

Voyage 1 Limited

Voyage (DCA) Wiltshire

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

About the service

Voyage DCA Wiltshire is registered to deliver personal care to people in their own homes or in a shared house arrangement. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People using this service live in single houses of multi-occupation across Trowbridge and Salisbury. Houses of multiple occupation are properties where at least three people in more than one household share a toilet, bathroom or kitchen facilities. Staff support people with personal care, medicines, cooking, shopping, activities and other day to day tasks.

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

Medicine management systems needed further improvements to ensure medicines processes were managed safely. Areas for improvement included clear directions on the administration and applications of prescribed medicines and lotions. Where staff were managing people's medicines, records of medicines no longer required were not maintained. Recording of medicines received and carried forward were not always documented. Competency assessments had not always been completed for people that administered their own medicines. We have made a recommendation for the provider to seek from a reputable source guidance to develop safe medicine systems.

The quality of service delivery was assessed. Where shortfalls were identified, action plans were developed and monitored by the current peripatetic manager and operations manager. However, not all areas of service delivery were robustly assessed and we recommend that quality monitoring systems are reviewed.

There was an electronic system of recording accidents and incident. Reports were reviewed for patterns and trends. However, there was an incident where staff had not followed the guidance when one person expressed behaviours that challenged the staff. This meant the situation escalated.

Communication support plans lacked detail on how staff helped people understand the personal care that was to be delivered. We recommend that where people have communication needs they are helped to understand their care records by using the most appropriate format. For example, pictures, large print or audio.

A registered manager was not in post. A peripatetic manager was supporting the service and was to continue through the transition of the recently appointed manager.

Safeguarding systems and processes protected people from potential harm and abuse. Safeguarding referrals were made as appropriate. The peripatetic manager reassured us additional training was to be provided to staff who had not shown a clear understanding of these procedures.

Systems were in place to manage risk. Where individual risks were identified combined support plans and risk assessments were in place. Action plans gave guidance on the risk reducing measures.

Although support plans were person-centred we found the quality was variable. People's abilities and support needs were described but their preferences were not fully detailed. There were people who expressed their anxiety through behaviours that challenged staff and others. Action plans gave staff guidance on how to manage situation during times when people expressed anxiety and frustration.

Environmental risk assessments were in place. Personal emergency evacuation plans gave guidance to staff on the actions needed for people's safe evacuation from the property. Staff were provided with adequate supplies of personal protective equipment such as gloves and aprons.

Staffing levels were determined by the needs of people. Peoples needs were assessed before the agency agreed to deliver personal care.

The staff attended the training that ensured people's needs were met. New staff had an induction when they started work at the agency. The staff were supported with their performance and personal development. Their performance was monitored through one to one supervision, observations and annual appraisals.

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. Capacity assessments were completed for specific decisions. Where people lacked capacity best interest decision were taken for some people. A mental capacity assessment was not in place to show one person that lacks capacity was able to make decisions about their preferred appearance.

People we spoke with and contacted told us the staff were kind and caring. The staff made people feel they mattered and knew it was important to show compassion. They were knowledgeable about people's rights and how to respect them. The comments from core staff showed they knew people's preferences.

The staff we spoke with were positive about the team. The strengthening roles and responsibilities of the field support supervisors, the induction programme for new staff and inclusion days has ensured staff feel valued and outcomes for people continue to improve.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 4 October 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 ●

Voyage (DCA) Wiltshire

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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats as well as specialist housing. Some people were receiving care and support in 'supported living' setting[s], 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.

A registered manager was not in post. This means a manager was not registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A peripatetic manager was supporting the recently appointed manager.

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.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with five people who used the service and one person's relative about their experience of the care provided. We had email contact with one member of staff and spoke with six staff including three field support supervisors. We spoke with the area manager, peripatetic manager and manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While the improvements met the requirements of the legislation further improvements were needed

Using medicines safely

- Medicines systems were audited during quality assurance visits from other registered managers within the organisation. Action plans were developed by field support supervisors from audits where shortfalls were identified. For example, shortfalls were identified at two locations. However, we identified further shortfalls in medicine systems. The field support supervisors in two locations took prompt action to ensure action was taken for safe medicine management
 - Further improvements however were required for the management of topical creams. The directions for the use of the creams were not specific. Some topical creams were labelled "as directed". This meant the prescriber's directions were not clear or specific. While medicine support plans were in place they lacked information on the medicines prescribed, their purpose and side effects. For one person prescribed with antibiotic cream, the directions were to apply twice daily but there was no instruction on which part of the body the cream was to be applied.
 - For some people the protocol for applications of creams were inconsistent with the medicine administration records (MAR) directions. For one person prescribed with lotions for their skin conditions, the MAR and protocols gave guidance for staff to apply the lotion in different parts of the body. The field support supervisor took prompt action to ensure topical creams were correctly applied.
- Where staff were managing people's medicines, records of medicines no longer required were not maintained. Recording of medicines received and carried forward were not always documented. Competency assessments had not always been completed for people that administered their own medicines.

We recommend the provider refer to current guidance on medicine systems to the management of medicines.

- Attached to the individual profiles was the person's photograph and listed was the name of the GP, medical history and known allergies
- Field support supervisors told us there was a drive to improve medicine systems. For example, auditing medicines systems to ensure the safe management of medicines. We asked a field support supervisor at one location to audit medicine system to ensure safe medicine management. This field support supervisor told

us on the following day they had made contact with the GP for a review of medicine. The field support supervisor in another location told us they would act on our observations.

- The peripatetic manager and operations manager reassured us medicine systems were to be improved. There was no evidence that people had been harmed by unsafe medicine systems.

Systems and processes to safeguard people from the risk of abuse

- People at risk of potential harm were protected by safeguarding systems. People we contacted said they felt safe with the staff. One person we visited told us they felt safe with people at the home. Two people we observed welcomed staff's interaction. We saw people respond in a positive manner when the staff engaged with them.

- While the staff we spoke with knew to report concerns to senior staff or managers they were not always clear about types of abuse people could experience. The peripatetic manager and operations manager told us there was to be additional safeguarding training for staff who lacked understanding about safeguarding matters.

- Safeguarding procedures were on display at the agency office. Safeguarding referrals to the local authority were made when appropriate.

Assessing risk, safety monitoring and management

- People were protected from potential harm. Individual risks were assessed, and action plans developed on taking risks safely or to minimise the risk as appropriate. Moving and handling risk assessments were devised for people with mobility needs. The equipment and number of staff to assist with each movement were detailed in the care plan. For two people there were pictures and diagrams on how to use ceiling hoists for transfers and for specialist equipment such as a profile bed. There were postural care plans where people needed support with repositioning.

- The staff we spoke with were knowledgeable about how individual risks were managed. A member of staff told us how choking risks were managed. For example, by making referrals to the Speech and Language Therapist (SaLT) and following guidance on the high risk foods to avoid and preparation of meals to avoid choking.

- There were people who displayed behaviours to express feelings of anxiety and frustration, which staff found difficult to manage. At times these behaviours could place the person and others at risk of harm. Emotional and behaviour support plans were developed on how staff were to support the person during these periods.

- The emotional and behaviour support plan for one person detailed the triggers which helped staff understand changes in behaviour. For example, deterioration in their mental health, pain and excessive noise. The staff were given instructions on how to de-escalate situations. While the organisation's policy was for "no physical intervention" staff were able to use blocking techniques if there was an escalation of behaviours.

- People's environment was assessed to ensure the property was safe for people and for staff. The environment was assessed against set outcomes and action was taken where outcomes were not met.

- Personal emergency evacuation plans (PEEP) were in place detailing the plan of actions for people to leave their home safely in the event of an emergency. For example, one person's PEEP stated that at night the person was to stay safely in their bedroom with the fire door closed until emergency services arrived. During the day the staff were to evacuate them to the fire point outside the property.

Staffing and recruitment

- Recruitment procedures ensured that staff employed were suitable to work with people. New staff were appointed after a satisfactory interview, employment references, and disclosure and barring service checks (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from

working with vulnerable people.

- The staff we spoke with told us there had been changes in staff deployment which meant people were having their personal care delivered by consistent staff. They said external agency staff were only used where permanent staff were not able to cover vacant hours.
- One person we visited said staff were on duty at all times.

Learning lessons when things go wrong

- Lessons were learned from accidents and incidents. Staff told us accidents and incidents were reported, which the manager then reviewed. The operations manager told us they analysed all reports. Where there were four accidents or incidents of the same nature they were assessed for patterns and trends. The operations manager told us for one person there had been a reduction of behaviours that challenge others, when it was identified staff needed additional training in this area and this was provided.
- The incident report for one person showed the action taken by staff to manage an incident was not consistent with the behaviour management plan. The behaviour management guidance was to give the person space when there were early signs of agitation to prevent further escalation of the behaviours. The actions of staff meant the situation then escalated and a physically challenging episode followed. A field support supervisor told us there was to be a team meeting where the incident was to be reviewed with staff. At the team meeting the discussions were to focus on "what went well and what needs to improve".
- Field support supervisors told us accidents and incidents were discussed at the supervisor's team meetings with the manager. The actions from these meetings were then cascaded to support workers.

Preventing and controlling infection

- At one location we found the cleaning schedules listed the daily routines to be completed and the staff assigned the task. The staff told us they were provided with adequate supplies of personal protection equipment such as gloves and aprons.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to ensure people received consistent and coordinated support when they were referred to and moved between locations.
- Although people's needs were assessed before the agency agreed to deliver personal care, support plans were not fully developed from the assessments undertaken before their admission. The operations manager explained for one person this was because the admission was at short notice.

Staff support: induction, training, skills and experience

- New staff attended an induction when they started work at the agency. Staff told us they attended a five-day induction at the agency office before they supported people. They told us shadowing more experienced staff was part of the induction. A member of staff said the induction had prepared them to meet the responsibilities of their role.
- Staff told us there was mandatory training set by the provider which they attended. Mandatory training included fire safety, medicine competency and Management of Actual or Potential Aggression (MAPA) training. Staff told us they were reminded to attend refresher training.
- The staff were supported with their performance, personal development and to develop their skills. The matrix provided showed there were regular one to one supervision meetings, observations of practice and annual appraisals. Staff told us during their supervisions they discussed training needs, concerns and performance.

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

- People were supported to maintain a healthy diet and were involved in the planning of their meals.
- Support plans gave guidance to staff on how to assist people with eating and drinking.
- The support plans for one person showed they were involved in the planning of their fluid care plan. For example, direct quotes showed the person had agreed with the action plan. One person told us they prepared their meals with the support of the staff. For another person there was a pictorial menu in the kitchen. A member of staff told us the menu was prepared with the person.
- The comments from people we contacted included, "I do food shopping with my carer", and "They cook for me, I am trying to get my confidence back because I did burn everything."

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

- Health action plans were in place and detailed the support people needed with all aspects of their

ongoing health care. For one person the health action plan detailed the support needed and the healthcare professionals involved to maintain their health.

- Epilepsy profiles were in place for people that experienced seizures.
- Hospital passports detailed essential information for medical staff about how to support the person in the event of an admission to hospital.

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 Act 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.

- The local authority social care professionals had assessed people's mental capacity before the agency had agreed to deliver care. Mental capacity assessments were completed for people receiving 24 hour support from agency staff and where people had restrictions placed on their liberty. For some people their mental capacity assessments covered the use of wheelchair belts, bed sides, sensors and medicine administration. Wiltshire Council acted as deputyship for finance for some people.
- Consent to share information and to have photographs taken were signed by people who had the mental capacity for these decisions.
- Staff were supporting one person with intimate procedures, but a mental capacity assessment was not completed. The staff told us the actions of the person indicated they wanted the staff to undertake these routines. Records showed this person had cognitive impairments, there were restrictions on their liberty and were subject to continuous supervision. This meant the legal framework that evidences the person was able to make specific decisions was not in place. The field support supervisor agreed to complete the appropriate assessments for this decision.
- Agency staff had assessed another person's capacity to manage their smoking. The best interest decision reached was the least restrictive and supported the person to reduce their smoking habits.

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

- The locations where people lived in supported living environments had a domestic appearance. Both services visited accommodated two people and were close to the local community.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- One person we visited was alert and interested in the inspection. This person was satisfied with our response on why we were visiting and the reasons for entering communal spaces. They said a disco was happening that evening and they were looking forward to their evening activity. Another person we visited agreed the staff were kind and caring.
- People spoke positively about the staff support. Their comments included, "They [the staff] listen really well, they give me advice but say it's up to you to decide." "They listen to me and help me understand, they read my letters [to me]."
- We received other comments however, regarding the lack of continuity of staff. Also one person told us they were waiting for their support plans to be printed.
- A member of staff told us they tried to make people feel important by including them in decisions about their care. The member of staff said, their role involved "including them [people] in what we are doing and acknowledging their presence." Comments from other staff about this included, "the way I interact and talk with people. Giving people choice and helping them as much as I can" and, "We are polite. We encourage and prompt people to do as much as much as possible. They know they can speak to us."
- Staff we spoke with told us how they showed compassion. A member of staff said, "We talk to people when they are upset." Another member of staff said, "I make myself approachable, I am calm, and I have quiet manner. The quieter you are the quicker you hear. I talk to them [people], I gain an understanding with the issue. I reassure people that everything will be okay."

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

- Comments from people we contacted included, "We had a meeting with the social worker about a month ago" and "no one has come to see me at home but I had a phone call to see how things were."
- A member of staff told us people were helped to express their views and involved in the planning of their care. This member of staff said there was support guidance available about people's preferences and offered them "multiple choices". Another member of staff said, "I read the support plans to gain a background story. Get to know people's likes and dislikes. We sit and talk and we make people comfortable."
- People were provided with a pictorial handbook about the service which included the expectations and rules.

Respecting and promoting people's privacy, dignity and independence

- The rights of people were respected by the staff. A member of staff said people's personal care was

delivered by skilled staff. This member of staff said they spent time speaking to people, there were regular team meetings and were made aware of policy changes. Another member of staff gave us examples on how people's privacy and dignity was respected. A member of staff we contacted told us people were involved in the planning of their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication support plans detailed people's usual method of communication. For one person with communication and sensory needs, their support plan described how they expressed their wishes. Action plans gave staff guidance on how to interpret body language. For example, pushing staff away meant the staff were too close and turning their head during meal times meant they were either full or not hungry. Although pictorial information was available people with sensory needs were not able to receive the information. While the communication plan gave guidance to staff on how this person expressed their wishes there was little detail on how staff helped them understand the support provided.

We recommend that where people have communication needs they are helped to understand the support staff provide. For example, pictures, large print or audio.

- The communication support plans for another person described their ability to express their wishes and how staff were to assist the person. For example, staff were to ask questions in a positive manner, use Makaton or pictorial aids to communicate. A member of staff told us the staff used simple sentences to discuss their wishes and the support provided.

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

- People's care was planned and person-centred, although support plans varied in quality. People's abilities and support needs were described but their preferences were not fully detailed in the support plans.
- People's oral health was part of their personal care support plans. The actions to support one person with oral health was less person centred and more task focused. For example, how staff support were to support the person with oral health.
- There were social stories, one-page profiles and "typical" daily routines which detailed people's preferences for example, likes and dislikes and preferred first name. There was information on family networks, relationships, employment and what led the person to their current residency. One-page profiles were in place for some people and gave guidance on the support needed from staff and the aspects of their daily living that was important to them. For example, going out and having consistent staff.
- The support plan for one person with mental health care needs detailed the person's involvement in the planning of their care. It described their history of mental health needs and the support provided from

mental healthcare professionals. The impact their mental health had on them along with the signs of deterioration was included. Staff were given guidance to report signs of deterioration and to contact healthcare professionals when needed.

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 take part in activities that were appropriate to them which included contact with the local community and joining clubs and day care services. One person told us they had opportunities to do "nice things, go out in the car" and play electronic games. This person told us they were going to a "disco" that day and they would be meeting friends there.
- Activity planners were kept in care records and were in pictures and words for some people. For one person their activities included hydrotherapy and shopping. For another person they went shopping and dancing.
- A pictorial activity programme board was used by another person. This person told us on the day of our visit that it was their day to go swimming with staff. They attended day care services twice weekly and had contact with family and friends.

Improving care quality in response to complaints or concerns

- People were provided with copies of the complaint's procedure. One person told us who they would tell if they had complaints. People we contacted told us they would raise their concerns with office staff.

End of life care and support

- While the service was not currently supporting anyone at the end of their life the organisation had developed end of life and advance wishes policies and procedures to ensure that they would be able to meet people's needs 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

- A manager was appointed but had not applied for registration with the Care Quality Commission. The peripatetic manager had been supporting the management handover.
- The quality of the care delivery was assessed at each location. Action plans were developed where shortfalls were identified. For one location the medicine audit dated Sept 2019 had identified shortfalls. We found areas of medicines management needed improving at another location we visited. The September 2019 peer audit visits to two other locations had identified issues with medicines. Field support supervisors were responsible for developing action plans for ensuring safe medicines management systems were in place. The peripatetic manager said medicine management issues were identified in September 2019 and were to be addressed at the team meeting with field support supervisors to be held at the end of the month.
- The internal quality assurance team analysed the effectiveness of the agency against set outcomes at a recent visit. The agency was assessed above the base score of 70%. An action plan of 12 actions was devised which the management team monitored weekly for completion. Some actions included reviews of person-centred planning, to ensure care files were meeting the organisation's requirements and to complete appraisals.
- While we acknowledged some areas of medicines management were identified for improvement not all shortfalls identified at the inspection were in the consolidated action plan. For example, records of medicines no longer required were not maintained, medicines were not labelled for staff to apply creams and lotions to the part of the body and that protocols lacked detail on the administration of when required medicines.
- The staff we spoke with told us their line management came mostly from the field support supervisors. They told us there were good working relationships with supervisors. A member of staff said the field support supervisor gave staff advice, visited locations often and was "on-top of things."
- The peripatetic and agency manager were supported by an operations manager. The operations manager told us they completed quarterly audits. Actions identified at the quarterly audits were added to the quality assurance plan. Once the actions were completed they were signed off and senior managers were kept informed on the progress.

We recommend that quality monitoring systems are reviewed to ensure appropriate oversight of all aspects of care and support provided and the operation of the service.

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

- The values of the organisation ensured people's care and treatment was delivered within a positive culture that was person centred. The values of the organisation were on display at the agency office. Staff told us values of "empowering, loyalty and respect" was part of their daily practice. A member of staff we contacted told us the organisation's values included, "empowering, togetherness, honest, outstanding and supportive." A member of staff said line managers monitored their performance to ensure they adhered to the values.
- The staff we spoke with said the teams worked well together. A member of staff said, "We are very good, we listen to each other and we compromise." Another said, "We [staff] are all here for the same thing."

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 providers understood their regulatory requirements to report notifiable incidents to CQC and the local authority. They understood their responsibility to be open and honest when things went wrong.

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

- An annual service review took place in July 2019. The views about the agency were gathered from people who used the service, relatives and staff. Overall the responses were positive and feedback on 'What was not working well' was received. The peripatetic manager responded to individual relatives where direct feedback was identified. The operations manager told us consideration was being given on how to improve the response rate to questionnaires.
- In response to staff feedback field support supervisors had started to attend team meetings. This was because staff felt they would benefit from a greater level of supervision and contact with their supervisors. The operations manager told us the expectation was that managers attend a team meeting in every location per quarter.
- Staff individual and team supervision meetings were the systems used to ensure the staff knew the actions they needed to take to meet their roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- There was learning from the outcomes and themes of accidents and incidents. The operations manager told us they assessed accident and incident records against the local authority's trends. For example, around challenging behaviour. Where incident report analysis had identified that further training was needed, this was delivered to the staff involved. Since the introduction of further training there was a decrease in the number of incidents.
- The peripatetic manager was addressing the challenges of improving staff culture and introducing improvements from the last inspection. They said the regular visits from the operations manager supported the improvements which were needed. They were also proud of the staff for their enthusiasm and dedication to improve the service. The operations manager said, "We have not been afraid to challenge performance. We need to retain the right staff. We went back to basics and have confidence with staff abilities."
- Team inclusion days and the new induction programme were introduced to address culture and retention of staff. Inclusion days were mandatory for all staff to attend. The peripatetic manager and operations manager were receiving open and honest feedback from staff around these days. The management team felt the induction had ensured staff felt supported from their first day of employment.