

Voyage 1 Limited

# Kent and Medway Domiciliary Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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 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.

### About the service

Kent and Medway Domiciliary Care Agency is a supported living service registered to provide personal care. The service provides support to people with a learning disability and/or autism living in supported living settings, so that they can live in their own home as independently as possible. At the time of the inspection they were providing support to 12 people who were in receipt of the regulated activity personal care. 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 lived in their own flats and had access to their own facilities such as bathrooms and kitchens. There were a number of different locations across Kent where the service was providing support to people.

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

#### Right Support

The service followed good infection control practice. Staff supported people to have the maximum possible choice, control and independence. People had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People received support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their flats.

Staff enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs.

#### Right Care

Staff understood how to protect people from poor care and abuse. However, there had been an incident of verbal abuse between 2 people living at one of the supported living premises (which was a safeguarding concern), this had not been appropriately reported. Staff had appropriately recorded the incident. The management team had not taken the relevant action to report to the local authority and CQC.

Medicines were mostly managed safely. The provider had not followed NHS choices guidance about

paracetamol for people weighing less than 50kg. After we raised this, actions were taken and the provider shared this as a lesson learned with their other registered services across the country. New staff were adequately checked to ensure they were suitable to work with people to keep them safe.

Staff and people cooperated to assess risks people might face. Risks relating to fire safety and flammable creams known as emollients were not always thoroughly assessed, the management team acted on this and shared the learning with the provider. Where appropriate, staff encouraged and enabled people to take positive risks. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. A relative told us, "[Loved one] has said she is happy with them. She is happy living where she is. The actual hands-on staff are wonderful."

The service had enough appropriately skilled staff to meet people's needs and keep them safe. A person told us, "I feel safe and this is home." People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

### Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well.

Staff were responsive, supporting people's aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement.

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 and update

The last rating for this service was inadequate (published 16 March 2023).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, there were still some improvements to make which the provider was working on.

This service has been in Special Measures since 15 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

### Follow up

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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Kent and Medway Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 4 inspectors.

#### Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 2 August 2023 and ended on 15 August 2023. We visited the location's office on 2 August 2023. We visited 2 supported living settings on 4 August 2023 and another 2 supported living settings on 7 August 2023. We reviewed records and information between 7 August and 15 August 2023 and carried out calls with staff between 10 August 2023 and 15 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included the provider's action plan. We sought feedback from the local authorities and other professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service about their experience of the care provided and 4 relatives. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience.

We spoke with 15 members of staff including the acting manager, training manager, field care supervisor, care coordinator, senior support worker, support workers, a regional manager and service optimisation managers.

We observed staff interactions with people and observed care and support in communal areas. We reviewed a range of records. This included 8 people's care records and medicines records. We looked at 4 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits were reviewed.

# 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 inadequate. 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

At the last inspection the provider had failed to protect people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 13. However, there was still an area of improvement.

- At the last inspection safeguarding concerns were not appropriately dealt with. At this inspection, people were not always protected from the risk of abuse. There had been a serious incident of verbal abuse between 2 people living at one of the supported living premises (which was a safeguarding concern). The incident had included threats to harm and resulted in a person feeling scared. This had not been appropriately reported. Staff had appropriately recorded the incident and the management team had taken actions. However, the management team had not recognised that the local authority and CQC needed to be informed. The local authority and CQC had not been informed. This is an area for improvement. After we raised this with the management team this was appropriately reported.
- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident actions would be taken if they were to report something.
- The provider had safeguarding policies in place and staff told us they had training in safeguarding. People told us they felt safe. We observed posters and information for people and staff at the supported living premises which provided information about reporting concerns.
- Other safeguarding concerns had been reported to the local authority and the management team and staff cooperated with investigations.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure people's health needs were well managed and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12.

- 'Person centred fire risk assessments' were in place, but these contained generic guidance such as 'Ensure paraffin based emollient creams are replaced with non-flammable alternatives, where possible.' Where

people were still prescribed these, additional risk assessments had not taken place. After this was identified additional information was added such as identifying and mitigating risks with drying clothing in tumble driers. Personal emergency evacuation plans (PEEPs) did not provide all the information staff needed to understand how to safely evacuate people in an emergency. The PEEP did not include information about flammable creams. After the inspection, the management team told us the provider was reviewing the PEEPs across the organisation.

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. No one was restricted and their care plans detailed this. Risk assessments provided clear guidance to staff how to work with people safely and what actions to take. Staff were confident in reporting changes to people's needs and risks to the management team.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff had a good knowledge about the risks of working with people. For example, they were able to share their knowledge clearly about how to work with 1 person if they became anxious and distressed to ensure they were safe.
- People's care records helped them get the support they needed because it was easy for staff to access. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service helped keep people safe through formal and informal sharing of information about risks. We observed staff supporting people to maintain their safety in their home.
- Staff managed the safety of the living environment and equipment in it well through checks and took action to minimise risk. People were involved in these checks. Staff told us 1 person liked to get involved with fire checks and the person had become a fire marshal. People were also supported to check the dates on food in their fridges to make sure they were safe to eat. A person told us, "The fire alarms are tested and if the fire alarm goes off, we leave the flats and line up outside the [name] café."

#### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Rotas showed that planned shifts were filled and that people's 1:1 support hours and shared support hours were covered by staff. The provider used their own staff with flexible contracts to cover shifts (covering vacancies or leave) and some agency staff on occasion.
- People told us their needs were met in a timely manner, including at night. One person told us, "I have a buzzer in my bedroom, staff come quick when I press if I need (support)." Another person said, "They (staff) come quickly."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Some people with learning disabilities from the provider's unregulated services had been involved with recruitment.

#### Using medicines safely

At the last inspection the provider had failed to ensure people's medicines were well managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 12. However, there was one area for improvement.

- Medicines were mostly managed safely. However, a person had paracetamol to take which they had purchased over the counter (as a homely remedy). This meant there was no medical oversight of their



paracetamol by a GP. They weighed below 50kg and the provider had not followed NHS choices guidance 'How and when to take paracetamol for adults'. This states if a person weighs less than 50kg (8 stone), you must check the maximum dose that can be taken with the GP or pharmacist. The person's dose had not been checked with their GP or pharmacist. This was actioned by the management team during the inspection and advice was sought and noted.

- Medication administration records were accurate and up to date, which evidenced people had received their medicines as prescribed. Medicines were stored safely. Where people had 'as and when' medicine (PRN) such as pain relief, there was information for staff such as how often the medicines could be taken and when it may be needed. A relative said, "The care of his medicines that they give him has been very professional, they have always been spot on."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff told us they had been trained in medicines administration and they had received competency checks to make sure that they were following their medicines training in practice.

### Preventing and controlling infection

- Staff wore personal protective equipment (PPE) to keep themselves and people safe when providing personal care. Staff had access to enough PPE, this was available at each supported living service and at the office location.
- The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.
- People were supported to access vaccinations to help reduce the risk and spread of infection. One person told us, "Staff helped me with COVID-19 vaccinations, I am fully up to date. Staff wore masks and I wore masks when I went out (during the COVID-19 pandemic)."
- People were supported to maintain their own homes and keep their environment clean. People told us that they carried out some tasks independently and staff supported them with other tasks. One person said, "Staff help me with cleaning and washing."

### Learning lessons when things go wrong

- The provider had a system in place learning lessons from incidents and accidents. Accident and incident forms were submitted by staff to the management team who reviewed these and took action. Incident forms detailed a debrief had taken place after incidents.
- Staff told us there was learning from incidents regarding supporting people when they were anxious or distressed. Staff told us the incidents were reviewed by the management team and they received support from the provider's behaviour specialist.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and human rights.
- Updated training and refresher courses helped staff continuously apply best practice. New staff completed The Care Certificate as part of their induction process. The Care Certificate 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. A staff member said, "I have done a lot of training." We observed staff putting training into practice in relation to moving and handling, dignity and respect and person-centred care.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff could describe how their training and personal development related to the people they supported. Staff told us they received good guidance and support from the management team which enabled them to learn and to understand how and why things need to be done in a certain way.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either before they started to receive support or soon after. There had been no new people moving into the supported living services since we last inspected the service.
- Staff completed functional assessments and analysis of how people were showing their needs and emotions for people who needed them and took the time to understand people's behaviours. Care and support plans were created from these assessments. People's oral care had been assessed. The assessments were very clear on what people could do for themselves.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated

evidence of planning and consideration of the longer-term aspirations of each person. One person told us, "Staff help with cooking, I like baking cakes, I like chocolate ones."

- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. We observed staff supporting people in supported living houses to achieve their goals to help them be as independent as possible. For example, staff worked with people to complete laundry and cleaning. Some people were seen preparing and making their own breakfast. Staff provided prompts and encouragement, offered praise and only offered help if people needed it.

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

- Some people received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. A person said, "I write a shopping list and a menu plan and I make choices." Another person told us that people they lived with came together to have a meal together twice a week. They enjoyed this. A relative said, "There are good points like every Friday they gather together and have a meal together. Each week they buy something to put something towards the meal. [Person] always said he is like a little family."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A staff member told us, "We give choices, it is their choice, some need support with making choices and understanding for example with food and understanding which one has more calories and which one is healthier."

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

- The provider worked with landlords of supported living houses to make sure adaptations and changes met people's needs.
- We observed a contractor visiting one of the supported living houses to look at work needed. They spoke with people about the work needed and people chose the colour schemes.

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

- People played an active role in maintaining their own health and wellbeing. People knew what medicines they were prescribed and why. People received support when they needed it to access healthcare. A staff member said, "People have support with making GP appointments and we go with them."
- People were supported to attend annual health checks, screening and primary care services. People had health actions plans and hospital passports which were used by health and social care professionals to support them in the way they needed. A hospital passport helps people with learning disabilities to give hospital staff important information about them and their health when they go to hospital.
- People were referred to health care professionals to support their wellbeing and mental health and help them to live healthy lives. People were supported with opticians, dentist, chiropody appointments and were supported to see specialists when required. A person told us, "The physio (physiotherapist) comes every Thursday, I do exercises." Another person said they were being supported to attend the GP surgery to have a blood test.

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.

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. People had signed consent forms for specific decisions about their care.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Some people's relatives had been involved in best interest decisions when 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 requires improvement. At this inspection the rating has changed to 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

At the last inspection the provider had failed to ensure service users were always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 10.

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A relative told us, "People look after her who genuinely had her best interests at heart." A person told us, "I am happy with my staff and I am settled and I love living here."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed, and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff members showed warmth and respect when interacting with people. A relative said, "They have got and had some excellent carers. There's one in particular [name], she is professional, she says what needs to be said. She looks after all of them."

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Staff helped the inspectors and people communicate effectively.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative said, "They have reviews and [loved one] tells them that I have to be there. I am involved."
- Staff supported people to maintain links with those that are important to them. People were supported to spend time with their relatives in person on a regular basis but also through video calling. A relative told us, "When I do visit, the staff seem quite nice."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A person told us, "I have been [researching on the internet] days out instead of taking a holiday. I am planning to go to

the zoo, visit Sussex and planning something for my birthday."

- Each person had a support plan which identified target goals and aspirations and supported them to achieve greater confidence and independence.
- Staff knew when people needed their space and privacy and respected this. People told us staff knocked on their doors before entering and if their doors were already open staff called out to check it was okay to enter.

# 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 requires improvement. At this inspection the rating has changed to 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

At the last inspection the provider had failed to ensure people consistently received person-centred care. This was breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 9.

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included details about likes, dislikes and preferences.
- People had goal plans in place and staff had reviewed goals and actions regularly with people to review what had been achieved and what additional support the person may need.
- Daily records evidenced that care and support plans were followed. People's records evidenced staff had supported them to meet their assessed personal care needs. Staff had recorded they were prompting and encouraging people and only doing things for people when the person was unable. Care records also showed people were supported to have a varied life and supported inside and outside their homes.
- People now received consistent care and support from staff they knew well. The staff were then able to share information about people's likes, preferences, goals and lives. A relative said, "The care is definitely meeting her needs and she gets on well with all the staff." A person told us, "Staff are great."

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 had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, one person's support plan outlined they liked to be shown pictures and are able to communicate with a yes or no.
- Staff were able to tell us how they supported people who used different communication methods.
- Information in the service was available in a variety of formats to meet people's communication needs.

Documentation including care plans, information about safeguarding and complaints were provided in alternative formats, such as in a larger font and easy to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and family and to do what they liked. People were positive about the support they received.
- We observed people independently accessing their community to take part in activities as well as people being supported to go out to appointments or shopping. One person told us, "Today I am going to the charity shop, [supermarket], blood test and out for a coffee."
- During the inspection, we observed staff and one person discussing going to the shops to buy new bedding. Staff immediately responded and supported the person to the shop.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People told us, "If I had a problem I would talk with staff and I could talk with [service optimisation manager]" and "I would tell [field care supervisor] if had problem, she would listen." A relative said, "Im really happy with the support. She is looked after very well actually. No complaints whatsoever."
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and the management team.
- People who had relatives actively involved in their lives also had support to address any concerns. One person told us, "I didn't know which staff were coming. I got upset and cried and spoke to mummy. It is all sorted now."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. Where people and relatives had made formal complaints, these had been logged and investigated in line with the provider's policy. Letters of apologies had been sent when required.

End of life care and support

- The management team told us they were not currently supporting anyone who was requiring end of life care but had systems in place should they support someone at the end of their life.



# 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 inadequate. At this inspection the rating has changed to 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

At the last inspection, the provider had failed to ensure effective and robust governance systems were in place to monitor the health and wellbeing of people who use the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 17. However, further improvements were needed.

- The provider invested sufficiently in the service, embracing change and delivering improvements. The provider was still in the process of embedding improvements within the service and ensuring the investments (including support and training) had been embedded across the whole service.
- Records were viewed, these were mostly written in a respectful and person-centred manner. However, some improvements were needed to recording people's care given. For example, staff had written 'personal care given' but they had not detailed what they had supported with and how much the person was able to do for themselves to build on this. It was difficult to determine whether people had been supported with oral care because of this. A person's mental capacity assessment was missing the best interest section of the record, which meant that it was unclear how best interest decisions had been determined. A staff member had written a record referring to one person as their surname throughout the daily records. We reported this to the management team as a concern. They investigated this and found it was an agency staff member who had worked at the service and took action.
- The service was required to have a registered manager in post. The previous registered manager had deregistered in June 2023. No applications to register a new manager had been received. The management team told us a new manager had just been recruited, they were expecting them to register when they start their role.
- Governance processes were effective and helped to protect people's rights and provide good quality care and support. The provider's audits had identified areas of improvements, action plans showed that actions had been completed in a timely manner and other actions were in progress. Audits were in place in relation to, people's health and wellbeing, documentation, staffing, care plans, risk assessments, health and safety, environment, medicines and finances. The monitoring of the service was continual.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their rating at the main office and on their website.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. □
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents in the service such as abuse, serious injuries and deaths. The provider and management team understood their role and responsibilities and had notified CQC about events that had occurred apart from one allegation of abuse which was reported retrospectively.

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

At the last inspection, the provider failed to ensure people received care that was person centred, open and empowering. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of regulation 9.

- The culture within the service had improved. The provider and management team provided mentoring, coaching, training and support to staff. Staff told us they received good support from the management team. Staff said, "The culture has improved and the morale has improved. It is more pleasant to work there" and "I feel very happy at the moment. I feel very confident with all the managers and I could even go to the CEO (chief executive officer)."
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did. Compliments had been received by the service. One included information about communication, 'We can't thank them enough for keeping me informed.' Relatives told us that the management of the service had improved in recent weeks and months. A relative said, "Now I am so happy with how they are caring for [loved one]. They understand and they care about her."

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

- The provider engaged with staff and involved them. Staff told us they were able to share their ideas. Staff felt listened to. Staff received emails and newsletters from the provider. Staff told us staff meetings had taken place regularly.
- Staff told us communication had improved. They received good information about changes, these were by email, direct message, communication books and through handover.
- Relatives told us communication was improving, but there was still some inconsistency around communication. A relative told us, "My contacts with the company changed, I didn't know who they were, they gave a phone number but was an answerphone. That has improved. They will [now] call and let me know anything, communication is very good actually." Another relative said, "The last couple of weeks I have

been actually asked to fill in an outcome form."

- The provider had sent out surveys to people in July 2023, 33 surveys had been completed and sent back. We viewed some of the responses. One of the questions asked was 'I can live the life I want and do the things that are important to me?' Every person responded that they were happy. Every person said they were treated with dignity and respect. Comments from people read, 'I love it'; 'I'm pleased with support workers and happy with the rota put in place' and 'I like being in care. I'm well supported.'

#### Working in partnership with others

- The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes.
- The provider and management team had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- The management team had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The management team attended local authority forums and events, as well as accessing training for staff through these routes.
- The management team maintained contact with local authority commissioners and staff as well as health care professionals such as GP's and consultants.

#### 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 management team understood their legal duty regarding duty of candour. Where incidents had been reported, people's relatives were informed. After the last inspection the provider had written to people and their relatives to tell them about what had gone wrong and that they were making improvements. They also followed this up with another letter in July 2023 to let people and relatives know what actions had been taken.
- The duty of candour requires providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.