

Voyage 1 Limited

1 Uppingham Gardens

Inspection report

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Date of inspection visit:
24 February 2020

Date of publication:
22 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
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

1 Uppingham Gardens is a residential care home providing personal care. It can support a maximum of seven people who are diagnosed with learning disabilities or associated needs. At the time of the inspection six people were supported at the service. The home consists of seven bedrooms with two bathrooms. Communal dining, lounge, kitchen and large gardens enable people to spend quality time together in the two-storey detached property, located in a quiet cul-de-sac.

People's experience of using this service

The registered manager did not have a thorough overview of the service. Although the provider had developed effective quality assurance and governance systems to enable improvement in the service. This meant we were not always notified of notifiable incidents.

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.

Staff worked in partnership with external professionals to ensure the safe and effective delivery of people's care. People, professionals and relatives reported people were safe living in the home. Staff had completed the provider's mandatory training and understood their responsibility to safeguard people from discrimination, harm and abuse.

Risks to people were identified and effective measures implemented to ensure these were reduced and managed safely. People were supported by sufficient staff who knew them very well and were continually assessing their changing needs. The provider had a robust recruitment system in place, that ensured people were supported by staff who were safe to do so.

Medicines were managed safely and audits completed thoroughly to ensure people were supported in the safest way possible with medicines. People lived in a home which was clean and free from malodour.

People's needs were met by staff who had the necessary skills and knowledge to effectively carry out their duties. The provider operated an effective system of training, supervision and appraisal, which enabled staff to provide good quality care. It was acknowledged that competency assessments were not always evidenced, and this would need to be an area for further development.

Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet. Staff involved people and their relatives where appropriate, in decisions about their care, so that their human and legal rights were upheld.

Staff consistently treated people with kindness and compassion. People were supported to express their

views and wishes about their needs, which were respected by staff. People's privacy and dignity were promoted by staff during the delivery of their care.

People experienced person-centred care which placed them at the heart of the service. Staff felt valued and respected by the registered manager and staff who had created a true sense of family within the service. Staff were passionate about people living in the home and continuously strove to achieve positive outcomes for them. People were supported to follow their interests and take part in activities that were socially and culturally relevant to them.

People and their relatives knew how to complain and were confident the registered manager and staff would listen and take appropriate action if they raised concerns. The provider had effective systems in place to respond and investigate complaints.

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. 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.

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

Rating at last inspection:

The last rating for this service was good (published 30 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Regulation 17 (good governance) and Regulation 18 (registrations) 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

1 Uppingham Gardens

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by one inspector.

Service and service type

1 Uppingham Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was overseeing another two care homes within the group. One was located within close proximity, whilst the second was approximately 40 minutes away by car.

Notice of inspection

This inspection was unannounced.

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. In addition, 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 all of this information to plan our inspection.

During the inspection

We spoke with two people who use the service during the inspection. We spoke with five members of staff including the registered manager, senior care workers and care workers. We completed observations throughout the day.

We reviewed a range of records. This included three people's care records and medicine administration

records. We did not review any staff files, as the service had not employed any new staff since the last inspection. A variety of records relating to the management of the service, including policies and procedures, quality assurance surveys and governance audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had a further discussion with the operations manager and sought feedback from families. We looked at copies of audits, confirmation of DoLS, training matrices that were forwarded post inspection, in addition to attendance sheets for a moving and assessment course offered internally by the provider.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at 1 Uppingham Gardens.
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training. Staff were able to provide examples and signs of abuse and knew the reporting protocols. This included raising concerns internally as well as to external bodies including the local safeguarding teams and CQC.
- Relatives told us they felt people were safe at the service and trusted staff who supported them.
- The provider had established effective operating systems, processes and procedures to protect people from the risk of abuse and poor care. The provider followed their processes if concerns were raised about people's safety. Internal investigations were completed and used as a learning curve to prevent similar occurrences.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm by staff who had a thorough understanding of people's needs.
- Staff identified and assessed risks to people, which they managed as safely as possible. For example, one person's health had deteriorated greatly. As a result, staff were required to support the person significantly more than usual. However, this had a potential impact on staffing ratios. These implications of this had not been reviewed by the registered manager, nor had the measure been assessed to determine whether it was the most pragmatic approach. We have looked at this in more detail within well-led.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking of activities and enabling people to live a life as fulfilled as possible.
- Risks associated with behaviours were managed safely. People did not have restrictions placed upon them, unless agreed within a best interest decision. As a result, restrictions were kept to a minimum. This ensured people were kept safe but also enabled to experience the most freedom possible, regardless of any disability or other needs.
- Regular safety checks associated with the premises were completed as required by staff. This included, fire safety, water temperatures, premises and environment risk assessments.
- A business continuity plan was in place. This meant that arrangements were in place to address any foreseeable emergency, such as fire, flooding or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans were readily accessible to staff.
- Each person had a personal emergency evacuation plan. This was presented in both a written format, and a pictorial format for people in their bedrooms. Fire drills were completed frequently to ensure people and

staff knew what course of action would be taken should a fire occur.

Staffing and recruitment

- No new staff had been employed at the service since the last inspection.
- The provider had a history of completing all relevant pre-employment checks to ensure staff were suitable to work with vulnerable people. This included character checks which help the provider determine prospective staff's conduct in previous care roles and their right to work in the UK.
- There were sufficient staff, with the right mix of skills, to support people safely, although a discrepancy was noted in one person's care plan that was brought to the attention of the registered manager, that if implemented would leave the service short of staff at specific times of the day. It was unclear if the documented staffing ratio had been followed, or was written as a precautionary when supporting challenging behaviours. Staff told us their workload was manageable enabled them to spend quality time with people. We saw good evidence of staff interacting and spending time with people.
- Professionals told us people experienced good consistent care from regular staff who knew them well. This point was reiterated by relatives.
- The provider effectively recruited and retained staff, who were able to develop meaningful relationships with people. We saw good evidence of this over the course of the inspection.

Using medicines safely

- People had their medicines managed safely. We reviewed three people's medicine administration records (MARs) and found they had received their medicines as prescribed and in line with their medicine plans.
- Staff were trained to administer medicines, with competency assessments completed frequently, including observations of practice, to ensure people were supported safely.
- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when medicines were administered. People were asked if they were ready for their medicines and were told what they were being given, with sufficient time offered to process the information and take the medicines.
- Where people had as required medicines (PRN), for example for pain, there were clear protocols in place to advise staff of their use, and when these needed to be administered.
- Medicines were stored securely, and stock balances were checked to ensure sufficient quantities were available to keep people safe. Audits were regularly completed and showed no discrepancies.

Preventing and controlling infection

- We noted the home was extremely clean and tidy. Staff maintained a good standard of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures. We saw evidence of cleaning schedules that demonstrated daily, weekly and monthly tasks had been completed.
- Staff supported people to recognise and manage risks within the home relating to infection and hygiene and promoted people's awareness in doing so. We observed staff support one person in the kitchen. They were talking through not only the task of making tea, but also how to ensure the surfaces were cleaned after.
- Staff had completed food hygiene training and were observed following correct procedures when food was prepared. The service had achieved a good rating during their last inspection by the Food Standards Agency. This meant that food was prepared safely, and the kitchen was kept appropriately clean to prevent the risk of cross contamination and infection.
- Staff were encouraged to wear personal protective equipment, such as aprons or gloves to prevent cross contamination. We saw that colour coded cleaning products and equipment was used to ensure effective infection control measures.

Learning lessons when things go wrong

- The provider had developed a computerised system, to help monitor incidents and accidents. Information was correlated at home level and then sent to be reviewed, within the organisation.
- In addition, all accidents and incidents were reviewed by the registered manager. Necessary action was taken to implement any changes to prevent similar occurrences.
- Staff were confident to report incidents and accidents and felt the service appropriately responded to any issues identified. We were told by staff, "The response to incidents is very good. We try our best to prevent another similar incident".

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 good. At this inspection this key question has remained the same. 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

- People had their needs and choices appropriately assessed and reviewed. These were written with reference to appropriate guidance to ensure effective care could be provided to people.
- Staff were able to accurately advise what people's preferences were. We were provided examples of how staff would change their approach and method of working, if people were not responsive to their scheduled care or activity. For example, a different staff would offer support, or an alternate activity offered.
- Professionals acknowledged staff knowledge on people and reported they felt care was delivered in line with people's needs and choices.

Staff support: induction, training, skills and experience

- People were supported by a staff team that had been provided with the knowledge and skills to support people effectively and safely. The provider had a rolling training programme in place. A computerised system was established that alerted the registered manager in advance when training was due to expire. This ensured that staff's knowledge remained up to date, in line with best practice guidance. However, we did not see evidence of competency assessments having been completed to ensure staff had the necessary understanding to put theory into practice. We discussed this with the registered manager, who was unable to locate these.
- All new staff completed a comprehensive induction based on the Care Certificate. This sets out 15 standards for workers in the social care sector to be knowledgeable in.
- Staff received appropriate support from the provider which enabled them to fulfil their roles and responsibilities.
- Supervisions were set up on a frequent premise. The staff tier supervision system enabled peer support. However, staff reported that formal supervision was inconsistent. One member of staff reported, "I didn't get my probationary period supervision and continued working. They are infrequent, but we can seek support if and when we need it."
- Appraisals were completed annually to enable staff and the registered manager to establish where the staff member needed additional support and where they had excelled.

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

- People were supported to eat and drink sufficiently to remain healthy. Care plans documented people's specific dietary needs and personal preferences. When we spoke with staff they were able to accurately identify these.
- We observed staff following guidance provided by a speech and language therapist, specifically in relation to how food needed to be prepared. Information was retained in the kitchen as well as the care file to ensure

staff were able to refer to it as required.

- Care plans detailed how people needed to be supported to eat and drink safely. Risk assessments were completed, and measures implemented to manage risks associated with food and drink, such as choking.
- Where possible, people were encouraged to prepare their own snacks and drinks. The staff worked with people to teach them to eat healthy foods. They were reminded to keep themselves hydrated and eat snacks as needed.

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

- Staff worked well with other agencies to ensure that people received consistent, well-coordinated, person-centred care and support. The service strived to work with other agencies to achieve effective outcomes for people, in relation to healthcare as and when required.
- We saw written evidence from health professionals that consistently confirmed staff supported people well and in accordance with their guidance.
- Accurate records were maintained of any advice offered by professionals with follow ups documented.

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

- People's bedrooms were decorated in line with their personal preferences. For example, walls were painted or papered in accordance to people's choice. Personal photos and items were preserved in people's rooms.
- A downstairs wet room had been created to support people with mobility issues.
- The general décor of the service was homely, comfortable and clean. The registered manager advised the provider had a comprehensive refurbishment plan in place for 2021.
- People were encouraged to spend time with one another in the communal areas, including the dining room, lounge and large gardens.

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

- The service worked well with health care professionals and appropriately sought advice as and when people's health care needs changed. All advice was recorded and shared with staff through hand overs and a communication book.
- Where staff felt they required additional support or guidance to ensure care delivered was effective in supporting a person, they had multiple communication with health care professionals. We saw evidence of this for one person in particular, who's health had declined over recent weeks.
- Staff showed a clear understanding of the importance of peoples' oral health and the potential effects this may have on people's general health, wellbeing and dignity. They supported people well with ensuring oral health was maintained.
- People's care and support considered their day to day health and wellbeing needs. People were enabled to join in group activities designed to support their physical and mental wellbeing. This included activities such as gentle exercise and singing sessions. Where people were advised specific exercise in accordance with recommendations from physiotherapists and occupational therapists, staff supported people to safely carry these out.

Ensuring consent to care and treatment in line with law and guidance

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.

The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and

authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need to be deprived of their liberty in their best interests.

- We found that the registered manager had made the necessary referrals to the local authorities in relation to DoLS applications. Some of these dated back to 2017. These were not consistently chased by the registered manager. However, following on from the inspection, the registered manager ensured all outstanding decisions were followed up.
- Staff received training in mental capacity and deprivation of liberty. We observed them following the principles and ensuring people were given an opportunity to make choices as required.
- We observed staff encouraging people to make their own decisions in their day to day life. Care records indicated that relatives or those important to people were involved in how the person was supported, where applicable.

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

- People were supported by a staff team who respected their diverse needs with equality. We observed staff consistently treating people with kindness and respect, whilst promoting their well-being. Staff's approach was compassionate with them communicating with people at a level that was specific to them, for example physically crouching down whilst talking.
- One member of staff we spoke with stated, "We are all so fond of the residents here. We will do everything to keep them safe and happy. They are like another family". This was emphasised by other staff who added, "We treat residents how we would want to be treated."
- Relative's reported the home had a "family atmosphere" and that the "staff are kind and look after people well".
- We observed positive communication with people clearly relaxed and comfortable in the presence of staff.
- Staff had received training in equality and diversity and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes. Staff ensured people were protected from discrimination, and their diverse and cultural needs were respected. Care plans reflected people's diverse needs and how staff were to support them. We were provided positive examples of how this was offered within the service.

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

- People were encouraged to make decisions and choices as far as possible about their lives. This included choices in relation to how they were supported and by whom.
- The service promoted key worker sessions. This was where one member of staff worked with a person to ensure their views were understood and where possible arrangements made to put these into place. The keyworker would further liaise with relatives, friends or those people who the person wished to be involved in their life.
- Monthly key worker sessions ensured people were involved in decisions related to their care.
- People were encouraged to use external advocacy services. This meant that people who may not be able to express their views independently, would be supported by an independent person.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. People's care plans and staff observed, promoted people to complete tasks independently. This increased people's confidence and self-worth.
- Respect for people's privacy and dignity was reflected in people's day to day care and support. We observed staff closing the door when supporting people with personal care, as well as knocking before they

entered people's rooms.

- Staff had a clear understanding of people's social needs. Care plans presented information on how to help people maintain relationships with those important to them.
- Peoples confidentiality was maintained. Records were kept in a locked room, although it was acknowledged that the room was not always locked, which meant files could be accessible. The registered manager advised they would look into methods of retaining care files more securely.
- We observed staff speak to people discreetly if discussing personal information. If staff needed to share information they would remove themselves from within earshot of others.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised and responsive to their specific needs. We saw good evidence of this reflected in their care plans as well as observations made throughout the inspection.
- Support plans clearly reflected what was important to people, as well as their specific support needs. Where multiple agencies had been involved, this was clearly demonstrated. For example, speech and language therapy, occupational therapy or MH Teams.
- Staff did all that was possible to ensure people received personalised care that was responsive to their changing needs.
- Staff encouraged and enabled people to live a life in a way they wished, doing things as independently as possible. For example, staff were working with an occupational therapist to support a person to complete household tasks independently.

Meeting people's communication needs

The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff provided care in accordance with the AIS. People's communication needs had been comprehensively assessed and a communication support plan developed which detailed what support they required to communicate effectively.
- Staff were knowledgeable about how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People were provided with information in a way they could understand which helped them make decisions about their care. This included use of bold font, pictures or symbols where appropriate and other means as required. This was evidenced in house meeting minutes; personal evacuation plans and service user handbooks which were also presented to people in a way that supported their communication needs.

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 family and friends, so to ensure they remained an active part of a wider social network and prevent social isolation.
- We saw people engage in individual and group activities during the inspection. However, staff acknowledged that many activities were house based due to issues with people's deteriorating health, and poor weather conditions. This meant that activities were shorter, leaving people interacting and engaging

less.

- We were shown evidence of activities the service had offered and people engaged in when the weather had been warmer. Many of the activities had allowed people to access the community in small groups. Photos showed people smiling and positively interacting with others.
- We noted that people's individual activity boards were not kept accurately up to date. These were located in the dining room and used pictures to communicate to people what they were doing during the course of the week. Many days had no information. We spoke with the staff and subsequently the registered manager regarding the need to accurately provide information to people. We were reassured that information would be in place following the inspection.

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints procedure in place, that staff fully understood. The policy outlined how concerns or complaints were to be dealt with. People and their relatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken.
- We saw evidence from historical complaints that these had been managed in line with the provider's policy. Outcomes were used as way to prevent similar incidents occurring.
- The registered manager told us no formal complaints had been made since the last inspection, which records confirmed.

End of life care and support

- At the time of the inspection the service was not supporting anyone on end of life care.
- The provider had ensured staff had an understanding of, and had developed comprehensive care plans to detail how people wished to be supported at this point in their lives.
- We saw evidence of good care plans that detailed information such as funeral directors, people to advise of as end of life approaches, and service specific information.

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 good. At this inspection this key question has now deteriorated 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

- The registered manager was effective at management at another service within the provider's group. As a result, they took over the registration of Uppingham Gardens in 2017. However, more recently the registered manager had taken responsibility for a third registered service. This meant they were covering three different care homes, over a week. Their presence was reported by staff as limited and did not enable them to have a thorough overview of the service developments.
- The provider had established and operated an effective governance system within the service, with quarterly visits taking place, and developing action plans. However, we found the registered manager did not have a comprehensive overview of the service.
- We found that monthly governance had not been completed by the registered manager, which meant they were unaware of new care plans having been written by staff, that had the potential of leaving people unattended whilst all three staff on shift supported one person. Whilst it was unclear if this intervention had been used, the registered manager did not know the reasons behind this implementation, or indeed that this was a management strategy.
- We spoke with staff in relation to this guidance within the care plan and established it was linked to confidence issues following recent training. We asked the registered manager how they had determined people were competent following the training, however were not provided with any reassurance. No competency assessments had been completed following moving and handling training.
- We similarly noted that files did not contain accurate or complete records. For example, we noted that staff meetings, were to take place on a monthly basis. However, records retained on file recorded the last meeting had occurred in April 2019. At the time of the inspection the registered manager was unable to locate any additional meeting minutes. Following the inspection, we were sent some minutes, however these illustrated meetings were not taking place frequently. As a result, staff were not necessarily receiving management support that was necessary to enable smooth operations of the service.
- Whilst staff were completing audits as per delegation, these had not been reviewed by the registered manager. This meant they did not have an overview of the service and its progression.

The registered person failed to consistently assess, monitor and improve the quality of the service in line with their legal obligations and regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Whilst there was a management structure within the service, staff reported this was not clear. Roles and responsibilities were blurred. Staff reported they felt the registered manager was not wholly aware of the issues prevalent at the service, specifically related to one resident's deteriorating health. We raised this point with the registered manager, and subsequently with the area manager. We received reassurance that appropriate action would be taken to ensure staff felt supported. The registered manager's caseload would be reviewed to enable them to carry out their duties in line with regulations.
- We found that whilst the CQC had been notified of some notifiable incidents, the registered manager had failed to appropriately notify on others. This was specifically in relation to depriving people of their liberty (DoLS). This meant that the CQC could not be reassured that people were being deprived of their liberty only when authorised.

The registered person failed to notify the CQC of reportable incidents without delay. This was a breach of Regulation 18 of the Care Quality Commission (Registrations) Regulations 2009.

- Following the inspection the registered manager retrospectively notified the CQC of all DoLS for the past three years.

Continuous learning and improving care

- The provider had implemented systems and processes to improve the service and its experience for people.
- Accidents and incidents were reviewed by the provider to identify areas for improvement. This ensured the service took the required action to keep people and staff safe.
- Similarly, complaints were monitored to ensure similar themes were not developed.
- Regional management developed action plans on a quarterly basis, to ensure care was delivered in line with people's changing needs and reflective of the fundamental standards.
- Staff received constructive feedback from the management within the home, which motivated them to improve, enabled them to develop and understand what action they need to take to ensure people received care that was reflective of their needs.

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

- Staff generally reported a positive culture of the home, although acknowledged the lack of registered manager's presence meant they were unable to seek immediate guidance or reassurance.
- Care plans were individual and bespoke to meet people's specific needs. Although it was recognised that there was potential to put others at risk with staffing ratios identified in one care plan, that had not been reviewed by the registered manager.
- People were enabled to engage in positive interaction and experiences during the course of the day, although staff acknowledged the need to introduce more activities that were person centred.

Acting with honesty and transparency if something goes wrong

The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

- The provider had a policy that clearly identified the principles of the duty of candour and what actions staff should take in situations where this applied.
- There had been no serious incidents at the home since the last inspection. However, the registered manager and staff were fully aware of their responsibilities under the duty of candour.

- The service was open and transparent with good communication with people and their families. When concerns were raised the provider took appropriate action, apologised where necessary and took swift action to prevent something similar.
- The registered manager and staff team had developed good relationships between people and family members. Staff actively encouraged feedback from people, professionals and relatives to help improve the service and their practice.

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

- The registered manager was not visible within the service, due to overseeing two additional care homes. As a result, staff felt the absence meant that the registered manager did not have full understanding of people's and the service needs.
- Nevertheless, professionals and relatives commended the staff team. Staff were reportedly enthusiastic about their role in supporting people and spoke positively about the home. Staff reported the provider had implemented systems that enabled them to share their ideas to improve the quality of care people received.
- Staff encouraged people who used the service and visitors to provide feedback. There were regular staff and residents' meetings.
- Resident's Minutes were presented in both written and pictorial format, to enable people to access and understand the outcome of the meetings. These outlined changes people wanted to activities, menus and general operations of the home.
- The service promoted involvement with the wider community. Staff had established community contacts to enhance people's wellbeing in the home, and to enable people to take part in events within their local community. These included church services, attending local cafes and community events.
- Staff worked in collaboration with external professional agencies to ensure people received care that was responsive and effective in meeting their specific needs.
- Professional feedback consistently emphasised the staff's willingness and ability to follow their guidance to meet people's needs.

Working in partnership with others

- The service had good links with local community resources that reflected the needs and preferences of the people who used the service. For example, the local cafes and shops all knew people from the service and welcomed them.
- The provider worked effectively in partnership with other agencies. This included, speech and language therapy, district nurses, occupational therapy as well as mental health teams. There was good evidence of two-way communication with professionals that focused on people receiving care and support that met their specific needs.
- We saw clear written evidence of effective, collaborative working with professionals and relatives throughout the inspection, which aimed to achieve good outcomes for people.

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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Commission without delay of reportable incidents, whilst providing the regulated activity. Regulation 18(1)(5)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to effectively operate systems and processes that ensured compliance with the fundamental standards. Regulation 17(1)(2)(a)(b)(f)(3)(a)(b)