

# David Adeolu Adekola

# Wurel House

## Inspection report

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Tel: 07879648163

Date of inspection visit:  
10 February 2023  
17 February 2023

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Wurel House is a small four bedroom supported living service and domiciliary care service providing support to people living in their own houses and flats. At the time of our inspection, 5 people received domiciliary care in the community and no one was living within the supported living service. All 5 people received a domiciliary care package providing support with personal care. This is help with tasks related to personal hygiene and eating. We also considered any wider social care provided.

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

#### Right Support:

Staff supported people to complete personal care tasks and activities. Staff enabled people to access specialist equipment and health and social care support in the community. However, processes were not in place to ensure equipment used in people's homes, such as lifting hoists and pressure relieving equipment, were safe to use or maintained. We did not identify that any equipment was not functioning correctly. We were unable to form a judgement about whether staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. This was because, other than the application of skin creams, the provider was not supporting anyone with management or administration of medicines. However, staff had received medicines training and had been competency checked.

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:

Enough staff were deployed; they were recruited safely and adequately checked to ensure they were suitable to work with people. However, individual risks were not always assessed and managed to keep people safe. Some care plans required further development to provide step by step guidance for staff to

reflect specific considerations of some risk assessments. We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate assessments of risk and care planning were always effectively managed.

#### Right Culture:

People and those important to them, were involved in care planning. Staff were able to communicate well with them. The provider had developed core values and behaviours for staff, which promoted a caring and enabling culture. People spoke positively about the service and the staff who supported them. However, the systems in place to audit the quality of the service were not always effective to alert the provider to the concerns and issues; audits had not picked up areas which were identified during this inspection.

People using the service told us the staff and manager were approachable and friendly; people felt safe when staff supported them and when they were in their home. Staff were introduced to people before they started to support them. People told us staff stayed for the full duration of the planned visit.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 29 June 2022) and there were breaches of regulation. These related to risk management, medicines management, infection control, recruitment staff deployment, safeguarding people from abuse, capacity and consent, staff training, assessment of care, records, complaints, reporting of notifiable events and effective systems to monitor and improve the service. We served the provider warning notices and asked them to meet the breached regulations by 31 May 2022.

We carried out a targeted inspection (published 24 November 2022) to check that action had been taken. We found that they had not been met and we took further enforcement action against the provider.

At this inspection we found areas of improvement but the provider remained in breach of some regulations.

This service has been in Special Measures since 29 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Enforcement

We have identified breaches in relation to risk management, care planning and quality assurance process at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Wurel 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

This service is registered to provide care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; the premises were unoccupied. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats. This inspection looked at their personal care and support.

The provider of the service was also the manager of the service.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the office was open, and staff were available to speak with us.

Inspection activity started on 10 February 2023 and ended on 24 February 2023. We visited the service on 10 and 17 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from partner agencies and professionals. 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 all this information to

plan our inspection.

During the inspection,

We spoke with the manager and the operations director. We reviewed 5 people's care records, risk assessments and daily records. We also looked at 7 staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the registered persons.

After the inspection we spoke with 3 relatives of people using the service and 2 care staff. We continued to seek clarification from the provider to validate evidence found. The provider supplied information relation to training, staff rotas and access to their electronic care records as requested during the inspection.



# 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 inadequate. At this inspection the rating has changed to 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, learning lessons when things go wrong

At our last inspections the provider had failed to protect people from risks. People's physical health needs had not been assessed and care had not been planned to keep people safe. This placed people at risk. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk assessments continued to contain unclear guidance for staff on how to meet people's needs safely. At the last inspection, risk assessments had been put in place, however they were not robust or consistent.
- At this inspection, a person's care plan did not make any mention of how they transferred out of bed or the equipment required to do this safely. There was no risk assessment or guidance for staff setting out a safe method for delivery of this support. This meant there was no guidance for staff about how to support them safely.
- Other risk assessments, for example, around catheter care and prevention of skin break down, contained key information needed to be incorporated into care plan guidance. Care plans did not include this information and staff did not have clear guidance in place to support people safely.

The provider had failed to protect people from risks, care had not been planned to keep people safe. This placed people at risk. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed the risk assessment was now in place and were reviewing care plans to ensure required staff guidance was in place.
- An appropriate system was in place which informed the provider of accidents and incidents and enabled them to be effectively monitored and investigated. This included near misses. The provider demonstrated how the reporting system had brought about the replacement of a defective piece of equipment at a person's house.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. Medicines had not always been



administered following prescriber instructions, there was no process in place to account for medicines in stock and medicines and medical equipment had not been returned to the pharmacy for disposal following the provider's policy. This was a continued breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection the provider's business model had changed; they did not support anyone with ordering, managing or administering of oral medicines. Where people received emolument skin creams, application was recorded, and guidance explained how and when the creams should be applied.

We were unable to form a full judgement about the safe management of medicines and will review this at our next inspection.

### Staffing and recruitment

At our last rated inspection (published 29 June 2022) the provider had not taken a robust approach to recruitment to ensure only suitable staff were employed to provide care. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 (Fit and proper persons employed).

- At this inspection, improvements had been made and staff recruitment was safe. Clear systems were in place and audits were completed to ensure employment histories were complete, gaps in employment were examined and relevant references obtained. DBS checks were completed as needed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's assessed needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Staffing).

- At this inspection, there were sufficient staff to meet people's needs. Care records and people confirmed that staff usually arrived when expected and stayed for the duration of the home visit. A relative commented, "The service has improved, it's much more reliable. If on occasion staff are delayed, they or the office call me to let me know."

- The provider used a computer-based system for staff rotas which also monitored attendance times for staff at people's houses. Analysis of this data found no missed calls and evidenced people received support punctually and for the expected amount of time. A member of staff told us, "The house calls are manageable, we have time to chat with people as well as providing care. Our rotas include travelling time between houses which is realistic."

### Systems and processes to safeguard people from the risk of abuse

At our last rated inspection (published 29 June 2022) the provider had failed to protect service users from abuse and improper treatment. This placed people at risk. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At this inspection, improvements had been made and people were protected from the risk of abuse. Staff had undertaken safeguarding training and knew how to identify concerns. The safeguarding policy had been updated and recently reviewed. People had received key information from the service including how to recognise and report safeguarding concerns.
- Staff and people were confident the provider would act when concerns were raised. A staff member said, "[Provider] would definitely deal with this, I feel comfortable and confident." If the provider failed to act, staff told us what action they would take and other agencies they would contact, such as the CQC or local authority safeguarding team.
- Where safeguarding incidents had occurred, they had been investigated and reported to the local authority as required. Action had been taken to reduce the risk re-occurring.
- People told us they felt safely supported by staff. A person said, "Yes, I feel safe. The staff are approachable."

### Preventing and controlling infection

At the last rated inspection (published 29 June 2022), we were not assured that the provider used effective infection, prevention and control measures to keep people safe. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection, improvements had been made and staff were following safe infection prevention and control practices. Staff and people confirmed PPE was used when delivering personal care, training records and staff verified food hygiene training had been delivered. A person told us, "I am happy that they have and use protective equipment, when they are supporting with personal tasks the staff wear aprons and gloves."
- The provider had spoken with each person they supported or with their family members about staff wearing face masks. Since this was no longer mandatory, staff respected people's personal choices and wore masks if requested.

# 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 inadequate. At this inspection the rating 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 support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff had appropriate training to ensure people's needs were met. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection, staff had received appropriate training and induction. Some staff had completed 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. All staff had shadowed experienced staff and were introduced to people before they started to support them, this included agency staff.
- Training was relevant to people's needs and delivered using a recognised training provider. Staff we spoke with thought the training received was "informative and suitable" for the needs of the people they supported. People or their relatives did not express any concerns about how staff supported them. A person told us, "They all seem to know what to do."
- The provider completed frequent spot checks of staff at people's homes. These looked holistically at the visit and the support provided. However, this did not amount to a competency check to ensure specific training was embedded safely into working practice, for example, when using a lifting hoist or ensuring catheter support was recorded fully. This was an area identified as requiring improvement.

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.

At our last rated inspection (published 29 June 2022) the provider failed to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection we found staff were following the principles of MCA. People's capacity to consent to care and support had been assessed and recorded. Care plans contained capacity assessments relating to the aspects of daily care, including for restrictive practices, such as the use of bed rails. The provider understood the principles of the MCA 2005 and was aware of the importance of respecting people's decisions.
- However, where people had a lasting power of attorney appointed for health and welfare decisions, the provider had not always retained a copy of the order to show the appointee was authorised to act and make decisions on another person's behalf. This was an area identified as requiring improvement.

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

At our last inspection assessments had taken place and care plans and some risk assessments had been created as a result of this. However, it was not always clear that people had been fully involved with the assessment process, none of the assessment documentation had been signed. This was an identified area for improvement.

- At this inspection, the needs of each person had been assessed, these considered all aspects of daily life, end of life care needs as well as people's diversity. These assessments were used to develop care plans and the basis of support. Needs assessments had been reviewed regularly and updated when people's needs had changed.
- Some people had been assessed as sometimes exhibiting behaviours that may challenge. There were risk assessments and guidelines in place for staff to manage this effectively and safely. These focused on triggers for any changes in people's behaviour and the specific actions that staff should put in place to support that person.
- At our last inspection the service was supporting people with learning disabilities. We found that assessments did not contain goals or pathways for people. As the service was not currently supporting people with learning disabilities, we were unable to form a full judgement about clear pathways to future goals and aspirations, and will review this at our next inspection.

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

At our last rated inspection (published 29 June 2022), the provider failed to assess the risks to the health and safety of people to ensure people received safe care and treatment. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found people were supported to maintain a balanced diet by staff. People were

happy with their call times and regularity of staff calls, this reduced the risk of malnutrition and dehydration.

- Staff supporting people with meals had completed food hygiene training and people were happy with the meals provided. A relative told us, "Call times are much more regular, they suit when we need them and are agreed with the manager. There are no problems with staff preparing meals, they know the food mum likes."

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

- Staff supported people to access healthcare services in an effective and timely way. Staff called an ambulance, accessed medical support using 111, arranged for district nurse visits and referred people to the GP as needed. Where a need was identified for specialist equipment, such as lifting hoists, profiling beds and pressure relieving equipment, the manager liaised with relevant agencies to ensure this support was in place.
- Staff were clear about the action they would take when a person presented as unwell. There were clear records when actions had been taken, referrals had been made on to healthcare specialists when required and the results recorded.
- People's needs were detailed within hospital, or care passports. This provided details to clinical staff as to what the person's current health and care needs were should they be admitted to hospital.
- The service worked with others to ensure people were appropriately supported. There remained clear and regular communication between the service and social workers and commissioners to keep relevant people informed of changes and concerns. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

# 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 rated inspection (published 12 December 2019), we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to express their views and be the decisions makers about their care.
- People and relatives were involved in planning and reviewing of delivery of care. Relatives spoken with were happy people received the right care. A person told us, "We see the manager often, he calls at the house to check everything is okay and to see if we are happy with the staff and how they deliver care. He also rings us every month or so to see if there are any problems or if any changes are needed."
- People were able to express their needs and received care and support they wanted in the way they preferred. People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of dignity and privacy and maintained this and their independence when supporting people. The provider and staff remained respectful whenever they were in people's homes. For example, they ensured doors and curtains were closed and kept people covered up to preserve their dignity.
- Staff understood the importance of respecting people's individual rights and choices and supported some people in a nondirective way. This empowered people to do as much as they wanted to support themselves, with the knowledge that staff would support them should they need it.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected equality and diversity. People's care records contained information about their background and preferences, staff were knowledgeable about these. Staff had read people's care plans. Relatives told us they felt staff were clear.
- A relative told us they felt staff were always respectful of their home and were courteous and polite when they spoke with them. They told us, "Staff are patient, calm and friendly and smiled when they supported [Person]."
- Staff knew the person they were supporting well. Staff told us they had enough time to deliver care and chat with people. A relative commented, "[Person] looks forward to staff visiting."

# Is the service responsive?

## Our findings

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# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last the provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection, although some improvement had been made, audits of the quality of the service remained insufficient to alert the provider of care planning and risk assessment inconsistencies. For example, audits had not identified a missing risk assessment to support a person with a crucial piece of equipment. Other care plans lacked detail to ensure people were supported consistently and safely. For example, care plans did not provide step by step guidance for staff reflecting specific considerations of risk assessments around skin integrity checks, equipment functionality checks or use of hoists.
- Records remained incomplete or lacked sufficient detail. For example, catheter care records did not always detail when weekly use catheter bags had been replaced. Records of repositioning people, to reduce the risk of pressure areas, did not detail if people had been positioned on their left side, right side or their back. This, together with a lack of records about the correct functioning of pressure relieving equipment, made it difficult to determine the consistency and effectiveness of these measures.

The provider had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, serious injuries and deaths had not been reported to CQC without delay. The failure to notify CQC in a timely manner about incidents that had occurred was a breach of regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of Regulation 16 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.



- At this inspection, CQC had received required notifications from the service. The provider told us they now understood their role and responsibilities. Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths.

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

At our last inspection, the provider had failed to acknowledge, investigate and take action in response to complaints. This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 16.

- The provider's complaints policy had been reviewed, it referred to current regulations and signposted people to where they could complain if they were not satisfied with how their complaint had been dealt with. People confirmed they had received information about the new complaints policy and knew who they could complain to outside of Wurel House if they felt they needed to.
- The provider regularly met with people and relatives to review the delivery of care and ensure any concerns or complaints could be dealt with at the earliest opportunity. The provider had not received any complaints since our last inspection.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed a copy of their rating on their website.

Working in partnership with others

At our last inspection, the provider had failed to evaluate and improve their practice to continually assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider was working in partnership with others. They attended local and national events and forums to make sure the practices they were following were current and best practice.
- They had signed up to well known, reputable websites to find advice and guidance such as Skills for Care, Home Care Association and CQC Webinar. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners, and regulators expect.
- The provider had commissioned an external company to audit Wurel House twice a year, examining policies, processes and delivery of care. The first audit had been completed a week before this inspection and the provider was awaiting sight of the report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive staff culture and the provider engaged people, relatives and staff. We received generally positive feedback from staff about the support they received from the provider. Some staff felt the management team in the past were not always approachable but recognised this had improved.

- The provider visited people receiving a service about every month, either as a spot check or care review visit. A staff suggestion scheme was in place but, to date, had been little used. Staff meetings were taking place regularly and a group chat ensured effective communication of urgent messages.
- Seven compliments had been received since our last inspection thanking staff and the provider for care and support provided. Relatives were positive about the care and support from care staff. Relatives were complimentary about the staff who supported their loved ones and the compassion of the service provided.
- The provider had not yet developed surveys for staff, visiting professionals, people or their family member. This is an area identified as requiring improvement.

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 had failed to protect people from risks, care had not been planned to keep people safe.</p> <p>Regulation 12 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider systems or processes had failed to assess, monitor and improve the quality and safety of the services provided, assess, monitor and mitigate the risks relating to the health, safety and welfare of service users or maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>