sufficient food and drink. The staff maintained accurate records to monitor people’s dietary needs. They signed the records to provide a clear record and monitor people’s health condition.

People were supported with their day-to-day health needs of people. People had ‘Health Action Plans’ which included information about their general health. These health plans contained pictures, symbols and accessible language to enable people to understand their health needs and what action might need to be taken. Where people had specific health needs records were kept about how support needed to be provided. Staff worked with healthcare specialists to support people to maintain good health. Staff said, “I had specialist training to support someone with a health condition. This training was given by a nurse.” Staff supported people to attend health appointments. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person’s care plan. People’s care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

# Is the service caring?

## Our findings

People said they were happy with the staff. People said, "I like living here. I get on with the staff and clients. The staff are all good to me. The staff help me" and "Staff are friendly and easy to talk with. I love my key workers." Relatives' comments taken from questionnaires sent by the service read, "Staff are consistent and are able to support people in a friendly but professional manner" and "Having visited several times – it is always a pleasure. The service has a friendly atmosphere and dedicated staff team who are always ready to go 'the extra mile'. They are one big happy family and the staff are caring." A health professional told us, "Staff are very kind and respectful to people who live there. There is a nice feel when I go into the home."

We spent time in the communal areas and observed how people and staff interacted. The staff displayed a polite and respectful attitude towards people. One person who needed help when moving around was assisted by staff and staff ensured the person's pace was respected. Staff spent one to one time with people if they needed company or reassurance. People and staff engaged in warm and friendly banter. People were smiling and laughing when talking with staff.

The staff promoted independence and encouraged people to do as much as possible for themselves. People were doing household tasks such as laundry and emptying the dishwasher where they were able to do so. Staff were aware of people's history, preferences and individual needs and these were recorded in the 'Who I am' section of their care plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen diner or their bedroom.

Care plans contained information about what people liked to do. One person told us, "I go to a day centre. I like to do artwork and painting." Their care plan recorded that they attended a day centre and undertook the activities which they enjoyed. This showed that people were supported to take part in the activities of their choice. People said they were happy with the support they had from staff. One person told us, "I can make my own choices. Sometimes I like to go out for tea and cake."

People were involved in their day to day care. People attended weekly house meetings and key worker meetings

to talk about their care and support needs. People's care plans and risk assessments were reviewed monthly to ensure they remained appropriate to people's needs and requirements.

People said staff treated them with respect and upheld their dignity. Staff told us, "I always respect people. I knock on their doors before entering their room. I ensure people have privacy when I assist them with personal care" and "When helping people to shower, I maintain their privacy and dignity. I respect their choices and how they want support to be given." Care plans reflected how people were treated with respect. Appropriate language was used throughout and people's choices were emphasised.

People were encouraged and supported people to develop and maintain relationships with people that mattered to them. One person told us their family came to visit them. They told us at their recent birthday celebration their sister had visited and made them a birthday cake. On the day of our inspection family members had visited to discuss funeral arrangements and reflect on memories of someone who had recently passed away.

One care plan included a record that a person had been involved in advance planning decisions about their end of life care. This person told us of their wishes when they died. They had chosen hymns and said how they wanted people to dress and the type of funeral they wanted. Their choices were documented in their care plan.

One relative wrote in a questionnaire sent by the service, "It is good to see people being supported and enabled to stay at St Helens Down even when their health deteriorates and towards the later stages of their life and not being moved on."

Someone who lived at the service had recently passed away. Staff spoke sensitively to people about this and were available to answer people's questions and give them support and reassurance. Some people told us they wanted to attend the funeral. The registered manager said that they would support people to attend if they wished. They had received a recent thank you card from the person's family. This read, "A special thank you to you and your staff for taking care of our relative. I know they enjoyed all their time with you all, after seeing them so happy each time I visited." Everyone spoke respectfully and fondly of the person who had recently passed away and staff met with the person's family to ensure they were supported.

# Is the service responsive?

## Our findings

People said they were happy with their care. One person said, "I am happy and pleased with the home and "I like living here. Staff help me." People attended weekly house meetings and one to one meetings with their key workers to talk about their care, what they would like to do and any issues of importance to them. We read feedback from questionnaires that people had completed about house meetings. They read, "I can express myself and talk about holidays" and "I like them because I can ask questions, discuss holidays and gardens" and "I like talking about everything." Comments taken from relative questionnaires read, "The staff team are very attentive to ensuring that our relative's needs are well met. Our relative is very well supported and they [staff] work to make St Helens Down a comfortable home not just a place to live."

People were involved in assessments relating to their care. The provider recorded people's preferences on how they wanted to be supported. People's personal history, likes, dislikes and hobbies and interests were recorded. We saw people's care plans included a page where the person had described the support they needed and how they wanted it provided. This helped to personalise the plan and the support given to the person. Staff knew the people they cared for and were aware of their preferences and responded to each person appropriately. People were supported to pursue interests and maintain links with the community. One person said they liked to go to a day centre and get involved in arts and drama. They said they were taking part in a show and were involved in the 'special Olympics'. They were looking forward to taking part in this event in Sheffield later on in the year. They told us they had enjoyed their day as they had done acting and dancing. They had a diary which recorded the activities they took part in which reflected their individual preferences.

People were supported to make choices and decisions about their interests and their care. Staff told us that one person had previously gone to college but due to their preferences they had chosen to stop attending. Where people had problems moving around the registered manager had acquired equipment to ensure people could stay independent in the community. People's religious preferences were met. One person was visited by a Reverend once a month who performed holy communion in line with their religious preferences. We saw that staff

asked the person whether they wanted to attend church each week and documented their preferences in their care plan records. Staff told us that people were supported with personal care by staff of their preferred gender. Picture menus for the day were displayed to help people understand what choices they could make. This ensured that people's needs were responded to and they were kept informed about meals available in a format that they could understand.

People told us they were satisfied with the care they received. They said, "I would speak to the manager, my keyworker or another member of staff if I had a complaint." One relative had commented in a recent questionnaire, "Individual needs are met. Any changes needed are well planned and implemented. Things are adjusted to meet individual needs. People come first not ease or staffing considerations."

Staff told us about how they supported people to change aspects of their care. One staff member said, "One person wanted to attend discos with their friends. We supported them to do this. They told us they wanted to improve their reading skills. We do one to one sessions to support them to read." We saw the registered manager had devised a 'You said...we did' form to enable people to say what changes they wanted and for staff to record how they addressed people's requests. One staff member shared an example of this. The person spoke with night staff to say they were too hot at night. Staff ensured the person was given lighter bed linen, a fan in their room and support from staff to open windows when needed. This action was documented in the form and recorded as a discussion point at a staff meeting.

Information on how to make a complaint was available in the service user guide given to people and their relatives. The policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The registered manager regularly talked with people about how to make a complaint in house meetings. They explained the complaints process and encouraged people to make a complaint if needed. No complaints had been recorded since our last inspection. We asked people what they would do if they wanted to make a complaint. They said, "I would speak to my keyworker." The service obtained feedback about service quality by sending out questionnaires to people staff and relatives every year. All the comments were positive about the care and support people had received.

# Is the service well-led?

## Our findings

People, staff and relatives were asked for their views on the service in questionnaires. Comments included, “I think it runs smoothly” and “I am happy and pleased with the home.” However, dates were not recorded on all questionnaires so it was not clear what date the feedback had been received. We noted that the feedback from people was positive.

People took part in weekly meetings. The staff recorded discussion and actions points from those meetings. Handwritten notes were recorded alongside some action points which were dated to demonstrate they had been completed. For example one person had requested a day trip to Eastbourne. This was arranged by care staff and it was recorded that people ‘enjoyed’ the trip. One person requested a leaving party for a member of care staff. Staff arranged a tea party to address this request. People had requested to take part in certain activities. Some of these actions had not been recorded as completed. The records did not consistently indicate whether actions had been addressed in light of people’s feedback. Although people were consulted, their views were not always acted upon.

The registered manager completed audits every three months to assess service quality. Each audit was reviewed by an area manager on a quarterly basis to check whether shortfalls had been addressed. We saw that not all records of actions for the audit from January to March 2015 had been completed and signed off within the agreed timeframe. The registered manager could not give an account as to why actions had not been addressed. They told us they did not think the systems necessarily added value to the quality of service provided. It was not clear what action would be taken when actions were not completed in line with agreed timeframes. This meant that people’s experience of service quality could be negatively impacted.

We checked care plan records and found that they contained a lot of information some of which was out of date or not necessarily relevant to people’s current care plan needs. Some care plans had the logo of the previous provider name and had not been changed since the provider changed their registration details in March 2014. This could mean that staff followed care plans that contained out of date information about people’s needs. Some records were not in date chronology. This could

make it difficult for staff to easily follow care plans to meet people’s needs. The registered manager acknowledged that work was required to file and archive care plan paperwork that was no longer relevant. This requirement was not recorded as part of the provider’s internal quality assurance process.

The registered manager had not consistently recorded actions taken to drive service quality improvements in light of feedback received. The registered manager was not always able to demonstrate how they had analysed and responded to the information gathered, including taking action to address issues where they were raised. Quality assurance systems were not sufficiently robust to show how feedback led to service improvements. The failure to ensure that actions from weekly meetings and quality audits were consistently addressed and the failure to identify shortfalls in archiving of care plans as part of the audit process is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff said they were informed of any changes occurring at the service and policy changes. This meant that staff received up to date information and were kept well informed. Staff told us there was an open culture and they could talk to the registered manager about any issues arising. One staff member told us, “The manager is accessible and acts on issues I raise. I can contact him out of hours and at weekends and he always responds” and “The manager is good, there is an open culture. You can say what you need to say and he gives support.”

Staff said they would report concerns about risks to people and poor practice. Staff were aware of the whistleblowing policy and would not hesitate to report any concerns they had about care practices. Records showed the whistleblowing policy had been read by all staff and they had signed to confirm this. One staff member told us, “I would report any concerns to the manager and record those concerns.”

The registered manager and staff shared a clear set of values. Staff showed a caring attitude and spoke respectfully about the people they supported. Staff understood the need to promote people’s preferences and ensure people remained as independent as possible. Staff said their values were based on people having a good

## Is the service well-led?

quality of life, doing things they enjoyed with support and maintaining their skills. One member of staff said, “I want people to have quality of care and to be happy at the service and have choices.”

CQC had been informed of reportable incidents as required under the Health and Social Care Act 2008. The registered

manager demonstrated he was aware of when CQC should be made aware of events and the responsibilities of being a registered manager by sending us notifications informing us of events that happened at the service.

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ol style="list-style-type: none"><li>1. The provider had established quality assurance systems, however they were not consistently operated effectively to ensure compliance with the requirements in this Part.</li><li>2. Such systems or processes did not enable the provider to—<ol style="list-style-type: none"><li>a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); The provider was not consistently able to demonstrate how they had analysed and responded to the information gathered, including taking action to address issues where they were raised; using the information to make improvements and demonstrating that they have been made. The provider had not consistently monitored progress against plans to improve the quality and safety of services, and taken appropriate action without delay where progress was not achieved as expected.</li><li>c. maintain a contemporaneous record in respect of each service user. Records relating to the care and treatment of each person using the service were not always in chronological order or relevant. There were undue delays in filing information.</li><li>e. consistently act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such service.</li></ol></li></ol> <p>Feedback had not been consistently used to drive improvements to the quality and safety of services.</p> <p>Improvements were not consistently recorded as having been made without delay once they were identified, and the provider did not have robust systems in place to communicate how feedback had led to improvements.</p>

This section is primarily information for the provider

## Action we have told the provider to take

f. The provider had not consistently evaluated and improved their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e) to ensure that their audit and governance systems remained effective.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.