Achieve Together Limited

Winchester House

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
Winchester House is a residential care home providing personal care to 11 people with a learning disability and autism at the time of the inspection. The service can support up to 11 people.

People's experience of using this service and what we found
People were not consistently kept safe from risk of harm. We found risks relating to constipation, epilepsy, choking, and behaviours that may challenge that could have been managed more safely.

Staff did not always have the right training to carry out their role. Staff had not received regular supervision and appraisal, although the new manager had started to address this. Some agency staff had not read people's care plans and some did not know about safety information such as fire safety procedures.

Some restrictions had not been assessed via the Mental Capacity Act 2005. One person sometimes could not access their room as the door was locked and there was no MCA assessment for this. Another person had access to the kitchen restricted but this was no in an MCA assessment or included in their DoLS.

Some people were diagnosed with autism but did not have effective assessments of their sensory needs. The service had a sensory room but this was not fit for purpose and had fallen out of use. Care plans did not always reflect people's individualised needs.

People did not have end of life care plans, and the manager acknowledged the need for these to be completed. We have made a recommendation about this.

There were not robust governance systems in place to ensure that care and support was safe, effective or high quality. Shortfalls we identified had either not been highlighted by audits, or effective action to remedy them had not been taken. The manager reflected that these concerns had not been picked up in previous audits.

People told us they liked their staff and that they were kind and caring. One person said, "The staff are really, really, good. They're always helpful and there if I have a problem." We observed some caring support from staff who knew people's needs.

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.
The service was not able to consistently demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support
More work was needed to ensure that people could receive support that enabled them to meet their goals and aspirations. Some people were non-verbal but their relatives had not received a copy of their care plan despite asking. This left people at risk of not having person-centred goals. Improvements were needed to ensure that the environment was homely, clean, and well-maintained.

Right Care
The provider had not always ensured that risks faced by people had been assessed and planned for. Staff tried to provide personalised support to people, but this was difficult at times as there was not enough guidance around people's communication or sensory needs.

Right culture
Some staff were not able to provide the support people needed with their sensory needs, and with needs associated with autism as they had not had the correct training or guidance. Some relatives told us that management changes meant there was not always consistency, although all relatives we spoke with were happy with the new manager and their approach.

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

Rating at last inspection
This service was registered with us on 21 September 2020 and this is the first inspection.

The last rating for the service under the previous provider was good (published on 14 December 2019).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We have identified breaches in relation to person centred support, consent, safe care, good governance, and staffing at this inspection.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always 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.

Winchester House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors carried out the inspection

Service and service type
Winchester House is a 'care home' without nursing care. People in care homes receive accommodation and nursing or personal care as a 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, but they had left the service and were not in day to day control. This meant that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced

What we did before inspection
Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We reviewed information and data that we hold and spoke with partner agencies, such as the local authority. The provider was not 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. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with some people verbally. Other people who used the service who were unable to talk with us used different ways of communicating such as Makaton (a spoken and signed language for people with communication difficulties). We spoke with seven members of staff including the manager, senior carers and care staff.
We also spent time observing people and the care they received.

We reviewed a range of records. This included three people's care records and 10 medication records. We looked at four staff files in relation to recruitment and staff supervision. 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. We spoke with one professional who visited the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• People had not been protected from all risks. One person, who was known to be at risk of choking, was observed to be supported to eat in a way that was unsafe for them. We spoke to the manager and staff about this, as it left the person at risk from choking.
• People with a learning disability can be at risk from health complications related to constipation, and some people were prescribed medicines to relieve constipation. One person had an additional diagnosis that increased the risk from constipation but their risk assessment and care plan did not mitigate this risk. A second person had medicines for relieving constipation. However, records were incomplete, so there was no way to tell if the person had opened their bowels. There was also no guidance on when to give their prescribed 'as required' medicines. This left people at risk of health complications from constipation.
• Some people living in Winchester house were diagnosed with epilepsy and experienced seizures. Two people's care plans did not describe accurately the types of seizure the person experienced or what action staff should take in all situations. This was raised as a concern with the manager and new plans were written.
• Some people were supported with behaviours that may challenge others. Some staff did not have the training to support people, and the provider told us this was being sourced and staff booked on it. One person's care plan identified times they could display behaviours that challenged but these were not assessed in their positive behaviour support plan.
• We observed one person being supported whilst they were distressed and staff were not confident in how to support them. Staff confirmed with us that they tried lots of activities and approaches but were not sure what the person liked. The person's positive behaviour care plan was not completed, and the manager told us this was being reviewed by the provider's behaviour specialist.
• People at risk of choking had choking risk assessments but these referred to the use of an airway clearance device. These devices are not recommended for use by the Resuscitation Council UK as they may delay lifesaving care. We raised this with the manager who reviewed people's risk assessments and choking support plans to ensure they complied with best practice guidance.

The failure to reduce risks to people relating to choking, constipation, epilepsy, and behaviours that may challenge is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
• The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

• The numbers of staff matched the needs of people using the service, although some staff lacked the training to support people with behaviours that may challenge.
• Safe recruitment practices were followed and new staff had been vetted and their employment history checked.
• Some agency staff did not always know people's needs and understand how to support them. We have reported on this in more detail in the Effective section of this report.

Systems and processes to safeguard people from the risk of abuse
• People were kept safe from abuse because staff knew them well and what uncharacteristic behaviour would look like. The service worked well with other agencies to safeguard people.
• Staff had training on how to recognise and report abuse, completed role play around abuse prevention, and they knew how to apply their learning.
• People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Using medicines safely
• The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
• Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves.
• Each person's medicines were reviewed regularly to monitor the effects on their health and wellbeing. Advice was available to people and carers about their medicines.
• People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider's infection prevention and control policy was up to date.
• People were able to receive visitors and there were effective checks on people coming to Winchester House to ensure people were safe.

Learning lessons when things go wrong
• When things went wrong, staff apologised and gave people honest information and suitable support.
• Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
• Until recently there was not an effective review of incidents from senior managers, but this had been put right in the weeks before our inspection. We have reported on this in the Well-led section of this report.

Requires Improvement

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• People were not always supported by staff who had received relevant and good quality training in evidence-based practice. We spoke with one agency staff who had supported a person to eat in an unsafe way. They were not aware of the person's safe eating plan. The same staff did not know about fire safety protocols for people in the service.
• One agency staff told us that they had been shown where care plans were, but they had not had time to read them. They also said they hadn't been shown much on their induction.
• Staff had not received support in the form of continual supervision, appraisal and recognition of good practice. The manager acknowledged that supervisions had not happened as often as the provider's policy set out. Following our site visit the manager and the provider had started to implement a programme of appraisal and supervision.
• Staff were not supported to continuously apply best practice as they had not completed refresher training. The manager kept a matrix of training courses and acknowledged that there were lots of gaps where training had elapsed and needed to be re-booked.
• One staff member told us that they had not refreshed their specialist training for managing people's behaviours of concern. The staff regularly supported a person with challenging behaviours as their one to one care. The same staff also told us that they had not had training in how to communicate with the person, who was non-verbal.

The failure to train, induct and supervise staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

• For people that the service assessed as lacking mental capacity for certain decisions, staff had not always clearly recorded assessments and any best interest decisions. One person had restricted access to their kitchen, but this had not been assessed via their DoLS or via an MCA assessment. This may not have been the least restrictive measure, and the manager confirmed there had been no MCA assessments or best interest decisions for the person.
• The manager acknowledged there was a gap in the person's care plan around capacity and told us that they would ensure that DoLS and MCA assessments were in place for all people.
• Some people had restrictions in place that had not been planned appropriately. One relative and a visiting professional had told us that there were times when a person was not able to enter their own room as staff had locked it to keep another person out. This caused the person distress. Following our inspection, the manager informed us that the person now had their own key to lock and unlock their door.
• Staff were not always able to empower people to make their own decisions about their care and support as they did not have the training or information about everyone's communication methods. We have reported on this in the Caring section of this report.

The failure to assess people's capacity and provide care in accordance with the MCA 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
• The interior and decoration of the service was not adapted in line with good practice to meet people's sensory needs. The sensory room was poorly equipped with no working sensory equipment at all. Part of the room was being used for drying clothes. Following our inspection, the manager told us the sensory room and activity room had been redecorated, including new flooring, and that people enjoyed using these spaces now.
• The environment was not homely and stimulating. There were numerous defects in the building, such as worn and damaged flooring, fittings and decoration. There was a lack of facilities to adequately dry clothes and bedding for people who were incontinent. We raised this with the manager, who responded by requesting an additional dryer from the provider. Following our inspection, the manager confirmed a range of improvement works had been carried out.
• People personalised their rooms and had been included in decisions relating to the interior decoration and design of their home. One person was very happy to show us the belongings they had in their room.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Some people did not have a comprehensive assessment of their physical and mental health either on admission or soon after. One person had moved to the service but their needs had not been fully assessed and staff told us they sometimes did not know how to support the person. The manager confirmed they would involve other professionals to ensure the person's needs were fully assessed.
• Other people had clear pathways to their goals and aspirations, including skills teaching in people's support plans. One person told us about their planned move from the service and how they had worked towards this.

Supporting people to eat and drink enough to maintain a balanced diet
• One relative told us that they were not happy with their loved one's weight gain. We spoke with a professional who visited the service and they also relayed concerns about healthy eating choices, that were frequently high in fat. We raised this with the manager who reviewed the eating plan. Following our inspection, the manager outlined action taken to ensure people had healthy diets.
• Other people received support to eat and drink enough to maintain a balanced diet. One person told us, "If

I fancy a drink yes I can I have drinks." We observed people having access to drinks and snacks.
• People were involved in choosing their food, shopping, and planning their meals.
• Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

Supporting people to live healthier lives, access healthcare services and support
• People had access to healthcare and health appointments were evident for emergency care such as having paramedics called out when needed and referrals to clinical psychologist.
• People played an active role in maintaining their own health and wellbeing. People's weights were being recorded. One person, who was underweight, had increased their weight since moving to the service.
• People were supported to attend annual health checks screening and primary care services. Health action plans and regular health reviews were held by professionals and staff supported people to attend these.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
• Peoples independence was not always supported fully, despite the caring attitude of staff. There were issues with communication support, support with people's sensory needs and restrictions that were not assessed that we have reported on in other areas of this report.
• Staff knew when people needed their space and privacy and respected this. One staff told us that some people liked to come out of their rooms naked, so staff covered them up and kept their dignity. One person liked to walk nude so staff supported them back to their room to cover them and protect their dignity. All staff were observed to stop and knock at people's doors. However, one person liked to go to their room if they were anxious, and there were times they were not able to do this due to their room being locked.
• People with communication difficulties had their independence promoted. The manager told us, "We have activity plans in place but also encourage everyone to take part. So, for personal care we prompt and encourage people to take part in their care." Staff were aware that they had a duty of care to ensure people's hygiene and personal grooming was kept to a good standard.
• People had the opportunity to try new experiences, develop new skills and gain independence. One person told us they were ready to move to a more independent setting and were involved in searching for the right home for themselves.

Ensuring people are well treated and supported; respecting equality and diversity
• People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed staff supporting people over two days of inspection and saw some positive support and kind interactions.
• Staff were patient and used appropriate styles of interaction with people. One person was supported to watch TV; staff ensured the person held the remote and was shown which button to press. When the person chose a favourite programme, other people were asked if this was OK for them to watch.
• Staff were calm, focussed and attentive to people's emotions and support needs. People were offered the chance to help in preparing meals. Some people liked to do this and other people were less keen, but everyone was offered the chance in a positive and encouraging way.
• One relative told us, "I think [staff] are caring. They ask how we are and they tell me straight away how [name] is and if they don't know they get the key worker to call me." A second relative said, "The core staff team are caring and well-meaning for everybody."

Supporting people to express their views and be involved in making decisions about their care
• People were enabled to make choices for themselves and staff ensured they had the information they

needed. People had been involved in writing their care plans. Staff encouraged and sat with the person the care plan was about. The manager told us, "There is opportunity for people to respond. [Name] gets involved with his care plan and he gives feedback."

• Staff supported people to maintain links with those that were important to them. We saw that people had regular visits to and from friends and family members.

• One person told us, "I choose to stay up until everyone else is in bed, and it's lovely and quiet and I get to see the night team before going to bed. The staff don't stop me from doing things I want." One relative said, "[Name] takes pride in himself so when we visit, he asks the staff to put a shirt on, and they also put gel in his hair."

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

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

• The service did not always meet people's needs, including those with needs related to protected characteristics. All the people at Winchester House had a learning disability and many people were diagnosed with autism. Some people had sensory needs. The sensory room in the service had dark walls, a black ceiling and various items of unrelated furniture stored there. It did not meet people's needs and the manager told us, "At the moment it isn't really a sensory room." The manager confirmed the sensory room would be updated and renovated to meet people's needs.

• People's care plans did not consistently explore their needs, including their sensory needs. One person's care plan stated they did not like lots of people talking at once, but the person's sensory profile did not reflect this. People's sensory profiles had not been completed effectively to reflect people's sensory needs.

• The same person's positive behaviour support plan was not detailed in relation to what staff should do to offer the person structure and routine, and there was no understanding of the reasons for their behaviours. One staff told us they were trying to keep their own record of what worked and didn't work for the person, as there was no formal guidance. The person's support was not consistent as different staff tried different ways to support them. A second staff said, "It's been very hard to get [name] into a routine. He wakes, has bath and has breakfast. This is as far as we can get a routine. It's been hard to put structure."

• People's care plans did not always reflect their needs. This left people at risk of not having care and support that was individualised to their needs.

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.

• Staff were not always able to provide people with personalised, proactive and co-ordinated support in line with their communication and support plans. This is because people's plans did not reflect how they communicated or staff had not been trained to support people individually.

• Some people communicated using Makaton. Makaton is a spoken and signed language for people with communication difficulties. One person had adapted their own signs but their care plan did not explain what these were. One staff told us, "[Name] signs quite a bit but I couldn't tell you what some of them [signs] are to be honest. That is his main method of communication."

The failure to provide person-centred care plans and support is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
• We received mixed feedback regarding people's activities. One relative told us, "They started good groups like music etc that [name] enjoyed but this stopped with Covid. An activity man used to go in and [name] liked that." One person told us they had lots to do and staff helped them. Following our inspection, the manager told us about changes made to the way activities were sourced and provided, to ensure they were more person centred.
• Support did not always focus on people's quality of life outcomes and people's outcomes were not consistently monitored and adapted as a person went through their life. Some people we spoke with were not aware of their care plan goals. However, other people had been supported to achieve goals, such as move from the service to a more independent setting.

Improving care quality in response to complaints or concerns
• People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service had not received any complaints since registering with CQC.
• Staff told us the process of how they would explain to people when and how any complaints would be addressed and resolved.
• The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

End of life care and support
• The service had identified in an audit that there was a need for end of life care planning. The manager told us that most people would need MCA assessments and best interest decisions, with input from family or an advocate. There was an end of life checklist that covered the main subjects to be included in these care plans once prepared. The manager said, "We accept these end of life care plans should have been done long before now."
We recommend the provider consider current guidance on planning end of life care and take action to update their practice accordingly.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, and Continuous learning and improving care.
• During our inspection we found a number of areas of safety, and quality of care, that were below the level we expect for people using services. We identified five breaches of Regulations relating to safety, person centred care, consent, staff training and governance.
• Governance and auditing systems had not been effective in highlighting or putting right shortfalls we found. For example, an audit carried out in September 2021 had not identified issues with the environment we identified, such as the sensory room not being fit for purpose. It also noted an issue with staff training, but this had not been remedied when we inspected five months later. This showed that governance systems had not been used effectively.
• A senior manager had audited the service following the registered manager leaving employment and found incidents that had not been reported. This was actioned by the senior manager and staff were spoken to about the importance of ensuring incidents were reported in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• We received mixed feedback about the culture of the service and our observations confirmed this.
• One relative told us, "You need someone in the management post for at least two or three years, not three months. The staff working in the home are doing their best but higher management need to show their face a bit more; letters to relatives don't impress me, I've seen it so many times and it's not followed up."
• A second relative said, "[Name] should have a visual timetable, and I have made visuals for them and they never got used. I got someone from their old school to go in. One staff had an autistic son and started to use visual charts, but this wasn't kept up to date and didn't last long. Lots of things could be better." A visiting professional also told us about the lack of visual planners for a third person.
• An incident report had recorded an incident, which happened under the previous registered manager, where a person's support was not empowering or dignified. This was raised with the service by a visiting professional.

Governance systems were ineffective in assessing, monitoring and improving the quality of the service provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Another relative told us about the new manager, "They've got the right woman in the right place now, and

she knows what's what there." We spoke with the new manager about the culture in the service and they were able to give us examples of how they had challenged language used in reports, and how they monitored day to day support to ensure the culture was inclusive and person-centred.
• We observed the manager re-directing staff, in a positive and supportive way, when they were supporting a person in a manner that was not in their care plan. Staff told us they felt supported by the manager. One staff said, "I have had a lot of managers, in the past previous managers come and gone. Now it will be good for the house as I can see it being long term which is what we need. I see [manager] a lot on shift."
• The manager told us they felt more supported and there was a new role that had been created by the provider, for another management position that would support the manager via regular visits to the service and guidance. The manager said, "I know my role and expectation. Up to six weeks ago the registered manager had all the tasks to do, so now we share tasks and they will be achieved."

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 service apologised to people, and those important to them, when things went wrong.
• Incident forms had been marked to show that relatives had been contacted when something had happened to a person, or they had been anxious or upset.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff encouraged people to be involved in the development of the service. The manager had set up key working meetings so that people could ask for specific activities. The manager told us, "[Staff] can move what they were told in key worker meetings to people's support plans. Senior carers are reviewing support plans and also doing a 'wheel of engagement', so lots is happening now that wasn't a few weeks ago. Since the last manager left, I've had support and improvements are all in hand."
• We saw a matrix on the wall for people to have meetings with staff and discuss their care. One person told us they felt comfortable speaking with their staff and they felt that staff listened to them.

Working in partnership with others
• The manager and staff had been working with agency partners to support one person to move from the service. We spoke with the person who told us this had been a positive experience.
• People's private and confidential information was protected when information was shared with other agencies and services. The manager had started to use an encrypted email system and people had unique identifiers, instead of their names, when sending emails, to protect their identities.

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 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to provide person centred care plans and support.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to assess people's capacity and provide care in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to reduce risks to people relating to choking, constipation, epilepsy, and behaviours that may challenge.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure that governance systems were effective in assessing, monitoring and improving the quality of the service provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care	The registered provider failed to train, induct and supervise staff effectively.