Headzpace Therapeutic Care Limited

Regus 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?	**Inadequate**

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.

About the service
Regus House is a supported living service providing support and personal care to young people with a learning disability, autistic people and people who need support with distressed behaviours. People using Regus House receive care and support within their own, individual supported living houses.

The Care Quality Commission inspects the care and support the service provides to adults but does not inspect the accommodation they live in. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating. At the time of our inspection, two people were receiving support with personal care.

People's experience of using this service and what we found
Right Support:
The provider had improved records and practices relating to one person's restrictions around their care and support. People's care plans included some mental capacity assessments. These required further development as they were not decision specific. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not consistently support this practice. Some people who were unable to consent to restrictions did not have these assessed under the Mental Capacity Act 2005 as required. We have made a recommendation about how decisions are made for people whilst the provider waits for local authority commissioners to provide this information.

The provider had made some improvements to ensure information in people's care and support plans included the guidance staff needed to provide effective care. Improvements included the identification and management of risks. Further improvements were required to ensure records were person centred and accurate.

The provider had improved staff awareness and understanding of safeguarding and the reporting of incidents. Further improvements were needed as policies were not reflective of adult safeguarding procedures and low level minor incidents and 'near misses' were not always recorded or analysed. The provider had reviewed and developed staff training. Staff spoke positively about the training and support they received.

Right Care:

People were at risk from not receiving their medicines as prescribed. Staff were not consistently following best practice in administering and recording medicines. The provider had failed to implement the required improvements to medicine records since our last inspection.

The provider had developed and improved positive behavior support and interventions for people using the service. Positive behavior support plans required further development to ensure these were fully person-centred. People told us they were happy with the staff who supported them.

Right Culture:
Quality monitoring systems continued to be insufficient to identify shortfalls and drive continuous improvement in the service. The provider was not proactive in ensuring improvements and changes were made through timely action.

Stakeholders continued to express concern around the poor response of the registered manager and provider to requests for information. We experienced a lack of response following requests for supporting information following our inspection visit. This remains a concern from our previous inspection.

People told us they were able to raise concern and complaints about their care and support with the management team. There were no formal systems to ensure people were fully engaged and consulted about the service.

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

Rating at last inspection (and update)
We carried out a comprehensive inspection (published October 2021) and rated the service as requires improvement. We found two breaches of the regulations and issued a warning notice. We carried out a further focused inspection (published December 2021) and rated the service as inadequate with four breaches of the regulation. The service was placed in special measures.

Why we inspected
The inspection was prompted in part due to concerns received around the governance and leadership of the service. As part of this inspection, we reviewed the warning notice requiring the provider to be compliant with Regulation 17, Good governance. We have found evidence that the provider needs to make improvements. Please see the safe and well led section of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches in relation to safe care and treatment and good governance at this inspection.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two

consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

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 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Inadequate

Regus 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
This inspection was carried out by two inspectors.

Service and service type
This service provides 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; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. This was because the service is small and people are often out and we wanted to be sure we could access the office. We also wanted to check that the people supported by the service were happy to meet with us.

What we did before inspection
We reviewed information gathered during our monitoring assessment and information we had received about the service since the last inspection. This included notifications made by the service and concerns

raised with the Care Quality Commission. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with two people who used the service and two relatives about their experience of the care and support provided. We spoke with six members of staff including the registered manager, director, nominated individual and three care staff. We also spoke with two health and social care professionals. We reviewed a range of records. This included two people's care and support plans and records, including medicine 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 visit
We continued to seek clarification from the provider to validate evidence found. We requested clarification and further evidence around staff training and allocations and incident management. We continued to gather evidence and talk with staff and managers until 21 March 2022.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection, this key question improved 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.

Using medicines safely
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

● There was a risk people were not receiving their medicines as prescribed. One person's medicine plan stated they should receive a particular medicine between the hours of 7.00-9.00am. Medicine administration records (MARS) showed the person regularly received this medicine between one and two and a half hours outside of this time frame. Medicine records did not include any protocol to support this practice. This had been a concern from our previous inspection and we found no improvements had been made.
● The registered manager had implemented some protocols for medicines which are taken as and when required. Further improvements were needed to ensure they were effective in supporting the safe administration of these medicines. For example, a protocol for one person's medicine stated no more than eight tablets to be taken in 24 hours. However, this failed to include guidance on time spacing between each dose to avoid overdosing. Staff were giving a second person medicine without a protocol for guidance. We found large variations in the dosage given with no recording of why or evidence of GP or pharmacy guidance. This meant there was a risk people did not receive medicines safely and in line with medicine product licence guidance.
● At our last inspection, we found staff were not following safe practices in administering and recording controlled drugs. At this inspection, we found no improvements had been made. We were told medicine plans had been updated. However, we found medicine records remained inaccurate. For example, one person's medicine plan including a medicine that their care plan stated was no longer used.
● MARS records lacked essential information about the person, had missing signatures where staff should sign to confirm administration and failed to record reasons why people had declined to take their medicines. The provider had failed to follow best practice as outlined in National Institute for Health and Care Excellence (NICE) Guidance NG67. This guidance covers safe medicines support for adults (aged 18 and over) who are receiving social care in the community.

The provider had failed to ensure the proper and safe management and administration of people's medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had recognised, through their medicine audits prior to our inspection visit, improvements

were needed in the management and administration of medicines. They had arranged for all staff to complete refresher training in the safe management and administration of medicines.

Assessing risk, safety monitoring and management

● The provider had developed interventions and strategies for people to manage risks associated with distressed behaviours. Guidance was based on the positive behaviour support framework (PBS), which aims to reduce behaviour that challenges and increase quality of life through person-centred strategies and interventions. Although this was an improvement made since we last inspected, strategies required further review and development to ensure they were fully person-centred.

● For example, staff demonstrated they were fully aware of PBS strategies and the recommended interventions. However, staff were able to describe more in-depth, personalised information around interventions and strategies that was not included in PBS plans. This meant there was risk staff who were new to people would not have this in-depth information before providing care and support.

● The registered manager shared the provider's policy on positive behaviour support. This was not appropriate for people using the supported living service because it was aimed at providing care and support to children, not adults.

● Where people were at risk from leaving the service without support, this was supported by detailed protocols, including the Herbert Protocol for missing persons. Staff we spoke with demonstrated a good understanding of these protocols. We found records needed to be updated to include risk of leaving without support during specific activities.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems were not robust enough to demonstrate that people were safeguarded from the risk of abuse affectively. This placed people at risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of Regulation 13. However, further improvements were needed in managing safeguarding incidents.

● The provider had improved the notification of safeguarding incidents overall. This enabled external agencies to ensure timely and effective action had been taken to safeguard people.

● One person described an incident with a staff member in their home. This incident was not recorded in the person's support plan or daily support notes. We raised this with the nominated individual who told us they would follow this up.

● The provider's safeguarding policy was not fit for purpose as this referred to children not adults. Additionally, the provider had only informed the authority who commission the care of incidents and safeguarding. They are required to inform the local authority for their registered location. The registered manager told us they would amend this following our inspection.

● Staff were aware of the measures they needed to take keep people safe. All staff had completed specific training to support effective intervention and safe restraint if required. All staff were aware of restraint being used as an absolute last resort for one person due to the potentially negative impact for the person.

● Staff described some inconsistency in staff awareness of protecting people from harm. Such as keeping windows locked to reduce the risk of people leaving without support and managing access to the COSHH storage which included harmful objects. The provider was aware of this and regular met and communicated with staff to ensure consistency in staff working practices.

● People told us they felt safe with the staff who were supporting them and felt able to raise any concerns directly with the management team. Relatives described staff as keeping their family members 'as safe as they can be'. Relatives told us if they had raised concerns about their family member's safety, the provider

had taken action. For example, in the event of staff misconduct or poor working practices.

Staffing and recruitment

● Sufficient numbers of staff were deployed to meet people's needs. It was not clear if one person received the correct night support in line with their commissioned hours. The provider was working with commissioners to seek clarification and was ensuring the person was safe pending this information.

● The provider followed safe recruitment practices in obtaining relevant pre-employment history, references and checks before staff commenced working in the service.

● People usually received care and support from a consistent team of staff. On occasions, the provider used staff who were assigned to the children's services to cover shifts. These staff had not completed a check with the adults Disclosure and Barring Service (DBS). Although they had a DBS check for children, a DBS check for adults is a different register and therefore it is important to check staff are safe to work with adults who use care and support services. Following our inspection, the registered manager told us they would ensure all staff who support adults had an appropriate DBS check.

Learning lessons when things went wrong

● Staff told us the provider had improved the recording of and learning from incidents, such as people leaving the service without support. This included post-incident review to identify any lessons learnt

● Incident logs detailed actions taken in response to incidents and lessons learnt. However, there was no formal analysis of this information to see at glance trends and patterns in incidents. This would support staff to identify any new measures to reduce known risks.

Preventing and controlling infection

● Staff supported people to understand infections such as COVID-19 and measures to take to help reduce the spread of the virus.

● People were potentially at higher risk of infections, such as COVID-19, due to lifestyle choices. The provider had completed generic COVID-19 risk assessments and contingency plans. However, they had not completed a person-centred risk assessment for each individual which recognised this as a risk, or identified the measures needed to reduce potential risks. This was not in line with their policy on infection prevention and control which stated, 'at the commencing of care or support, risk assessments are carried out on individual service users concerning the prevention of infection.' Staff told us they worked with people, alongside health and social care professionals, to help them understand specific risks.

● Staff had received training in infection prevention and control and underwent regular testing for COVID-19.

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, this key question was rated Requires Improvement. At this inspection, this key question remains Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. 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 inspection we found people's care was not always delivered in line with standards, guidance and the law. This was a breach of Regulation 11: Need for consent, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made sufficient improvements and was no longer in breach of Regulation 11. However, further improvements were needed to ensure records reflected people's consent to care and support.

- Mental capacity assessments had been undertaken with people, for example, support in managing finances and medicines administration. Care plans included people's abilities and day to day decision making. Mental Capacity Assessments required further development to include decision specific assessments, such as consent to activities and home environment.
- People's care and support plans included decisions they were able to make for themselves and who was involved in decision making in their best interests. People confirmed they were able to make choices and decisions about their care and support within authorisations.
- Restrictive practices for one person, including locked doors and windows and constant supervision, were supported by evidence of appropriate authorisation from the Court of Protection.
- Restrictive practices for a second person, that were requested by the local commissioning authority, were not supported by any evidence of appropriate authorisation. At the time of our inspection visit, the provider was still waiting for appropriate authorisation for these restrictions.

We recommended the provider reviews restrictive practices and undertakes decision specific mental capacity assessments in line with current best practice, whilst waiting for the commissioning local authority

to provide this information.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● A pre-admission assessment was undertaken with any people moving into the supported living service. Care and support plans had been developed to include people's needs, wishes and preferences. Information included people's lifestyle choices and relationships.

Staff support: induction, training, skills and experience
● Staff spoke positively about the training and support they received from the management team. One staff member told us, "The training is amazing, though it can be overwhelming in terms of how much we have to do. They [managers] put training on in the office too so we can get together and have discussions. This suits me as I learn better asking questions face to face and having discussions rather than just e-learning."
● The provider had completed a review of training for staff and made changes including changing training providers and introducing more face-to-face and distance learning training.
● Staff spoke positively about the positive behaviour support training provided. They told us this gave them more confidence and greater awareness of people's distress and responses.
● Staff felt supported by the management team and felt managers were responsive when they needed extra support and guidance.

Supporting people to eat and drink enough to maintain a balanced diet
● People had risk assessments and support plans in place related to eating and drinking safely. Staff encouraged people to eat a healthy, balanced diet. One person told us, "I don't really cook, more reheat. Staff are trying to help me get out of this habit."
● People confirmed staff encourage them to cook together and supported them with meal planning and food shopping.
● One person was at nutritional risk. Care records showed, and the person's relative confirmed, staff were working with health and social care professionals to try to provide the support they needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access routine and specialist healthcare on a regular basis. Staff were clear on actions to take in the event a person needed urgent medical treatment.
● Care and support plans were focused on supporting people to maintain their health and well-being. For example, activities to keep people engaged and stimulated and time to talk to support people's emotional well-being.
● Hospital passports, which are important to provide health care staff with essential information about the person's needs, wishes and communication, were not fully completed.
● Staff worked with a range of health and social care professionals involved in people's care and support. Professionals reported difficulties or delays in obtaining information from the service, for example, information for case reviews. The service experienced challenges through delays or lack of transitional planning from the local commission authority for people wishing to move on.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained 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

- Some language used to describe people was not person centred. We reviewed support logs for a person in March 2022 and found two entries where the person was referred to as 'misbehaving' and 'naughty'. These were not dignified ways of referring to the person. This was a concern from our previous inspection and demonstrates improvements were not fully embedded into staff approaches or practices. The registered manager told us they would address this with individual staff.
- Since our last inspection, there had been additional incidents of staff speaking disrespectfully or unprofessionally with people. The provider had taken appropriate action against staff which removed immediate risks.
- People described how staff supported them to develop their independence, such as home life, relationships and making day to day decisions.

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

- Care plans required further development to demonstrate people had been fully involved in developing their care and support. For example, there was little evidence that relatives had been involve din care planning. One person described their goals and aspirations but these were not clear from their care and support plan.
- One person told us, and staff confirmed, people expressed their views and opinions about their care. We saw one person discuss a new objective they wanted included in their care plan, with the management team.

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

- People told us staff who knew them well were able to identify when they were in a positive mood or when they were in a low mood. One person told us, "I don't like meeting new staff. It makes me anxious. I know I have to manage meeting new staff though."
- The provider respected change made people anxious and strived to ensure people received care from a consistent staff team who knew them well.
- People's individuality and diversity was upheld and respected through personalised care and support.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained 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 provider had updated care plans and records in response to our previous inspection findings. However, we found gaps and inconsistency in information that required further review to ensure care plans were reflective of people's current needs. For example, incomplete hospital passports, goals and objectives were not fully up to date, positive behaviour support plans were not fully person centred.
- Care plans failed to evidence how people, and those important to them, had been involved in the review of their care.
- Staff were able to provide detailed information around how they supported people. This information was not included in people's care and support plans. This meant information that was important to people may not be available to staff who were not as familiar with the person's needs.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise concerns or complaints. People raised these with members of the management team rather than directly with staff as historically people had referred to managers whilst they resided in children's services.
- Relatives felt able to raise concerns about their family members care if they needed to. One relative told us, "I would say they [staff] listen to me about 80% of the time."
- The provider's complaints policy and procedure was not fit for purpose. The policy refers to complaints being escalated to Office for Standards in Education, Children's Services and Skill (OFSTED) which is not relevant for this adult service. The policy and procedure failed to direct complainants to the Care Quality Commission or local authority commissioners and did not provide any references or contact for the Local Government and Social Care Ombudsman, the final stage for complaints.

We recommended the provider review their complaints policy and procedure to ensure it provided the information people and their relatives needed to raise concerns and complaints.

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 carer's.

- The provider understood their responsibility to follow AIS and told us they could access information in different formats to meet individual needs. We saw evidence of visual aids such as weekly planners to help people plan ahead.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had planned, individualised activities. One person described an activity that they really enjoyed. They told us, "Headzpace are helping me to follow my dreams." A second person described the various activities they were engaged with, including shopping and outdoor activities.

● Staff had worked with people to ensure they were as safe as possible when out and about. For example, one person had received support to use social media safely and be aware of internet dangers. A second person was supported to understand acceptable behavior in the community.

● Relatives confirmed they had regular contact with their family member and staff supported people where they wanted to maintain friendships and relationships.

End of life care and support

● People being supported at Regus House were younger adults and nobody was currently receiving end of life care. People had been given the opportunity to discuss their end of life wishes.

Inadequate

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 as Inadequate. At this inspection, ths key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider's governance systems were not effective enough to consistently assess, monitor and improve the quality and safety of the service. This was as a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a Warning Notice. At this inspection we found some improvements had been made but the requirements of the Warning Notice had only partially been met. The provider demonstrated they were unable to make all the required improvements and have been unable to achieve a good rating as a minimum standard. They remain in breach of Regulation 17.

- The registered manager completed audits of aspects of the service. However, these were not sufficiently robust to ensure people received high quality care.
- Where shortfalls were identified by audits, effective action to remedy them had not been taken and improvements were not made in a timely manner. For example, audits of medicines identified errors in medicine records in November 2021 and January 2022. We found errors had continued through to March 2022. Effective, timely action had not been taken to remedy the errors and improve staff working practices.
- The provider had failed to implement improvements to medicine administration charts, despite being provided with guidance at our previous inspection.
- The provider had made improvements to care and support plans, including positive behavior support records. Audits had failed to identify further development was needed to evidence people, and those important to them, had been involved in the development and review of their care. Audits had also failed to identify further work was needed to ensure support plans were fully person centred.
- The registered manager and management team continued to be very slow in responding to requests for information. We requested clarification around a potential safeguarding incident that had not been recorded for one person and clarification around on person's commissioned hours for night time support. We have still not been provided with information around the potential safeguarding incident.
- Poor and/or slow communication from the provider to external stakeholders was a concern at our last inspection and continues to be a concern. This demonstrates the provider's lack of response to making improvements and implementing learning when things went wrong.

Systems to monitor the quality and safety of people's support were not effective. There was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People who were supported by Regus House told us they were happy with their care and support. One person told us, "Staff are helping me to achieve my goals."

● People, staff and relatives were not fully engaged in the service. People and relatives were able to share their views and opinions on an individual, informal basis. However, there were no formal methods of gathering people, relatives and stakeholders feedback about the service.

● Although people felt able to share their views, they only described raising concerns with members of the management team. They did not fully identify staff as being able to listen to and resolve their concerns. This was improving following the appointment of a more consistent staff team.

● Relatives and stakeholders described difficulties in making contact with the registered manager or management team and being reliant on staff for updates about their family member's care and incidents.

● Staff felt informed and involved in the service and were able to share their views with the management team.

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. The provider was open about areas in which they needed to improve. They had acknowledged and taken action when things had gone wrong.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of people's support were not effective

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management and administration of people's medicines.

The enforcement action we took:

Warning Notice