

Voyage 1 Limited

Voyage (DCA) Warwickshire

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Voyage (DCA) Warwickshire is a domiciliary care agency which is registered to provide personal care and support to people in their own tenancies. The service provides up to twenty-four hour supported living services. The service is registered to provide support to younger adults and older people with a learning disability or autistic spectrum disorder, mental health support needs, physical disability or sensory impairment. At the time of our inspection the service was supporting 41 people who were receiving 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

Whilst most people and their relatives were satisfied with the care and support they received, we found risks were not always well-managed and staff did not always identify or act on risks of potential harm or injury. Risk assessments had not always been completed accurately. Staff did not always follow healthcare professional guidance or embed this into care planning. We could not always be assured actions to mitigate harm or injury to people had been taken by staff because important records lacked detail.

Some practices related to the handling of medicines were not safe. Medication incidents had occurred where people had not always received their prescribed medicines. We could not be assured people always received their medicines as prescribed due to discrepancies in stock. Immediate action was taken by the operations manager to ensure medicine practices were in line with best practice guidance and the medication policy and staff re-training was planned for.

Quality checks, such as staff skill and competency assessments and audits, were in place, but these had not always been effective. Following our inspection feedback, the managing director (central region) shared a service improvement plan with us and assured us immediate actions would be taken to make the needed improvements.

Pre-employment checks were undertaken on staff to ensure they were suitable. Staff had received training but did not always have the skills or knowledge they needed for their job role.

People had individual plans of care and some gave staff detailed information. Others required improvements to be made.

People were supported by staff to keep their shared supported living homes clean and tidy. Improvement was needed by some staff to follow best practice when wearing face masks to reduce the risks of cross infection.

Overall, people were supported by consistent staff who knew people well. Staff had a caring approach toward people, showing kindness in the hands-on day to day care. People and their relatives felt safe with

staff in their homes and protected from the risks of abuse.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support least restrictive practices.

Right Care: Care was not always person-centred and did not always promote people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using the service led confident, inclusive and empowered lives.

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 and the report was published on 19 February 2018.

Why we inspected

This inspection was prompted in part by concerns received about medicines management and other reported incidents to us. We decided to inspect and examine those risks.

Enforcement

We identified breaches in relation to safe care and treatment, safeguarding people from abuse and improper treatment and the governance of the service.

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.

Follow up

The provider has taken some immediate actions to make improvements following our inspection feedback and shared a service improvement plan with us.

We will request a further 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Voyage (DCA) Warwickshire

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

The inspection was completed by three inspectors. One inspector visited the provider's office and two supported living services. The second inspector visited two supported living services. The third inspector had telephone conversations with people's relatives to gather feedback about their experiences of the service and from staff members.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own tenancies.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave short notice of our inspection on 27 September 2022 to the registered manager so they could be available to support the inspection. We arranged a video meeting with them for 28 September 2022. A visit was made to the provider's office on 29 September 2022. Visits, with consent from people, were made to supported living services on 29 and 30 September 2022.

A further feedback video meeting took place with the registered manager and operations manager on 4 October 2022.

Inspection activity started on 27 September 2022 and ended on 4 October 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used technology such as video calls and telephone calls to enable us to engage with people's relatives and staff. We used electronic file sharing to enable us to review some documentation.

During this time, we spoke with seven care staff, two field care managers, the registered manager, two regional operational managers and the managing director (central region).

We spent time with numerous people and spoke with eight people who used the service to gain their feedback. We gained feedback from ten people's relatives.

We reviewed a range of records. This included ten care plans and medication administering records, risk and health management records and daily notes. We reviewed three staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people were not consistently safe and protected from avoidable harm.

Using medicines safely

- Where people required staff support to order, store and support them to take their medicines improvements were needed to ensure safe practices were followed. Following reported medication error incidents, people had not always received their medicines as prescribed. For example, staff did not always refer to the medication administration record when supporting a person with their medicines which had led to a medicine not been given.
- Medicine stock discrepancies we found during our inspection meant we could not be assured people had always received their medicines as prescribed. For example, one person was prescribed an anti-convulsant medication. Staff had signed to indicate this medication had been administered but the amount of medicine that remained in stock indicated this had not been given in line with the prescriber's instructions.
- Stock discrepancies were found in one persons' controlled medicine. A controlled medicine is a drug or other substance which is tightly controlled by the government because it may be abused or cause addiction.
- Records did not always support safe medicines practices. One person was prescribed a medication to be administered on the same day, at the same time each week. It was important to take this medicine at least 30 minutes before other medicines and food. Records did not indicate this was being done.

This was a breach of regulation 12 (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We informed the provider of our concerns related to the safe handling of medication and immediate action was taken, during the inspection process, to improve systems. Following our feedback, the operations manager and regional director told us about further plans to re-train staff and review staff medicine competency checks.
- The service understood the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Medicines were regularly reviewed with prescribers and reduced where appropriate which ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

Assessing risk, safety monitoring and management

- Risk's related to people's health and wellbeing were not always identified, assessed or managed. For example, records showed one person was at significant risk of malnutrition due to very limited nutritional intake. It was not always clear what action had been taken to monitor and mitigate this risk and there was very limited guidance for staff on how to manage this risk safely. The menu planner for this person did not reflect they were being offered sufficient nutrition.
- Another person was at risk of aspiration and dehydration. A healthcare professional had assessed this

person required prescribed 'thickener' to be added to their fluids to manage this risk. Staff were not always aware of this healthcare professional's directive and told us they had added more thickener than was prescribed to their fluids which put the person at potential risk of choking.

- Assessment tools to identify risk were not always completed accurately. For example, one person had been assessed as being at 'medium' risk of falls when they should have been assessed as 'high' based on their individual health needs. An assessment of 'high' would have meant a referral to the fall's prevention team should have been made and weekly assessments should have been completed. This had not been done and there was limited guidance for staff to know how to manage this person's risk of falls.
- Staff did not always have the training or information they needed to manage a person's behaviour which could result in their dignity being compromised. For example, for one person, there was limited direction to support a person manage a specific behaviour which meant staff had previously taken inappropriate action when supporting this person. Improvements were required to ascertain the reason for this behaviour, and to give clear instructions to staff on how to support the person.

This was a breach of regulation 12 (a, b and c) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We informed the provider of our concerns related to risk management. The operations manager took some immediate actions to ensure staff followed guidance in place to manage choking risks. The managing director assured us further actions to improve would be taken related to risk management.
- Some risks were managed well. For example, some people had been diagnosed with epilepsy and records contained detailed information to ensure staff had the information they needed.
- Some people supported by Voyage (DCA) Warwickshire had complex conditions which required very careful and considered care planning to minimise the likelihood of distress. Some people had a detailed 'Emotional and Behaviour' care plan which focussed on understanding the person and how to respond proactively to the person's needs to increase their quality of life.

Systems and processes to safeguard people from the risk of abuse

- Improvement was needed to the provider's systems and processes to ensure peoples' liberty of movement was not restricted, whether or not they resisted. We found examples where restrictions were in place in supported living shared homes. For example, in one shared home, all bedrooms were locked by staff and the kitchen had restricted access and cupboards were locked. Within another shared home, staff told us they locked the front door to keep people inside as they were unsafe to go out without staff. Whilst we did not see anyone distressed by this practice, we found no appropriate legal authority in people's plans of care.

This was a breach of regulation 13 (7b) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Some improvement was needed in handling peoples' money. During our inspection we were informed by a relative that staff did not always give receipts. We discussed this with the operations manager who assured us when cash was given to staff by relatives, receipts were given. However, it was recognised improvement could be made when relatives handed money directly to their loved ones, who later passed their money to staff for safe keeping. The operations director assured us a receipt email would be sent to relatives for any cash a person handed to staff for safe keeping.
- Overall, staff understood their safeguarding responsibilities and knew how to escalate concerns where needed. One staff member told us, "We observe and understand if there are any signs of abuse. There is physical and non-physical abuse. Physical is easy to observe like bruises. But emotional is more difficult but

by knowing people we would look for signs like if they were unsettled. I have never experienced anything like that here and if I did, I would tell my manager immediately."

Preventing and controlling infection

- People were satisfied with staff in maintaining the cleanliness of their shared home.
- Overall, staff used personal protective equipment (PPE) when needed and in line with good practices. However, improvements were needed by some staff as during our inspection we saw staff were seen wearing their facemasks under their nose or chin. We discussed this with the managing director who assured us additional supervisions would be arranged with staff outlining the importance of wearing PPE correctly.

Staffing and recruitment

- Records showed staff had been recruited in a safe way. For example, DBS (Disclosure and Barring Services), identity checks and references had been undertaken by the registered manager, which enabled them to make informed choices in staff recruitment.
- There were sufficient staff allocated on rota to support people for their commissioned supported living hours. Feedback to us was overall positive about the consistency in staff members supporting people. However, we received some negative feedback about the lack of staff able to drive peoples' 'Motability' vehicle. The operations manager told us efforts were made to recruit staff able to drive, but this had not always been possible.
- The registered manager and operations manager recognised the need for ongoing staff recruitment. Agency staff and office staff were used to cover gaps in rota shifts. One person told us, "When an office staff member covers my support hours, I don't feel I get the support needed because sometimes the staff member does other office tasks as well." The operations manager assured us this should not be happening, and they would address this immediately.

Learning lessons when things go wrong

- The registered manager told us that accidents and incidents were reported, recorded and analysed so actions could be taken to reduce risks of reoccurrence. However, we found some opportunities were missed in making the needed improvement. For example, the effectiveness of training and spot checks had not always been explored to determine if improvements were needed. Following our feedback, the operations manager assured us medication training and spot checks would be reviewed.

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people's outcomes were not consistently good, and people's feedback confirmed this, the information available to staff about people was not always effective.

Staff support: induction, training, skills and experience

- Improvements were needed to ensure staff consistently had the skills, experience and competence to meet the needs of the people they supported.
- Staff completed an induction, which included shadowing shifts with experienced staff. Most staff had also completed other training topics. However, some staff felt they had not been provided with all of the training they needed to safely and effectively support the people they worked with. For example, two staff members felt they needed training around learning disabilities, autism and managing specific behaviours.
- Improvements were needed in skills competency assessment checks on staff. Whilst staff had completed training in the safe handling of medicines, safe practices were not always followed which had resulted in medication incidents. Following our inspection feedback, the operations manager assured us re-training was to be undertaken by staff and immediate changes were to be made in the assessment of staff's competency in the safe handling of medicines.
- Staff told us they had regular opportunities to discuss their workload and development with their manager. One staff member told us, "I have supervision too often to be honest. We talk about how I am feeling and if I have any concerns."

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

- Improvement was needed to ensure staff worked collaboratively with other healthcare professionals to understand and meet people's needs. The provider did not always take responsibility for ensuring the care and support people received was co-ordinated.
- One person's mobility and nutritional intake had significantly declined in recent months. Care records did not evidence multi-agency agreement to how staff should support and encourage this person to achieve good health outcomes. We have further reported on this in the safe section of this report.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Overall, staff empowered people to make their own decisions. We saw, and records showed people were involved in the planning and delivery of their care.
- People told us staff respected their views and decisions. One person told us, "I can go out when I like. Staff are not allowed to stop me, and they don't. They respect my choices."
- Records showed where a person's ability to make a specific decision was questioned, mental capacity assessments had been completed. Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.
- However, we found some instances where restrictions were in place and people were being deprived of their liberty without the appropriate legal authority. We have further reported on this in our safe and well led sections of this report.

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

- Assessments of people's support and health needs were undertaken before people received their care from Voyage. These assessments reviewed how people wanted to receive their care, and whether people needed additional support to meet protected characteristics.
- When people were being assessed as to whether or not they would 'fit' into an existing home, where people already lived, a transitional process was used to make sure people would be comfortable when they moved into their new home.

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

- People had access to general healthcare services when they needed it. For example, people's medicines had been reviewed by their psychiatrist. Where accidents had occurred, emergency medical assistance was sought.
- Records promoted good oral hygiene. Each person had an individualised plan which detailed how to encourage and support people to maintain their oral health.

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

- People told us they chose what they wanted to eat each day, according to their own diet and preferences. One person commented, "They [staff] do make what I want, they are very good. Today I am having an omelette."

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people were not always 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; Supporting people to express their views and be involved in making decisions about their care

- The provider and registered manager had not always demonstrated a caring approach to ensure people always received a safe and consistently good quality service. The registered manager was responsible for 13 'schemes' (shared supported living homes) across Warwickshire. They told us they aimed to visit services on a monthly basis and the operations manager told us they aimed to visit each scheme at least once annually. Some relatives felt there was a lack of 'management presence' in some services and the lack of effective role modelling to staff impacted the quality of care and support given to their loved ones. Following our feedback, the registered manager assured us they would aim to increase their visits to services to have increased oversight.
- Overall, relatives' feedback was positive about most care staff. One relative told us, "Staff try their best." However, we received some negative feedback when care staff were not supported by managers in a shared home. One relative told us, "Communication can be very poor as the care staff don't always share information with one another and the management do not seem very effective." Another relative told us, "My loved one likes to know who is in charge and what the routines are, this is a part of their autism, but with no manager presence, they become anxious about things."
- People told us they were treated well by kind and considerate staff. Comments included, "I have different staff support me. They are all nice. I'm happy here. Much better than my old place", "My staff are kind" and, "Staff always look after me. If I am not happy, I can talk to my staff. They help me with any problems".
- Staff were friendly, and people were seen to be comfortable in the presence of the staff who were supporting them. For example, one person reached out and held the hands of a staff member to greet them whilst another person sat laughing and joking with the member of staff supporting them. A staff member told us, "I love it here, it's like a family."

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

- People were encouraged to express their views and be involved in decisions about their care. Records detailed how people were involved in writing their care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their independence. One person explained how staff had empowered them to take responsibility for managing a health condition. They were proud to tell us, "I can do it all myself."
- Staff understood their supportive role and encouraged people maintain their independence. One staff member told us, "We encourage [person] to do as much as they can for themselves. Like putting their

clothes out on the line, supporting with making the dinner like maybe chopping the vegetables. I don't just sit back and relax, we do it together, but I don't do everything for them if that makes sense as [person] is very capable."

- Overall, staff respected people's right to privacy. For example, one person asked their staff member to leave their flat and this was respected by staff. However, we observed one incident where a person's privacy was compromised. This person required auditory observations via a monitor if they requested time alone. This audio monitor had been left in a communal area where other people who were supported by the service, and other staff could hear the person whilst they were in their flat. We discussed this with the care co-ordinator who took immediate action to address this with staff.

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant people's needs were not consistently met through good organisation and delivery.

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

- Relatives did not always feel staff personalised care for their loved one. For example, one relative told us, "[Name] loves to go outside, it is their favourite thing being out in the countryside, but staff don't always enable this to happen. [Name] is able to tell us about the staff and what activities they offer." Other relatives felt stimulation and activities were lacking. Relatives felt this was linked to a lack of pro-active staff in some services.
- People we spoke with told us they received person centred care which met their needs and preferences. Comments included, "I can do what I want. I go out when I want. I come and go as I please" and, "Staff support me to do the things I like."

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.

- The provider produced a number of documents, such as people's individual hospital passports, health care plans and welcome packs in an 'easy to read' format, using large print, colours and pictures to make personal information more accessible.
- Care records showed people had individual communication plans in place, so that staff knew how best to communicate with them. Communication plans included whether people used sign language or other visual techniques to communicate. However, one relative told us, "I think the way staff communicate with [Name] could be improved so they encourage them more to do things, as otherwise [Name] will give the response they think the staff want and not what they wish to do."

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

- Most people had regular opportunities to pursue social interests within their local community. Some people were supported to visit local shops for example.

Improving care quality in response to complaints or concerns

- People were given a copy of the providers complaints policy when they were welcomed to the service, in

the provider's welcome pack. The document was presented to people in a picture format, to help ensure people knew how to communicate their feedback and concerns.

End of life care and support

- At the time of our inspection visit no-one was receiving end of life care. However, the provider had procedures in place to discuss end of life care arrangements with people, so they could express their wishes about how their care should be delivered at this time.
- Some people's plans of care included advance plans for end of life care. These included valid ReSPECT forms. A ReSPECT form is a legal document containing details about advance care planning.

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 Good. At this inspection this has deteriorated to Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems and processes in place to assess and monitor the safety and quality of the service. However, these were not always effective, and improvements were needed. For example, medication checks and audits had not identified the issues we found which meant actions had not been taken to ensure people always received their medicines as prescribed.
- Care plan audits had not identified the issues we found. This meant staff did not always have accurate information to refer to when needed, for example, in relation to people's falls risk management.
- Care records, such as 'hospital passports', containing important emergency information were not always accurate or up to date and the registered manager's checks had not identified improvements were needed.
- Staffs skill competency assessments were not always robust enough to ensure staff had the competencies needed to carry out their job roles. Spot checks had not identified issues we found, such as staff not always following professional healthcare guidance.
- Supported living shared home checks and audits were mostly delegated by the registered manager to field care staff. The registered manager did not have sufficient oversight of the checks and audits undertaken which meant effective monitoring of the quality of the services did not always take place.
- Where we identified restrictions on people's liberties, the registered manager had not ensured detailed records were kept related to any requests made to the local authority to ask them to apply for a deprivation of liberty on their behalf to the Court of Protection. Quality checks had not identified these issues.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection feedback about unauthorised restrictions placed on people, the registered manager developed a tracking log which they shared with us. They assured us they would contact the local authority about email requests they told us had been sent during 2020 requesting a deprivation of liberty be applied for, for some people they supported, on their behalf to the Court of Protection. We also sought clarification about this from the local authority.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as required telling us about specific incidents.

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

- Staff spoke positively about their individual line managers. One staff member told us, "My manager is easy to contact. I can contact them anytime. They are so approachable. If I need to vent, they listen. Even if they are off work they will still make time for you."

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

- People and their relatives told us they were asked for feedback.
- The registered manager had sent surveys to people for their feedback on the service. Analysis of feedback took place and actions plans were developed to make improvements.

Continuous learning and improving care; Working in partnership with others

- The provider had links with external services, such as government organisations who provided links to renewed best practice guidance including infection prevention and with commissioners of services and health professionals.
- The registered manager, operations manager and managing director were receptive to our inspection feedback and assured us improvements would be made where needed. Some immediate actions were taken and the managing director agreed to share a service improvement plan with us.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users and did not always do all that is reasonably practicable to mitigate any such risks. The provider had not always ensured that staff providing care or treatment to service users had the qualifications, skills and experience to do so safely. The provider had not ensured the proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had controlled or restrained service users by restricting the service user's liberty of movement.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always effectively operated systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider had not always effectively assessed, monitored or mitigated risks related to the health, safety and welfare of service users who may be at risk from the carrying on of the regulated activity.</p>

