

Knighton Manor Limited

Holmwood Gardens

Domiciliary Care Services

## Inspection report

Holmwood Gardens  
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Leicester  
Leicestershire  
LE3 9SX

Tel: 01162873072

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Holmwood Gardens provides care at home and is a supported living service. People either live in the community in single or shared accommodation. There are also two supported living settings where people have individual or shared apartments with communal space. Staff provide onsite 24-hour care in both the supported living sites, and some people receive 24-hour care in the community. People receiving support are living with a learning disability and some people have physical needs and complex health conditions.

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. At the time of the inspection, 18 people were receiving the regulated activity of personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted.

'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People received care and support that enabled them to have choice and control of their care. People's independence was promoted.

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:** People received care and support that was personalised. People were supported to achieve positive outcomes and led an active and fulfilling life.

**Right Culture:** Relationship difficulties amongst staff and the management team had had a negative impact on the culture of the service.

Medicines management did not follow best practice guidance. People's support plans and risk assessments did not consistently reflect current care and support needs. Recruitment checks were not sufficiently robust. The provider's systems and processes that assessed, monitored and improved quality and safety required improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 7 September 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about the behaviour of some staff, and an allegation of financial abuse. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. The registered manager took some immediate actions to make some improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified one breach in relation to the provider's governance systems and processes at this inspection.

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

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe 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** ●

# Holmwood Gardens Domiciliary Care Services

## **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

Two inspectors and an Expert by Experience completed the inspection. 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is also a supported living service. This service provides care and support to people living in two '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 a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with seven people who used the service and five relatives for their experience of the service. We also observed staff interaction with people to help us understand people's experience. We spoke with the registered manager, a manager, two deputy managers and the provider. We sought feedback from staff and received feedback from eight support workers. We reviewed the care records of five people and four people's medicine records. We reviewed four staff files and a variety of records relating to the management of the service, including policies and procedures, audits and checks.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes did not consistently support people from the risk of abuse. Some staff told us they did not feel confident in raising a safeguarding incident or concern with the management team. They believed they would not be listened to or action taken. However, other staff told us they did feel able to raise any safeguarding concerns with the management team. Records confirmed safeguarding incidents had been reported to the local authority safeguarding team and investigated and actions taken to protect people.
- During this inspection, we identified a possible risk about how a person had been supported with their finances. After our site visit, we received an allegation how a person had not received the level of care and support they required to remain safe. We raised these concerns with the management team and made safeguarding referrals to the local authority.
- The provider had a safeguarding and whistle blowing policy and procedure available to staff. The management team told us staff had received training in safeguarding, and some staff files had training certificates to confirm this. However, the management team did not provide the staff training plan, despite being asked during and post inspection. We were therefore unable to be fully assured all staff had received ongoing safeguarding training.
- Positive feedback in relation to people receiving safe care and support was received. A relative said, "My relative is safe here because they have their own flat and support 24 hours each day. My relative has the same group of carers."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support needs had not been consistently assessed, monitored or mitigated. For example, one person had specific health care needs, but their support plans and risk assessments had not been updated to reflect changes in their care needs. Another person had recently had an injury requiring additional support. Their support plans and risk assessments had not been fully updated to reflect their current care needs. The registered manager took immediate action to address these shortfalls. From speaking with staff and reviewing care records, we concluded this was a recording issue and people had not come to any harm. Staff were knowledgeable about how to provide care to these people.
- Positive feedback was received about how risks were managed. A relative said, "The staff know and understand my relative well. There is a seizure mat on their bed. This helps reduces any risk."
- Risks in relation to people's emotional needs had been assessed. Staff had detailed guidance of how to support people at times of heightened anxiety and were knowledgeable how they supported people safely.
- People were supported to manage their tenancy, monitor health and safety of the environment, and report any repairs to the landlord. Personal emergency evacuation plans were in place.

## Staffing and recruitment

- Safe recruitment practices were not robust. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. These checks had been completed but concerns were identified.
- The management team had completed risk assessments where staff had convictions. However, the date of these risk assessments was not when these staff had commenced their employment. The management team told us a generic risk assessment had been completed when staff had started work, but this was not available in the staff files to confirm what we were told. A more detailed risk was completed in 2022, following an audit visit by the local authority. Without evidence of the original risk assessment we were not fully assured risks had been assessed and mitigated in a timely manner.
- Sufficient staff were employed to meet people's individual care and support needs. People had high care and support needs and they had a core group of staff that supported them. This provided consistency and continuity in care. Agency staff or the management team, covered staff shortfalls and recruitment was ongoing.

## Using medicines safely

- Best practice guidance was not consistently followed. People's medicines folder did not include details of any allergies or how they liked to take their medicines. This information is important to ensure safe administration. Handwritten entries on Medicine Administration Records (MAR) did not consistently have two staff signatures. This is important to ensure recording was correct. The reverse of the MAR used to record details of any prescribed medicines to be administered when required, were not completed consistently. This is important to monitor the frequency this medicine is used and why. Body maps were not used to provide guidance for staff of the site application for prescribed topical creams. This meant there was a risk cream may not be applied correctly.
- One person's medicine file recorded their blood sugar levels. However, there was no guidance for staff of the expected readings and actions required by staff if the levels were outside these limits. The registered manager told us this information was no longer required, due to a new system used to monitor blood sugar levels. However, they later told us it was required. From speaking with staff and reviewing care records, we concluded this was a recording issue and the person had not come to any harm.
- Staff had access to the provider's medicine policy and a sample of staff files confirmed staff had received medicines training and competency assessments. People confirmed staff supported them with their medicines. A person said, "The staff help with my medication."

## Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections. People were supported to safely isolate during periods of an infectious outbreak, such as COVID-19.
- We were assured the provider had a good stock of PPE and staff were following government guidance.
- Staff participated in regular testing for COVID-19 as per government guidance. People had been supported to participate in the vaccination programme.
- We were assured that the provider's infection prevention and control policy was up to date.
- COVID -19 risk assessments had been completed for people using the service and information had been made available in easy read.
- Staff cleaned communal areas daily, to reduce the risk of cross contamination and spread of infection.

## Learning lessons when things go wrong

- Processes were in place for the reporting of accidents and incidents. Records were reviewed by the management team to ensure staff had taken action to support the person and considering any learning to

reduce reoccurrence. Learning was discussed and shared with staff.

- A new system to analyse incidents for themes and patterns had been introduced in July 2022. Whilst it was too early to fully review the effectiveness of this, it effectiveness had already had a positive impact for one person. The analysis identified times and a likely cause to some incidents of emotional upset the person had experienced. This was being reviewed to consider actions required to mitigate and manage incidents from reoccurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- We were unable to confirm staff had received ongoing training. We asked the management team for the staff training plan to confirm training completed. Despite us asking for this during and post inspection, this information was not forwarded. We therefore were not fully assured staff training was up to date.
- Staff told us they had received training. This included, autism and learning disability awareness. Staff told us they had also completed mandatory training such as fire safety, first aid, food hygiene. However, we were unable to confirm what we were told due to the staff training plan not being provided.
- Staff supervision and appraisals were not consistently recorded. The staff support plan reviewed, showed gaps in the frequency staff had received opportunities to discuss their work, training and development needs. The registered manager told us this was not up to date and agreed to forward an up to date plan. However, this was not received. We therefore were not fully assured staff had received effective support.
- We received a mixed response from staff about the support they received. Whilst some were positive and felt well supported, others did not. We shared this with the provider who agreed to follow this up. Feedback from people and relatives was positive in relation to staff competency. A relative said, "I do think the staff are trained and they know how to handle my relative better."
- The registered manager told us staff were expected to complete the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, we did not see evidence staff had completed the Care Certificate. This means we were unable to confirm what we were told.

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

- People's needs were assessed prior to them receiving care and support. This ensured staff could effectively and safely meet people's care needs.
- The management team understood the principles of national policy and current best practice in services for autistic people and people with a learning disability. They were aware of some areas they needed to develop, to fully reflect expected care standards. Such as supporting people to identify future plans. People had been supported to achieve positive outcomes but this was not always recorded or evidenced.

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

- People were supported with their dietary needs. Eating and drinking support plans provided staff with detailed guidance of the support required, including any risks and the action required to safely and effectively support the person.

- People and relatives confirmed how staff provided support with meal planning, shopping, preparation and cooking.
- Staff gave examples of how they promoted healthy eating, independence and choice. A staff member said, "I encourage people to eat healthy, explaining why it's good for them. I may introduce some new healthy recipes they may like and offer healthy choices before preparing meals."

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

- People were supported with their health care needs. This included accessing and attending health care services and hospital outpatient appointments.
- Positive feedback was received in how well staff supported people with their health care needs. A relative said, "The staff do liaise with the medics and then keep us in the loop." Another relative said, "My relative has complex needs. They [staff] have been able to meet my relative's needs here so far and they do chase the appointments."
- Staff were aware of the importance of working with external agencies. This level of engagement supported people to achieve positive outcomes and to ensure continuity of care. If people were admitted to hospital, staff accompanied them. They also provided daily support for the duration a person remained in hospital. Health actions plans and hospital passports were used to record and share people's care and support needs with others.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked mental capacity to consent to their care, assessments and best interest decisions had been made. This involved relevant people such as relatives and external health and social care professionals.
- Some people had restrictions placed upon them and these had been authorised by the Court of Protection to ensure people's rights were protected. Records confirmed restrictions were managed as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received positive care and support. A person said, "I've lived here a long time. The manager is helpful. The best thing about living here is you can do what you want. They put a lower sink in the kitchen to make it more accessible for me." A relative said, "The staff know and understand my relative well."
- Staff were knowledgeable about people's individual care and support needs. From speaking with staff and observing their interactions with people, we saw they demonstrated a good awareness of what was important to people. Staff had a caring, kind and respectful approach.
- People's support plans were individualised and reflected their diverse needs. For example, where people had mobility care and support needs, the environment and care provided by staff was adapted.

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

- People were involved in decisions about their care and support. Support plans were developed with people and their relative or representative where required. We saw examples where people had signed their support plan, to confirm they had been involved in the development and review of their care and support. People were supported to access independent advocacy services should this be required. An advocate helps people to be involved in decisions that affect their lives.
- People and relatives confirmed they were involved in decisions about the care and support provided. A person said, "My support plan is in my flat; I agree with it. It's a good support plan." A relative said, "The staff know [family member] well and their habits and character. They pick up on all their communication needs, it feels like home for them."
- Staff gave examples of how they involved people in their care and support. A staff member said, "We make sure we fully involve people in how they want to be supported. We offer choices and respect and act on their decisions. The care is person centred."

Respecting and promoting people's privacy, dignity and independence

- People received care and support that respected their privacy and dignity. Support plans provided detailed guidance for staff that demonstrated a person-centred approach. Care and support respected people's personal choice, lifestyle wishes and privacy.
- People who used the service and staff confirmed privacy and dignity was maintained. Some staff raised concerns about the behaviour of other staff, who they felt did not always show dignity and respect to others. We were aware actions had been taken by the management team in response to a specific incident involving staff.
- People were supported to be as independent as possible. This was confirmed by people, relatives and

staff. Support plans promoted people's independence and guidance for staff was detailed and supportive, reflecting people's routines and what was important to them. A person told us how they accessed the community independently when they pleased. Staff gave examples of how they encouraged independence with daily living tasks, including how people were encouraged to direct staff on how they wanted to be supported. For example, care and support was provided when people requested support and staff supported them in activities of their choice.

# Is the service responsive?

## Our findings

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

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

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

- People's care and support was personalised and reflected how they wished to be supported. This was based on people's individual care needs, routines and preferences.
- People confirmed they had choice and control of when they received their care and support and in the main, this was provided when they needed it. However, some people, relatives and staff, told us people who had their own car did not always have a staff member available who could drive. The management team told us they were aware of this and how they tried to accommodate people's wishes.
- During our inspection, we saw how staff supported people to participate in activities of their choice. This included accessing the local community for walks, drives, going shopping, to the park and attending health appointments. We also saw people socially interacting with each other and staff and participating in onsite activities. The atmosphere was calm, relaxed and organised.

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.

- Communication passports had been developed with people, relatives and external health care professionals. This information provided staff with detailed and supportive guidance on how to respond effectively to people's individual communication needs.
- We observed how staff interacted with people. Staff clearly knew people well and used different communication methods depending on the person's individual needs. This demonstrated a person centred approach.
- Information had been made available for people in easy read formats, such as the safeguarding and complaints procedures. We also saw examples of information in relation to health conditions or health procedures had been made available in easy read. Social stories were also used as a method to support people with their communication needs. Social stories provide a visual explanation of a social situation to support understanding of an event.

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 lead fulfilling lives and to be active citizens of their community. This was confirmed by people and their relatives. A person said, "I go to college at the adult learning centre and I sing.

I go on the bus." Another person said, "I am going to Blackpool soon; I haven't been before. I like living here." A relative said, "In June my relative went to a holiday place and loved it. They went swimming and to the seal sanctuary. They also went to the east coast for a weekend but that was a while ago. I would rate here as nine out of ten."

- People were supported to maintain contact with family and friends and were protected from the risk of self-isolation. People either lived in shared accommodation or had their own apartment with a communal activity room they could access at any time. People received either 24-hour care and support or care and support at specific times. Whilst people could choose not to socialise with others, staff were onsite 24 hours a day and monitored people's health and well-being.
- Staff gave examples of how they supported people to lead active and fulfilling lives. A staff member said, "We support people to access community activities, encouraging them step by step to do new things by their own. We let them know that support and help is always available for them whenever they need it."

#### Improving care quality in response to complaints or concerns

- The provider had a complaint procedure. We saw complaints recorded had been responded to in accordance with the provider's policy.
- People told us they felt able to raise any issues, concerns or complaints. A person said, "The manager here is a good boss and would sort things out; they do a lot of work." Relatives told us they knew how to make a complaint and would not hesitate to do so. However, not all relatives were confident their concerns and complaints were listened to and acted upon.

#### End of life care and support

- End of life care wishes had not been discussed or planned for with people and or relatives. The registered manager told us they were aware this needed to be addressed.
- At the time of the inspection, no person was receiving end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements to oversight and leadership were still required. At the last inspection, we identified improvements to the provider's oversight and leadership of the service were required. At this inspection, we identified continued concerns with oversight and leadership. Whilst the provider visited the service most days, there was no evidence of them completing audits and checks to assure themselves of the quality and safety of the service.
- The registered manager was not always available. The registered manager told us how they had been providing support to another of the provider's services. This had impacted on them being consistently present at this service and having full oversight and leadership.
- The provider's systems and processes to assess, monitor and mitigate risks were not sufficiently robust. They had not identified the shortfalls we found during this inspection in the expected fundamental care standards we expect all providers to meet as described in this report.
- The local authority completed visits to the service in April and July 2022. They found contractual shortfalls. Improvements were required in areas including staff training, managing people's finances and safeguarding procedures. We asked the registered manager for the current improvement plan and was advised there was not one. Whilst a recent incident analysis system had been introduced, this needed further time to fully embed and be sustained to see its full benefit and impact. This demonstrated a lack of ongoing monitoring and oversight of the service.
- Staff recruitment checks were not robust. We found one staff member's file to be missing. Another staff file found part of their DBS was missing. The provider told us this was present in June 2022 when staff file checks were completed. Where staff had criminal convictions, a risk assessment to ensure people were protected from any potential risk had not been completed until after the staff member commenced their employment. This was in excess of 12 months. However, incidents had not occurred that put people at risk. The provider advised a generic risk assessment had been completed when staff had started work but were unable to provide this. The provider had commenced an internal investigation into the missing information.
- The provider's staff training plan was not made available during or post inspection. During the inspection, the registered manager told us they were aware there were some gaps in staff training. Without reviewing the staff training plan and with no other details provided, we were unable to make an informed judgement of the risks and impact on people. The registered manager told us the staff training plan had not been kept up to date and they were in the process of collating training information staff had completed and transferring it to the training plan. They advised this was time consuming due to having to review over 70

staff training records. This showed a lack of management oversight.

- The providers systems and processes had failed to identify two people's care records had not been reviewed and amended, to reflect a change in their care and support needs. One person had high complex care needs and had changes to their care and support needs. Another person was recovering from an accident that had significantly impacted their physical care. This put people at increased risk of harm.
- The auditing procedure in the management of medicines was insufficient. Shortfalls identified during this inspection and reported in the key question of Safe in this report, demonstrates an ineffective monitoring system. This put people at increased risk of harm

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

- There was not a positive staff culture at the service. Some staff reported favouritism of staff by some members of the management team. This impacted on staff's confidence to raise issues, concerns or complaints. When staff had raised any concerns about staff practice with the management team, they did not always feel action was taken. They also reported they felt their relationship with the management team, after raising any concerns, was impacted in a negative way. This had a negative impact on staff and did not promote a fair, transparent and open culture.
- Feedback from some staff and a person who used the service, raised concerns about a lack of equity shown by some members of the management team towards people who used the service. For example, some people were invited to staff's homes and had participated in a staff family holiday. We discussed this with the management team and raised concerns about the impact on staff professional boundaries. We asked the provider to follow this up.

The provider had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality and safety of the service and maintain oversight. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive feedback was received from people and relatives about how staff supported people to achieve positive outcomes. A relative said, "[Name] is not isolated, it is a family there. I can now sleep soundly. Here is a little success story for community care."

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 was aware of their responsibility under the duty of candour to be open, honest and transparent when things went wrong. Complaints recorded showed the registered manager had responded in an open and transparent way.
- The registered manager understood expected information sharing requirements. This included submitting statutory notifications to the CQC of incidents they were required to legally report. This also included reporting information to the local authority.

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

- People received opportunities to share their experience about the service they received. This included being given the opportunity to complete a questionnaire. A person said, "We have just done a questionnaire." The registered manager said they had not arranged tenant meetings, but was considering doing so.
- We received a mixed response from staff about how they were enabled to provide feedback and be involved in the development of the service. Whilst some staff said communication was good, others did not.

- The management team told us systems were in place for staff to share information and raise questions. This included a dedicated WhatsApp group conversation, staff meetings, telephone contact and face to face meetings.

#### Working in partnership with others

- Staff worked with external health and social care professionals to support people to achieve positive outcomes. Feedback from a health care professional of their experience of working with staff with a person with complex health care needs was positive. Comments included, "The deputy is always very approachable, has a good knowledge / understanding of the person's care needs and implements any changes to their plan well. This includes communicating to staff to ensure consistency. The one issue identified with inconsistency in care between staff has been addressed and rectified in a timely manner."
- Care records confirmed examples of positive partnership working. This included recommendations being implemented.

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>The provider had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality and safety of the service and maintain oversight.</p> <p>Regualtion 17 (1) (2)</p>