

CSN Care Group Limited

# New Directions Specialist Support Services

## Inspection report

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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

New Directions Specialist Support Services is a domiciliary care agency. It provides the regulated activity 'personal care' to people living with mental health needs, learning disabilities and physical impairments living in their own homes or in supported living services. At the time of this inspection, 54 people were using the service.

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

While quality monitoring systems were in place, they were not always effective as they had not identified issues which we identified during this inspection. We found issues around risk management, medicines and staff training which the service had not identified.

Staff told us they felt supported and completed required training at the start of their employment but did not receive all appropriate training, as applicable to their duties, regularly.

Risks associated with people's care and health were identified and managed in a safe way. However, we found instances where risk assessments were not always consistent and lacked detail.

Appropriate measures were in place to prevent people from catching and spreading infections. Accident and incidents were recorded, and any lessons learnt were used as opportunities to improve the quality of service.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support

The service supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making.

Staff communicated with people in ways that met their needs.

People were supported by staff to pursue their interests. Staff ensured people had the opportunity to engage in activities which they liked.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People were involved in making decisions about their care.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right culture

Staff knew and understood people well and were responsive, supporting their 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. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 the service under the previous provider was good, published on 1 November 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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 a breach in relation to good governance 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 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** ●

# New Directions Specialist Support 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

This inspection was carried out by one inspector and one Expert by Experience who contacted people and relatives by telephone for their feedback on the care and support they received. 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, and specialist housing. The service also provides care and support to people living in a number of '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 manager in post who was in the process of registering with the CQC.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 March 2022 and ended on 28 March 2022. We visited the location's office on both these days. We visited two of the supported living settings on 28 March 2022.

### 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. 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 four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records such as staff training information, staff rosters and communication records were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further records relating to the management of the service including quality assurance records and policies and procedures.

# 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 service under their newly registered provider. 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

- The service identified and managed risks associated with people's care and health. In most cases, risk assessments were well-detailed, person-centred and contained clear guidance for staff to support people safely. Risk assessments covered areas such as, medicines, falls, behaviour, outdoor activities, epilepsy and COVID-19.
- However, we also found some risks were not fully explored and some risk assessments were outdated or lacked detail. One person had diabetes and their risk assessment did not contain enough guidance around associated symptoms and actions to be taken by staff if they were to become unwell. The same person, as mentioned in their care plan, was also prone to falls and unsteady on their feet. However, no guidance was available, other than the use of a walking stick, around how staff were to support them with their mobility.
- We discussed the issues we identified with the manager who immediately acknowledged these shortcomings. They had also started to address these issues and showed us some updated risk assessments following our inspection visits.
- Staff were knowledgeable about people's needs and risks. A relative confirmed this by saying, "If [person] has a bad fit they manage it well, [person] doesn't want to go to hospital. If [person] starts shaking they know he is about to have a fit so get him to sit down or lie down and get him in a safe position."

### Using medicines safely

- Where people received support with medicines, the service ensured this was managed in line with national guidelines. People's medicines were stored securely and information about them were clearly recorded in their care plans.
- Where people received 'as and when required' (PRN) medicines, guidance was in place which instructed staff on how and when to administer these medicines. PRN medicines are medicines that are administered when necessary such as for pain or anxiety relief. However, we found cases where guidance was not always available or did not always contain clear instructions. For example, no guidance was in place for two people who were prescribed painkillers as PRN. For another person, it was unclear whether their prescribed eye-drops were to be administered as PRN or daily.
- We discussed the issue of PRN guidance with the manager who recognised where these were lacking. They assured us these would be implemented immediately and sent us updated PRN guidance following the inspection. Please see the well-led section of this report where these concerns have been addressed further.
- Where people were able to administer their own medicines or required staff supervision, this was clearly recorded in their care plans and risk assessments.
- The service used an electronic Medicine Administration Record which made it easy for the management team to monitor and ensure people received their medicines as prescribed.



- Staff received appropriate training and were assessed as competent to administer medicines by the manager. A relative told us, "Staff sort [person's] medication and are very knowledgeable about it."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had systems and processes in place to safeguard people from abuse. Policies and procedures were in place and staff were provided with appropriate training.
- People felt safe and protected. One person told us, "I am very happy here and very safe." A relative said, "[Person] is very safe there."
- Staff knew how to identify abuse and raise concerns. A member of staff told us they were confident that people were not being harmed and added, "If we are concerned about anything about the people, we raise it with our line manager, something we all know."
- The service had a system in place to record and respond to accidents and incidents in a timely manner.
- The management team analysed accidents and incidents to identify specific trends and updated care plans and risk assessments if needed. Any lessons learnt were communicated to staff through daily handovers, emails and team meetings to improve the service.

#### Staffing and recruitment

- People received support from a consistent team of suitably qualified and competent staff. The manager explained how they monitored the rotas and used an electronic system to monitor care and support calls.
- A person told us, "They ring me in the morning when they are coming so I know who to expect and also let me know if they are going to be late." A relative told us, "When I have been there in the past they [staff] don't seem rushed and spend whatever time is needed to do a task."
- The service followed safe recruitment practices and carried out necessary pre-employment checks before newly recruited staff were able to start. However, we found in some staff files employment gaps were not always fully explored. We raised this with the manager who then confirmed that they had asked the relevant staff to come in the next day to ensure all required information was obtained and recorded.

#### Preventing and controlling infection

- Measures were in place to ensure people, their relatives, visitors and staff were protected from catching and spreading infections. Infection prevention and control policies were up to date.
- People were able to meet their families and friends safely and stay in touch with them via regular telephone and video calls.
- Staff had access to appropriate Personal Protective Equipment (PPE). A person told us, "They [staff] always wear masks when they are with me." The manager told us all staff supported people to clean their homes. A member of staff said, "We wear masks and wash our hands when we arrive."
- The service adhered to COVID-19 testing requirements as per government guidelines.

# 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 of this service under their newly registered provider. 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

- Most staff we spoke with told us they felt supported by management and received appropriate training. A member of staff told us, "The manager is very supportive. If you need help or support, they will give you a hand immediately." Another member of staff said, "I've received a lot of training and now doing level 3 in Health and Social Care."
- However, we found staff did not receive appropriate refresher training routinely to ensure they remained competent in their roles and informed of any changes to best practices or national guidelines. Staff received regular refresher training in some areas including safeguarding, manual handling and medicines, but not in other areas as applicable to their duties such as first-aid, food safety, health and safety, infection prevention and control and fire safety.
- Staff received training in mental health and learning disability only as part of their induction training. One member of staff also commented on the effectiveness of the training by saying that some are very basic and they have requested for more training.
- The manager told us they were in the process of introducing a new training platform which would cover, in depth, a range of areas and be more focused around people's individual needs. The new system had already been identified by the service prior to this inspection and we were presented with an overview including a full list of courses. However, this list did not include any details of training in the needs of people living with a learning disability.
- Staff completed a comprehensive induction process upon joining the service. This included the completion of mandatory training and working under the supervision of experienced staff. The management team performed a number of 'field observations' on new starters to assess their general competency including how they communicate, offer choices and show respect to people. The manager told us, "We make sure staff are competent and know the people before they work on their own."
- The service supported staff through regular supervisions and appraisals. Records confirmed this.

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 (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The service ensured people received care and support in a way that did not impact their freedom. Care plans contained clear information around people's ability to make their own choices and decisions to accept or refuse care and support. We found where people refused support or their medicines, staff respected their wishes but also raised their concerns with the appropriate authorities so that any decisions made are in the person's best interest.
- At this inspection we found that most people had the capacity to make decisions around different aspects of their care. One person told us, "You can stay up late if you want to. You can go out and come back anytime."
- For one person who lacked capacity, clear guidance was available for staff to support them in making decisions. However, no referrals had been made to the local authority regarding the need for a CoP authorisation. We raised this with the manager who immediately went away to seek advice from relevant authorities.
- Staff were knowledgeable about the MCA and supporting people in the least restrictive way. A member of staff told us they had received training in MCA and said, "If someone lacks capacity, you got to be more aware, be aware of their rights. If they have somebody that could speak for them. Involve the GP, family, social workers, staff."

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

- The service completed an initial assessment of people's needs before they started receiving care and support from the service. This enabled the team to determine the best possible ways to support people in areas such as personal care, communication, nutrition and physical and emotional health.
- The service worked with the individuals, their relatives and professionals to produce person-centred care plans in which people's needs and expected outcomes were clearly explained.
- For people who lived with a learning disability, the service ensured their rights were respected. Staff offered people choices and provided care in a way that made them feel in control of their lives. The service involved their closed ones to ensure their physical, emotional health and social needs were fully assessed and reflected in their care plans.
- Staff demonstrated a good understanding of people's individual needs. A member of staff told us, "People have care plans, we also ask them about their needs."

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

- Staff supported people to eat and drink according to their individual preferences. Care plans contained information about outcomes in relation to people's dietary requirements.
- Staff encouraged people to be involved when preparing their meals and doing their shopping. A person told us, "I cook for myself but they [staff] have to watch and support me." A member of staff said, "People decide what they want to eat and make their own shopping lists."
- People who had a preference for certain types of food according to their culture were supported by staff to prepare such meals.

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

- People had access to a range of healthcare services. Staff supported them to attend their health appointments when required. Care plans contained detailed information about people's health and medical needs and the support they required with these.
- People and their relatives spoke positively about the support staff provided them regarding their health needs. One person told us, "They [staff] take me to my appointments, blood tests and to get my medicines." A relative told us, "They [staff] go with him [person] to his appointments and understand about his epilepsy."
- The service worked in collaboration with other agencies including GPs and mental health teams, which helped achieve positive outcomes for people. We found instances when the manager had referred people to specialist services, such as occupational therapy.

# 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 of this service under their newly registered provider. 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

- People and their relatives spoke positively about the care they received and the caring nature of the staff. One person told us, "When I moved here it was fine. At my other house, they weren't looking after me. Here I'm calmer, they look after me properly. They respect me and I respect them. I like the staff." A relative told us, "The staff, when I go, are always friendly".
- The service promoted equality and opportunity for all people who used the service. People were given appropriate support to overcome their physical limitations which enabled them to go to places. For one person who belonged to a certain culture, staff ensured they were able to listen to their traditional music and eat cultural food which they liked. A member of staff told us, "If someone is a Christian and wants to go to church on Sundays or if someone is a Muslim and doesn't eat pork, that's respected."

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

- Staff supported people to be involved in making decisions about their care and support. One person told us, "They listen to me." A family member said, "They take on board what I say, they try their best."
- The management team maintained regular contact with people and ensured they were involved during any reviews of their care and support.

Respecting and promoting people's privacy, dignity and independence

- The staff team worked with people while respecting and preserving their privacy and dignity. One person told us, "I am comfortable with them, there are three or four regulars [staff]." A relative told us, "Staff are very respectful."
- A staff member told us, "I ensure they have privacy at all times, windows and curtains closed at all times when giving personal care. I encourage them [people] to clean themselves, have regular showers, wear clean clothing."
- Staff worked with people in a way that empowered them and promoted their independence. A relative told us, "He [person] goes shopping with staff and they help, he chooses what to buy. He does his own washing with support." A member of staff said, "I encourage her [person] to cook so that when I'm not with her she's confident. Instead of me doing it I'm just there supervising, I let her take the lead. I encourage her to walk, to exercise, keeping healthy."
- People's care plans contained details of the tasks they can do for themselves and where support from staff was required.

# 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 of this service under their newly registered provider. 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 service ensured to involve people and their closest ones when planning their care and delivered care that was tailored to their needs. Management staff regularly assessed people's needs and any changes were recorded in their care plans and communicated to the staff team.
- People's care plans were person-centred and contained clear instructions for staff to support them in ways that suited their different needs. We found detailed information about people, including jobs they did previously, how they liked to dress, hobbies, personal relationships, favourite TV programmes, places they liked to visit and the football team one person supported.
- A relative told us, "It's nice where he [person] lives as there are other people for him to be with and to join in doing things which he likes."
- Staff members understood what personalised care meant for people they supported. A member of staff told us, "It's to tailor your care plan around the individual, know their needs and aspirations. We all have different needs, ideas, aspirations."

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.

- Care plans contained information on people's communication needs. This meant staff were able to interact with people effectively and in their preferred ways.
- For one person who spoke their native language and little English, a small team of staff who were originally from the same country were allocated to work with them. These members of staff had built a good rapport with this individual and also understood their needs when they communicated through their body language and facial expressions.
- The manager told us they were in the process of undertaking a full assessment of communication to create communication passports for people. This would enable staff, visitors and professionals to understand people's communication needs and the best way to communicate with them.

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

- Where people lived in supported living settings, the service supported them to have visitors as and when

they pleased. A family member told us, "[Person's] friend [name of person's friend] can visit which he really enjoys."

- Staff supported people to participate in activities of their choice. A relative told us, "[Person] loves to play football, I think they go every Saturday. He [person] likes going out for walks, sometimes they walk to a café in the park for breakfast which he loves."
- Where people lived in shared accommodation, a relative told us, "Staff encourage them [people] to eat together and sit with them and make it a social occasion."
- Some people could also go out and about regardless of their physical disabilities. Staff ensured people had the right mobility equipment before going to places. We found this entry in one person's care notes, "[Person] chatted with two of her acquaintances she met at the local town centre. [Person] chatted to her neighbours."
- During our inspection, we found the manager had sent out a questionnaire to people asking them about any specific activities they were interested in. The aim was for them to use the information to create an activities/events calendar for people who used the service.

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

- The service had a system in place to manage complaints. The manager talked us through the process of how, complaints were received and investigated, and outcomes were communicated to complainants in a timely manner.
- People and their relatives knew how to raise concerns if they had any. One person told us, "I would tell staff if I am unhappy." A relative told us, "Ever since I have been here, if I raise any issue, they try to resolve it." A member of staff said, "They [people] are happy, if they have any concerns they will tell me or call the office."
- The service kept a log of complaints received including details of their resolution. Policies and procedures were in place and up to date.

#### End of life care and support

- At the time of this inspection, the service was not providing end of life care and support to anyone. The manager told us the necessary training would be arranged for staff and appropriate paperwork would be in place if they were to provide this type of service in the future.

# 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 of this service under their newly registered provider. 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; Continuous learning and improving care

- The service had systems in place to assess and monitor the quality of service. The management team completed various audits and spot checks covering areas such as medicines, care records, staff records and care calls. A staff member told us, "They're [management] always doing spot checks. They check if you're actually doing the shift, following the care plan and how you're treating the people."
- However, the existing quality assurance systems did not always identify issues effectively. Care records audits only covered entries related to the care people received, such as details of tasks completed during care visits which staff had logged, but not the content of care plans and risk assessments. Consequently, the service did not identify the discrepancies with risk assessments to ensure these were reviewed and updated with appropriate guidance when required.
- Medicines audits did not identify where PRN protocols were not in place or did not contain clear instructions.
- Whilst staff provided effective care to people, the management did not support staff with regular learning opportunities covering all aspects of their work, to ensure their knowledge was up to date and they remained competent in their roles. Whilst the manager had identified a new training provider, the focus was mainly on ensuring training courses were more specific to people's individual needs but not on the regularity at which staff training would be reviewed.

The failure to identify internal shortfalls meant that the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager explained some of the challenges they were facing regarding changes in management and workforce challenges due to COVID-19, but acknowledged our feedback and understood what needed to be done. They started making necessary changes immediately and showed us their continuous development plan which was already in place and which they updated to include improvements they intended to make around their auditing systems.
- There was a clear staffing and management structure in place. The manager told us they had regular meetings with their line manager and the provider was very supportive.

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

- The staff team created an open and fair culture where people felt in control of their care and support. The



service ensured people's preferences, needs and aspirations informed any decisions, and provided care that was respectful and responsive to them.

- People we spoke with knew who the manager was and were comfortable around them. People also made several compliments about the service including, "I like it here, staff are nice" and "It's nice and cosy."
- The manager shared with us accounts of people's personal journeys and achievements. These also included any challenges they had overcome with the support of the service and plans they had made in the upcoming months. This showed how the service worked with individuals by providing the appropriate support to achieve their personal goals.

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

- The service obtained feedback from people and their relatives through regular visits, phone calls and satisfaction surveys.
- We received positive feedback from people, their relatives and staff on how the service was run. One person commented, "I'd give a 10 out of 10." A relative told us, "I do think it's [the service] well managed and the proof to me is that [person] is so happy there."
- The service held regular team meetings where staff had the opportunity to discuss any issues. Staff told us they felt included and were listened to by the management team. Comments included, "I feel confident to raise issues, they [management] listen" and "It's a job that I like, I don't do it for the money, I'm very happy with the company and all the people, that's why I stay."
- The service nominated a member of staff monthly as the 'star of the month' and their achievements were published in the provider newsletters. The manager told us this provided encouragement and boosted morale within the service.

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; Working in partnership with others

- The manager understood their responsibilities to be transparent with people when things went wrong and to notify the CQC of any significant events at the service.
- Relatives told us they were notified of incidents. One relative said, "They phone me if there is anything I need to know."
- The service worked in partnership with other organisations such as local authorities and health and social care professionals to provide effective collaborative care. Communication records confirmed this.

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>How the regulation was not being met: Systems and processes were not in place or operated effectively to, assess, monitor and improve the quality of the service and, mitigate the risks relating to health, safety and welfare of service users.</p>