

Dolphin Homes Limited

Dolphin Homes Ltd Supported Living Services Office

Inspection report

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Date of inspection visit:
24 June 2022
01 July 2022

Date of publication:
06 September 2022

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic

About the service

Dolphin Homes Ltd Supported Living Services Office is a supported living service providing personal care to people with a learning disability and or autistic people in their own houses and flats. At the time of inspection there were ten people using the service in six separate supported living settings. Some people lived on their own, whilst other people lived in shared accommodation. People received a variable number of care hours per week, depending on their assessed needs.

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

Right Support

We found that not all staff had completed the appropriate training for their roles and in how to deal with incidents involving people becoming challenging to them. There was not a robust effective system in place to ensure that the provider employed people who were suitably qualified, competent and experienced. This placed people at risk of receiving inappropriate or unsafe care.

People had choice and control around their care arrangements. Care focussed on people's abilities and promoted their independence.

People were supported to maintain relationships that were important to them and care was arranged so people could access the services and activities which they wished. People's care plans identified how they would like to be supported and what they would like to achieve with the help of care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

We identified concerns around recording of medication administration and training records. We found no evidence that people had been harmed, however, there were failures to record, monitor and improve the quality and safety of the service, and failure to maintain accurate records

Staff were respectful of people's dignity, privacy and treated them as individuals with their own beliefs, thoughts and aspirations.

People told us they were happy with their care. People or their relatives felt comfortable in raising issues or concerns. There were systems and processes in place to safeguard people from abuse. However, not all staff we spoke to knew how to access the policies on safeguarding or whistleblowing. The provider had an open and transparent approach where people, relatives and professionals were kept informed about key events related to care.

Right Culture

Although we found oversight issues around governance and training, from our observation of the registered manager and their staff with people supported, the provider's management displayed caring and person-centred values. They modelled this behaviour to staff and set expectations that these values should be integral to staff's working practice.

People were supported and treated with dignity and respect. Staff used accessible ways to communicate with people personalised to meet their needs. Relatives said that staff listened to what they had to say and worked with them to communicate appropriately with people and in a way people could understand.

The provider worked well with external stakeholders to meet people's changing needs and ensure people had smooth transitions when moving between different services.

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

Rating at last inspection

This service was registered with us on 20 March 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff not receiving the required training and the provider not keeping accurate and accessible records.

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.

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 

Dolphin Homes Ltd Supported Living Services Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by three inspectors and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to ten people living in six '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service seven days' 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 in the office to support the inspection.

Inspection activity started on 24 June 2022 and ended on 5 July. We visited the location's office on 24 June 2022.

What we did before the inspection

The provider sent copies of policies, business continuity plan, staff meeting minutes, incident and accident records, and quality assurance records prior to the inspection visit, which we reviewed remotely. We also sent the provider a set of additional questions related to providing care in supported living settings. These questions helped us to understand people's experience of receiving care and identify examples of good quality care. This information helps support our inspections.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited four people in one supported living setting and spoke with another by telephone. We spoke with six relatives via telephone to get feedback about their family members care. We spoke with eight members of staff including the registered manager, supported living services manager, and care staff.

We reviewed a range of records. This included three people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- Not all staff we spoke with had a good understanding of how to provide effective support around people's anxiety and behaviour. Although the provider had risk assessments for untrained staff there were incidents where staff had been injured without having appropriate training. Incidents were responded to but not always in line with care plans. Debriefs following incidents had highlighted where improvements could be made. However, debriefs did not always happen in a timely manner or have evidence of being followed up. The provider had brought in their positive behaviour support specialist to work with staff to improve this situation.
- People's care plans contained detailed, individual risk assessments around anxiety and behaviour. Care plans followed positive behavioural support principles, which focused on what people might be trying to communicate through their behaviours and how staff could help people develop skills.
- Environmental assessments were in place to reduce any risks related to people's homes. Where concerns were identified around people's home environment, staff supported them to raise concerns to relevant bodies, such as housing providers to resolve issues. This helped ensure there was a safe environment for people and staff. For example, a balcony safety barrier had been raised where it was felt to be too low.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. However, not all staff we spoke to knew how to access the policies on safeguarding or whistleblowing. This meant that not all staff were aware of the policies to keep people safe from abuse. The provider would address this issue as part of their supervision plan.
- The registered manager was aware of what constituted abuse and it needed to be reported to the local authority and CQC.
- People told us they were happy with the care and support they received and were comfortable raising issues with staff if they had concerns. One person said, "I love it here."
- Relatives told us that their family members received safe care and the provider listened to any concerns they had. One relative however told us, "It depends on who is working with him and whether they understand his needs."

Staffing and recruitment

- The provider's recruitment processes helped to ensure suitable staff were employed. This included checks into staff's background, employment history and past working performance. However, we were not able to get evidence during the inspection of Disclosure and Barring Service (DBS) checks being made for bank staff. DBS checks provide information including details about convictions and cautions held on the Police

National Computer. The information helps employers make safer recruitment decisions. After the inspection the provider told us that this information was kept on their head office computer system. We have considered this as part of governance in the well-led section of this report.

- Overall, relatives were happy with staffing levels. However, one relative felt that the use of high levels of agency staff was an issue. The relative told us, "We are not too happy about the amount of agency staff. It's difficult to staff adequately." The provider had taken this on board and was meeting with the relative and agency to improve the situation. The provider was using regular agency staff which helped them to know the people supported.

Using medicines safely

- There was no evidence to suggest that people were not getting their medication safely. Medication errors were followed up with staff, but there was no evidence to show that if medication was missed the provider had checked to see if there was potential for harm. Medication administration record (MAR) information supplied to us had gaps that the provider was unable to provide evidence of. MAR information was also showing as being given by agency staff where provider staff had administered. We have covered these recording issues in the well-led section of this report. Since the inspection and draft report the provider has been able to provide details of gaps in medication.

- Where people were prescribed PRN (as required) medicines, additional guidance was clear for staff about when and why these should be given. This guidance had been developed in partnership with healthcare professionals involved in people's care.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff, people and visitors to people's homes.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reported. The registered manager reviewed the reports and took all appropriate action to reduce the risks to people, including working with other healthcare professionals where necessary.
- The provider had an in-house positive behaviour specialist who would also review incidents around behaviours. After the inspection the specialist was working more closely with the staff team at one of the locations to help staff better understand the communication needs of the people they supported. Although we do not have evidence of the impact of this for people supported it is a positive move by the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- From the evidence supplied not all staff had completed the appropriate training for their roles. We found that not all staff were trained in how to support people safely during incidents where people communicated distress, emotions or needs through physical behaviours. Two of the staff had become injured when trying to deal with such incidents. We also found some staff were not up to date on safeguarding training which is important in knowing how to report and keep people safe from abuse. Since the inspection and draft report, the provider has told us that some staff were still in induction period and had not completed the company's safeguarding training. The provider said staff had completed safeguarding training previously in other companies (although this was not up to date).
- During the inspection the provider was unable to provide us a comprehensive list of all staff and what training they had completed. When asked if they thought staff had the training to support their relative, one relative told us, "No it's lacking. They have plans, and training is ongoing. It is difficult to say whether staff get training, or whether training opportunities are taken." and another said, "They don't have the training."
- One staff member we spoke with could not recall doing training on fire safety, health and safety, infection prevention and control, food hygiene and basic life support. These are all important areas that staff should have knowledge in to keep people safe. When asked if they had any safety concerns, they said, "Only regarding training and stuff, should have been done right at the beginning before I started."

Staff did not receive appropriate support and training to carry out their duties safely. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff supervision and support was inconsistent and did not meet the needs of all staff. Staff supervision is a good way to have one to one conversations. The provider had realised this and started a plan to get supervisions up to date. The provider had allocated team leaders and senior support workers to supervise but still needed to agree a timescale. One to one sessions with the PBS specialist would also be beneficial.

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

- The provider assessed people's needs before care services started. These included support needs, ongoing healthcare assessments (e.g. speech and language therapists (SALT)), sensory needs, and communication (e.g. picture exchange communication system (PECS)).
- They spent time meeting their families, so they could better understand their needs. They also used information from professionals to help develop people's care plans.

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

- People's dietary requirements and preferences were identified within their care plans. These included any specific dietary needs such as allergies or intolerances. A relative told us, "[Relative's] eating habits have definitely improved. He is well fed."
- Staff provided encouragement and support around making healthy food choices and used the nutritional care plans which people helped to develop. One relative said, "[Relative] was quite thin before moving in. Now eating really well and has put on weight. Staff are now taking measures to reduce sweet things as [relative] stopped eating main meals."

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

- The registered manager worked with people, families and professionals to help ensure there were plans in place to transition people safely into the service. As people had very complex needs, transitions needed to be planned carefully to help ensure people were safe and happy within their new environment.
- The provider ensured people's needs were understood when working with other agencies. This included producing documents around people's communication needs for healthcare professionals and working with people to overcome their anxieties around healthcare appointments.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were identified in their care plans. These plans included details around people's understanding of their healthcare needs and the support required from staff to meet them.
- Where people had ongoing input from health professionals, they were supported to attend appointments and follow any recommendations. However, relatives told us that they had to arrange appointments as the provider had not done this in a timely manner. One relative said, "I had to sort out a dental appointment, he has been there a year." Another told us, "I organised his COVID vaccinations, the Nurse came to [relative]. No one wanted to take responsibility. Organising the dentist and other appointments, it's gradually happening. They are listening to us about how to manage him."

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. We found that the provider had a good understanding of the MCA and had applied its principles when organising people's care.

- Staff worked with people to gain appropriate consent to care. Each person had an assessment in place which documented the support they needed to help them make informed decisions about their care. The provider understood that people had the right to make what the MCA calls 'unwise decisions' if they had the capacity to understand the risks involved. They were supportive of people's choices and worked with them

to minimise any identified risks.

- Where people were unable to consent to decisions about their care. The provider followed a best interests process, which was in line with the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act 2010.
- Staff used accessible ways to communicate with people such as a personalised form of Makaton, PECS, and social stories. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate. The Picture Exchange Communication System, or PECS, allows people with little or no communication abilities to communicate using pictures. Social stories are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. This helped people prepare, understand and adapt to changes in their everyday activities and routines.
- Relatives said that staff listened to what they had to say and worked with them to communicate appropriately with people in a way people could understand. One relative said, "One male carer is really lovely, deals with things when I ask. [Relative] needs stability, to get to know staff. [Relative] is very particular who is working with him." Another relative told us, "Now staff are building a nice relationship with [relative]. They are kind and have a good rapport."

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

- We observed staff supporting people with different activities and where possible offering them a choice in what they did and how they interacted. For example, one person liked to enjoy the library and preferred to have space to do so, with staff observing from a distance.
- Staff said one person who was not sure what to do if asked was given a choice based on what they liked. The provider had worked with family to help with this. The person also told us he got to use outdoor equipment, including football and basketball.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wanted to be by staff. One relative told us, "[Relative] is not allowed near heat and boiling water for safety reasons. With care and attention he goes in the kitchen. He likes chores like clearing the table and helping to clean his room. He watches carers and copies them. [Relative] enjoys this."
- People's relatives were made to feel welcome and able to visit without unnecessary restrictions. A relative said, "We always have a warm welcome and open and honest conversations."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The care and support plans we checked reflected the current needs of the people supported. Care plans were regularly updated with one we saw having updates around positive behaviour support (PBS) in June and May. This included details on each behaviour, proactive, active and reactive strategies, and physical interventions. One relative told us, "We had a care plan review. I am heavily involved in [relative's] care plan."
- People's care plans focused on their abilities, what they were able to do and how staff should encourage them to build their skills. The provider used an in-house PBS specialist to help develop and review people's care plans.
- People's care plans detailed their preferred routines around their personal care. This helped to ensure staff could provide care in line with these preferences. Staff had worked with relatives to find ways to improve acceptance of personal care where people were reluctant. For example, one relative told us, "When [relative] was refusing personal care in the morning, I suggested he have a bath at night. It works."

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.

- People's communication needs were identified in their care plans. Staff tailored their approach to ensure people's communication needs were met, which helped people have an insight and level of control around decisions about their care. Where one person took some time to process information it included detailed instructions about support needed in this time. It also included key language staff were to use for the person to understand them.
- For example, staff used social stories to help people understand about changes and how it affected their everyday life.

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 develop and maintain relationships with their families and friends. Relatives we spoke to were in regular contact and didn't live too far away from their relative. One said, "We are in close contact and see [relative] every few weeks."
- Staff we spoke with knew the people they supported well and were able to support them with interests

and activities that they liked. People also took part in activities outside of their home including day service. One relative told us, "[Relative] goes to the farm three days a week where he is constantly busy, supervised and happy."

Improving care quality in response to complaints or concerns

- Staff regularly spoke with people to identify whether they had any worries, concerns or complaints about their care. Staff understood people's individual communication, including how people expressed themselves without using words, when seeking feedback about their care. This helped to ensure the provider was able to act upon people's feelings and concerns.
- The provider did not supply us with their complaints policy, and we were unable to see any recording of complaints made to the provider. However, from the feedback from people's relatives it was clear when they had made complaints that the provider listened to and acted upon them. We have covered these issues in the well-led section of this report.

End of life care and support

- The service was not providing end of life care at this inspection.
- However, the provider had worked with people and relatives to identify preferences and wishes around their care at the end of their life, should this be required.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider did not have an effective system in place to monitor gaps in medication for people supported and therefore had not identified the concerns we found during the inspection. The registered manager was unable to account for specific gaps in medicine records and said there were occasions when people declined medicines. However, they were unable to evidence how these were recorded or followed up and therefore unable to confirm which gaps on the MAR chart could be attributed to people declining their medication. Since the inspection and draft report the provider has been able to provide details of gaps in medication.
- The registered manager said there were occasions where Wi-Fi didn't work, so medicines administration was not recorded, or recorded late. The registered manager was unclear about the process to follow to account for late medicines. For example, whether there were agreements around missing medication or communication to incoming staff about adjusting the time of the next dose in response.
- Some MAR chart entries were recorded as being administered by agency staff. However, the registered manager told us that agency staff did not administer medication and that the medication had been administered by the provider's staff using an agency staff login. Therefore, it was not clear from the records who had administered the medication.
- The provider's systems and quality assurance processes were not effective at supporting robust oversight of the safety and quality of people's care. Systems were not always accessible or easy to use for the registered manager and their staff, to ensure people received their care and support needs safely. This included MAR chart records, incomplete audits and care tasks showing as not being completed on the system.
- The provider did not have effective systems in place to evidence staff were trained and competent in the skills required to carry out their role. It was not clear from the evidence supplied to us which staff had been trained and when. There were inconsistencies in the training records, some of which contradicted other records. The registered manager had to request the reports from the training manager to be able to give us this information. The process did not help the registered manager to have proper oversight of training records.
- The provider's complaints policy was appropriate and had details of how to respond to verbal and written complaints. However, there was no evidence of how complaints were recorded and dealt with.

We found no evidence that people had been harmed, however, there were failures to record, monitor and improve the quality and safety of the service, failure to maintain accurate records was a breach of

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

- The people we spoke with were happy to be supported by the provider. Relatives told us it was now more positive for their relatives. One said, "We work closely with them and it's been positive. We are grateful he is there." Another relative told us, "Now I can say I'm hopeful, they are trying to make it more homely, it's improving."
- Relatives had told us that there had been changes in personnel and different managers which had meant a lack of stability. The provider had recognised this and employed a supported living services manager to oversee the main accommodation. One relative said, "We have had a good conversation with [supported living services manager]. She is trying to get things set up. We have emailed and her deputies have attended to issues arising. She has offered a video call."
- Relatives had raised an issue with the gardens, saying that they were overgrown and affecting the environment. The provider was fully aware of this and was taking steps with the housing provider to rectify this so that the people were able to enjoy the outdoor space.

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

- Although the registered manager and their staff worked with people to get feedback on their care, the provider had not used questionnaires to gain feedback from people, relatives or staff. This would be a good way of understanding concerns, supporting staff and improving the quality of the service.
- The provider held staff meetings so issues can be discussed, and staff are aware of any changes for the people they support. This helped to develop a consistent approach across the staff team.
- The provider had engaged people and their relatives in deciding on activities that they might like. People had also been encouraged to go out on trips which had been a positive step for them even though there had been some difficulties with aspects of the trips. One relative told us, "The service is work in progress, it is still young. There needs to be meetings with parents, so that everyone is listened to and can have their say. I will drive this forward."

Continuous learning and improving care

- The registered manager had ensured that incidents and accidents were reported appropriately to the correct external bodies such as the local authority or CQC.
- There was evidence of incidents being reported and some follow up, but it was not always clear what actions had been taken from the incident log.
- The provider followed up some incidents with debriefs for staff to better understand what and why the incident had happened. This is a useful way of looking at improvements in future. However, not all debriefs happened in a timely manner after the incident. This meant that possible improved ways of working with people were delayed.

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 registered manager understood their responsibilities under the duty of candour. They had acted transparently by informing all relevant parties if incidents or accidents occurred. One relative said, "[We have had] really good communication with them and they to us by email or telephone calls."

Working in partnership with others

- The provider worked well with other professionals such as occupational therapists and the intensive

support team (IST). At one time a member of the IST was coming in to one person's home weekly to provide improvements with understanding their communication and support for staff.

- The provider had also found working with people's care managers from commissioning bodies was positive as they were involved in decisions around the care and support provided.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however, there were failures to record, monitor and improve the quality and safety of the service, failure to maintain accurate records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support and training to carry out their duties safely. This placed people at risk of receiving inappropriate or unsafe care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>