Voyage 1 Limited

60 Cobham Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
60 Cobham Road is a residential care home providing accommodation for up to 6 people requiring personal care. The service provides support to people with a learning disability, sensory impairments and/or autistic people in one residential property. At the time of our inspection, there were 5 people using the service.

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.

People's experience of using this service and what we found
Right Support:
Staff supported people to live as independently as possible and have a level of control over their lives. People were provided with a choice in their day-to-day decision-making and families were involved in people's care. People's risks in relation to their care were generally managed and staff understood how to maintain and encourage people's independence. We observed there were sufficient staff to meet people's needs. We were assured that the service were following good infection prevention and control procedures to keep people safe. Whilst there had been previous instances of delays in accessing healthcare professionals, staff were now working well with them to achieve positive outcomes for people. The provider had recently employed staff to support people with their activities in the local community.

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.

Right Care:
People told us they felt supported by staff in a kind, caring and dignified way and we observed this. People's differences were respected by staff and they had undertaken relevant training to support people. This included training for learning disabilities and autism awareness. Feedback from relatives was mixed as some felt that there had been delays in seeking medical attention and that the activities provisions offered were not enough. People's right to privacy was respected and staff encouraged people to provide feedback about the quality of care in a format they could understand. Care plans were personalised and included information on people's healthcare needs, communication needs, preferences and social history. Care plans included steps to take to ensure people had regular access to a dentist and were following good oral care guidelines, however this had not always been followed. People were supported to enjoy the diet of their choice and staff encouraged them to have a nutritionally balanced diet. The service was located in a residential street with minimal information to indicate that it was a care home. The service was of a similar size as neighbouring properties.

Right Culture:
The provider's monitoring systems were not always effective in identifying and acting on shortfalls we found during the inspection. For example, we identified areas for improvement in relation to medicines documentation, some of which had not been identified by the provider's governance systems. Other areas of improvement had been identified by the provider's systems and there was an action plan to address these. Where we highlighted shortfalls, the registered manager took immediate action and implemented processes to ensure this would not happen again. People and their relatives told us they felt able to share concerns with the provider and that these would be addressed by the operations manager who was overseeing the service. Staff were complimentary about the registered manager and told us they were able to raise concerns.

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 (report published 14 March 2019).

Why we inspected
This inspection was prompted by a review of the information we held about this service and due to concerns received about medicines, staff failing to seek medical advice in a timely manner and staffing. A decision was made for us to inspect and examine those risks. Please see the effective and well-led sections of this full report.

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.

Follow up
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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

60 Cobham Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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
The inspection team consisted of 1 inspector and 1 specialist medicines inspector.

Service and service type
60 Cobham Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 60 Cobham Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced.

Inspection activity started on 7 February 2023 and ended on 19 March 2023. We visited the service on 7, 9 and 17 February 2023. We received further information on 19 March 2023.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 20 December 2022 to help plan the inspection and inform our judgements. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection
We communicated with 3 people who used the service and observed their responses. We spoke with 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, a support manager, an operations manager, a senior carer and carers. We observed interactions between staff and people who used the service. We sought feedback from 4 healthcare professionals and the local authority safeguarding team. We reviewed 5 people's care records, 5 people's medication administration records (MARs) and 5 staff files. We reviewed documentation relating to the management of the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at 60 Cobham Road. One person said, "Yes, I feel safe." Another person commented, "I actually do feel safe."
- Where allegations of abuse had been received, the provider investigated these appropriately and ensured safeguards were put in place by working with people and their families. Management had made referrals to the local authority,
- Staff had undertaken safeguarding and whistleblowing training and they understood what could constitute abuse and the steps they would take if they suspected it. One member of staff told us, "Physical abuse is raising your hands or shouting. Immediately I would report it to the manager. If it's the manager, then I would whistleblow. I will go online and check the number to call." Another member of staff said, "I would have to blow the whistle if it's staff. If it's my manager who is suspected then I would have to go higher or to CQC or to social services."

Assessing risk, safety monitoring and management

- People told us risks in relation to their care were managed appropriately by staff. One person who was at risk of choking told us, "They tell me to eat my food slowly."
- We observed staff supporting people in line with their risk assessments. For example, one person required aids to mobilise and staff supported them appropriately. Where a person was at risk of choking, staff were supervising the individual while they were eating. We saw in training records that all staff had undertaken dysphagia (swallowing problems) training.
- Individual risk assessments had been undertaken and there were instructions for staff to follow. Where a person expressed their feelings with an emotional reaction, there were clear instructions for staff to follow in order to de-escalate the situation such as listening to the person, playing music, completing a puzzle and if safe to do so, going for a walk.
- People had personal emergency evacuation plans in place. These included information on how to support the individual in the case of an emergency and provided first responders with the information to keep people safe. Fire checks of the premises had been undertaken regularly and areas for improvement had been addressed.

Learning lessons when things go wrong

- It had previously been identified that there had been shortfalls in the care provided and subsequent lessons had been learnt. The provider now supported the service by overseeing the day-to-day operation. One relative told us, "[Operations manager] is going to change the way that he works with families. I think [he] wants to make it work with everybody. He agreed that he needs to work with [the registered manager]

and he needs an action plan." The operations manager confirmed to us that they were addressing the concerns and provided supporting evidence.
● In another instance, where a person was not receiving oral care because they had declined this, lessons were learnt by the provider in ensuring families and healthcare professionals were informed in a timely manner. The provider had worked with the local authority to provide them with information so they could undertake enquiries. The provider agreed that people required a key worker to effectively communicate with relatives. A key worker is a member of staff who is matched to a person in order to ensure consistent care is provided and communicate directly with families.
● Staff had completed incident and accident reports when these had occurred. This included an analysis of events. The provider had looked at ways of reducing the occurrence of these and had reported these to the local authority.

Staffing and recruitment
● The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People told us they felt there were sufficient staff available. One person commented, "Yes, there's enough of them. I don't have to wait for them if I call them."
● Relatives told us that they did not feel there were always sufficient staff in the past but that this had improved now. One relative told us, "They've had shortage of staff. It's better now." Another relative said, "

Using medicines safely
● People received their medicines on time and there was no evidence people had missed their medicines or that medicines were administered excessively. One person told us, "They always give me my pills."
● Medication administration records (MARs), care plans and medicines profiles were not always consistently recorded to reflect people's medical information across different documentation. For example, we found some MARs and other documentation which were missing people's allergies and directions for the use of 'when required' (PRN) medicines. Topical-MARs (Medicines applied to the skin) were not always clear as to where to apply these. Whilst there was no evidence this had an impact on people's care because staff were able to tell us about the topical medicines people needed, there was a risk of a medicine being administered incorrectly. The provider had already identified this prior to the inspection and rectified it before the completion of the inspection. This is discussed in the well-led section of this report.
● Staff had undertaken training for the administration of medicines and they were supervised by a senior member of staff before administering independently. One member of staff told us in relation to medicines competency checks, "The senior supervised me before I was signed off."
● Where there had been medicines errors, we saw appropriate action had been taken, such as reviewing why the error occurred, looking at ways to reduce the risk of them happening again, and providing refresher training and competency checks to staff before they were able to continue administering medicines.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

● There were no visiting restrictions in place. Relatives told us they could visit at a time that suited them. One relative commented, "Basically, we can go when we want."

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.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There had been previous instances of staff not supporting people in a timely way to access healthcare services. The provider was now working with staff and relatives to refer people to relevant healthcare professionals and ensure staff were recognising signs of deterioration and acting appropriately. One relative commented, "They did act on it and they did do hospital appointments and they can't find anything. [Registered manager] has rung me to let me know about the tests from the doctors and hospital."
- The provider had recognised the previous shortfalls and worked with relatives to improve the way staff sought healthcare advice. One relative told us in relation to seeking appropriate medical attention, "[Operations manager] has said that he will change the way he works and make sure families will know. Had we known that he was there [previously], this may not have happened."
- We received mixed feedback from professionals with some commenting that they had not encountered concerns and some stating that the input from families had been vital in ensuring the placement did not fail. Comments included "I have asked all clinicians at the practice for feedback on any issues they have encountered with this care home and they all report no issues." and "I feel the service has not been transparent or honest until [operations manager] came on board. [Operations manager] has meet with family/myself and listened to our concerns and has begun to address them." The service had since appointed a new registered manager.

This is an area that needs to be improved. The provider needs to ensure that staff are consistently seeking medical attention in a timely way. Further time is needed to fully embed the improvements made into everyday practice.

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

- People's needs and choices were assessed prior to moving into the service to ensure these could be met. People and their relatives were involved in the process. Assessments included information on people's one-to-one hours, preferences, needs and objectives.
- People's needs were regularly reviewed and where relatives had raised areas of improvement, the provider worked with them to address these.
- The provider had ensured staff had completed training relevant to their role in order to support people in line with national guidelines. For example, staff had completed the Oliver McGowan mandatory training on learning disabilities and autism. We saw staff had ensured carers supplied through agencies had also undertaken this.

Staff support: induction, training, skills and experience

● Staff told us they had received an induction and regular supervisions to discuss personal development, performance and training needs. One member of staff told us, "They started to do the supervisions last year. You can say if you are not happy. I did the induction and shadowing (working alongside a senior colleague) when I came here."

● We reviewed training records which showed staff had completed an induction which included training for moving and handling, learning disabilities and autism, epilepsy awareness and basic life support. Where staff had not yet completed these, there were plans in place to ensure they did so within a specified timeframe.

● There were plans in place for all staff who have not previously worked in care to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

● People told us they were encouraged to eat a balanced diet but that their choices were respected if they did not wish to do so. People were encouraged and supported to prepare their meals independently. One person told us, "I do my own food. They help me."

● Staff had undertaken specific training in relation to supporting people to maintain a balanced diet. For example, staff had undertaken Food Safety Level 2 and 'Fluid and Nutrition' training. A member of staff told us, "I will ask them what they want to do. [Person] prepares [their] meal [themselves]. We just observe."

● Where people were at risk of losing weight, staff had worked with the GP and dietician to address this. One relative told us, "[Staff] said [person] is under a dietician as well to try and sort out this eating thing."

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

● Communal areas were accessible to all people who lived in the service. Bedrooms were personalised according to people's wishes and we saw people had helped in choosing the colours of their bedrooms. Bedrooms included people's own furniture where they wished to bring this, photographs of families and personal items.

● The service was decorated appropriately for people's needs and we saw there was some work ongoing to improve the premises with builders on site during our inspection.

● The service was located in a residential area and did not appear larger than other properties in the area. Where there were potential outward signs that the service was a care home, the registered manager immediately addressed these.

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.

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, 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.

● We observed staff interacting in a kind and respectful way. Staff offered people a choice and respected the wishes of people.
● Staff had undertaken training for MCA and DoLS and understood the principles in relation to their day-to-day work. One member of staff told us, "You do not consider a person to lack capacity until it is proven. You have to give every person the chance. I have done the training. Every decision you make has to be the best interest for the client."
● DoLS applications were decision-specific and the least restrictive option was considered. Staff had undertaken mental capacity assessments and best interest decisions which involved people's relatives and healthcare professionals. One relative told us, "The DoLS assessor – I got his phone call. I rang back and he said who he was. We started having this conversation about his visit."

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed interactions between people who used the service and staff. Interactions were kind and staff knew people's preferences. For example, where a person was showing signs of becoming upset, staff immediately acted and offered a distraction. This worked in managing the person's emotions and the person told us they enjoyed the activity and felt staff were kind.
- People told us staff were respectful towards them and respected their right to privacy. One person told us, "They respect me." Another person said, "I like to stay in my room. They respect that."
- Feedback from relatives was mixed. One relative told us, "I do think [person] is happy there. [Relative visited] and [person] seemed happy. [Person] wasn't nervous or anxious." Another relative commented, "Whilst individual staff are caring, this might not extend to agency staff who are neither familiar nor interested in [person's] needs." We discussed this with the operations manager who sent us assurances that this has been addressed.
- Staff had undertaken training for 'equality and diversity' and 'bullying and harassment'. Staff understood the importance of respecting people's space, providing dignified care and encouraging people's independence. One member of staff said, "I'm always learning how to speak to the residents and how to get the best out of them. We try to encourage independence as long as they are willing."

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

- Relatives told us they now felt involved in making decisions about people's care. One relative told us, "[Registered manager] has kept me up to date. We told them what he likes, what he doesn't like." Another relative commented, "[Operations manager] came to see us. There was a long meeting with him."
- We observed people being actively involved in making decisions about their day-to-day care. Care records reflected this and there were appropriate communication methods so that people were able to participate.

Good

Is the service responsive?

Our findings

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

● People's care and support was planned to meet their needs and respect their preferences. Care was regularly reviewed, and people were involved where they were able. We observed one person being supported by staff to update their care plans. One relative told us, "We told them what [person] is like, [person] does like to have [their] space but also [they] can be quite sociable. With [person's] personal care, [person] does need some help with that."

● Where a relative had raised concerns in relation to a person's care not being responsive, the provider took immediate action to address this. The relative commented, "[Operations manager] immediately took action and spent a week at Cobham Road with [support manager], a manager from another Voyage Care house. I subsequently, had two meetings with [support manager] to review paperwork and [operations manager] has been to see us and subsequently has been in contact again to update me on his plan to support [registered manager] further."

● Care records were personalised and included information such as autism assessments, what a good day looks like and how to support the individual in line with their wishes. We saw evidence that these had been reviewed regularly since the arrival of the new registered manager to ensure they reflected the person's current needs.

● Staff told us they were given sufficient time to read and contribute to people's care plans. One member of staff commented, "We keep reviewing the care plans. We definitely have time to read the care plans. If something is not right [within the care plan], I would tell [registered manager]."

● Oral care assessments had been undertaken by staff. These informed staff of the preferred type of toothbrush and how they should support people to regularly brush their teeth. This was not always effective and we have reported on this in the well-led section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Care plans included information on people's communication methods in line with the Accessible Information Standard. For example, information was available in easy-read format and we saw people had parts of their care plans in this format so that they were able to contribute.

● Policies and procedures were available in various accessible formats such as easy to read. This meant

people were able to access information in a format that suited them. For example, fire drill instructions for emergency evacuations were available and one person told us in response, "Yes, it helps."

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

● Feedback from people and relatives was mixed in relation to people being supported to follow their interests and take part in activities. One person said, "I went to the day centre. I've been to the cafes. It's my choice." One relative said, "It's just really getting [person] out and doing some activity and socialising." Another relative commented, "…it is only in the last few months that Voyage care have advertised for a 1:1 to support [person] to activities. I think there is acknowledgement that [person] is not receiving the support [they] should have."

● The provider had recognised prior to the inspection that people were not always encouraged to join in activities to reduce the risk of social isolation. Whilst there had been no activities staff at the service previously, the provider had completed the recruitment of an activities staff member who started during our inspection.

● Other people regularly attended church and people's wishes were respected. For example, one person used to enjoy going to church but no longer wished to. Staff encouraged the person but stressed that it was the person's choice whether they wished to go. One member of staff told us, "I give them the choices of everything they do. I get consent for everything we do. If it's an activity, then we get their opinion. I try to encourage them. We don't do anything against their will."

Improving care quality in response to complaints or concerns

● The provider took complaints and concerns seriously and there were processes in place to respond to complaints. Where there had previously been miscommunication, the provider stepped in and oversaw the service.

● Where relatives had complained about the quality of care, they told us that these were addressed when the provider was made aware and that the provider looked at the reasons and ways to improve the quality of care. One relative told us, "They have acted if we've had to bring anything up." Another relative said, "[Operations manager] is very meticulous. He is trying to understand why it happened."

● The complaints procedure was available in various formats and there was a complaints policy in place.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care through robust auditing of the quality of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's monitoring systems were not always effective in identifying and acting on some of the shortfalls we found during this inspection. There was a potential for missed opportunities to improve the quality of the service. The provider had acknowledged that there had been issues which they were actively addressing.
- Medication Administration Records (MARs) were not always completed in line with the provider's policy and the national guidance on managing medicines for adults receiving social care in care homes. Audits did not consistently identify this. The provider addressed all of the shortfalls immediately during the inspection and provided us with evidence that these had been completed.
- Other areas for improvement such as the provision of activities had already been identified by the provider's monitoring systems and action had been taken to recruit further staff, and there was an action plan in place. The action plan stated "If person we support chooses not to plan activities there is no evidence of this in the individuals support guidance. There is no evidence available to reflect the alternative ways people have been supported to lead meaningful, healthy, active lives and maintain relationships during the pandemic." This showed that the provider knew about the concerns and had taken steps to address these. The action plan had been updated to reflect the progress on this and we saw that this area had improved as a result.
- Where we highlighted areas for improvement during the inspection, the provider immediately addressed these and provided us with a plan on how they intended to maintain the improvements.
- There was a governance structure in place and staff felt supported in their role. One member of staff told us, "Definitely I am supported by this [registered] manager. The manager has ideas with improving and supporting the home. The manager says he is also a carer." Another member of staff said, "[Registered manager] feels aware of the shortcomings and we are working together."
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate. We saw in records that the local authority and other relevant agencies had been informed of incidents.

This is an area that needs to be improved. The provider needs to ensure that their monitoring systems identify areas that need to be improved. Further time is needed to fully embed the improvements made into everyday practice.

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

● People were complimentary about the management of the service. One person told us, "They're alright. They're kind." Another person said, "I like him. He listens."

● Relatives provided mixed feedback on the new management of the service. One relative told us, "[Operations manager] is outstanding. He gets it. There's an action plan for [registered manager] to work how to turn things around." Another relative said, "[Person] is happier here than the other place. We've spoken to [registered manager] and he seems fine."

● Staff were complimentary about the management of the service and said there was a positive culture at the service now. One member of staff told us, "With this manager, we are all doing things together. There's teamwork." Another member of staff said, "Things are a lot better now. Care itself is much better now. We realised that there was some things we need to do better. [Registered manager] is very understanding and he knows what we need to do better."

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 understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

● Relatives told us that the provider had been open and honest when things went wrong and apologised to them. One relative told us in response to the provider apologising when there had been an incident, "[Operations manager] is very apologetic. The following week, [social worker] called a meeting between [operations manager], [registered manager] and [social worker]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● We observed staff engaging people and asking them for their opinions on how the service should be decorated and which staff member they wished to be supported by.

● The provider had undertaken annual surveys with people who used the service, their relatives and staff. Feedback was generally acted on and there was a 'consolidated action plan' for long-term actions.

● Relatives were encouraged to be involved in their loved ones' care where they were able to. We spoke with relatives who were actively involved in their loved ones' care to support them to hospital appointments and to maintain their relationships.

● Staff told us they felt valued and engaged when they had ideas on how to improve the service. One member of staff told us, "My work is valued by this manager." Another member of staff commented, "I am valued. The manager always says thank you. He asks for my opinion for example about the rota and activities. They embrace the ideas."

● We saw in care records that the registered manager and staff had generally worked with them to achieve positive outcomes for people. People had annual medication reviews with their GP, and we saw people had been supported to attend medical scans.