Achieve Care Solutions Ltd

West Malling

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

West Malling service is a domiciliary care agency registered to provide personal care to adults with physical disabilities, learning disabilities, eating disorders and those with mental health conditions. It provides care to people living in their own houses and flats. Not everyone using West Malling receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection West Malling provided a service to four adults with learning disabilities.

The inspection took place on 10 and 11 January 2018 and was announced. It was the first inspection There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people, the environment and equipment were not always assessed or managed properly. People's nutrition and hydration needs were not always managed in a way that kept them safe. Some people's medicines were not always managed safely. People were not always recruited in a safe way because full checks were not always carried out on new staff. We made a recommendation about this. Accidents and incidents were not always being reviewed and analysed by the registered manager in a robust manner. We made a recommendation about this. People were protected from abuse by staff who were knowledgeable about safeguarding processes. There were enough staff working to meet the needs of people. People were protected by the prevention and control of infection.

People's needs and choices were not assessed when they started using the service. We made a recommendation about this. The registered provider had not always ensured that the principles of the Mental Capacity Act were adhered to when assessing people's capacity to make decisions and give consent to care and treatment. When people had difficulty making decisions or giving consent the proper processes had not been followed to assess their mental capacity. Staff were trained and their skills and competence checked by the management team. People had enough to eat and drink to meet their needs. Each person had a meal plan in place. People's care records showed many health and social care professionals were involved in their care. This included care managers from the local authority, GPs, local advocacy services such as IMCAs, speech and language therapists and dentists.

Staff were encouraged to develop positive, caring relationships with the people they support. Staff were seen to be kind and compassionate towards people and were able to communicate to people in ways that were understood. We observed people being involved in the planning and review of their care. People's privacy and dignity was respected at all times. All staff we spoke to told us how important it was to treat people with respect and to maintain their privacy. Staff were supportive of people's rights to personal relationships.

People's care plans did not always reflect their physical, mental, emotional and social needs. Through observations we saw that people were being supported to live active and meaningful lives, but this support was not always recorded accurately. The care plans we saw did not always include details about people's wishes and preferences. People were supported to take part in meaningful activities and to engage with the local community. Staff told us that they supported people to activities like going to the cinema, attending a local day centre and attending a local college. However care plans did not always provide any information on specific activities. We made a recommendation about this. People's concerns and complaints were not always responded to. We made a recommendation about this.

Quality audits were not always effective in identifying shortcomings and were not always used to make improvements to the service, and the registered provider did not systematically seek views from staff, people who used the service or their relatives. Care records were not always up-to-date. The registered manager ensured the service was managed in a way that was transparent, honest and person focused. The registered manager understood the legal requirements of their role and discussions with staff showed there was an inclusive, open and transparent nature to the service.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always Safe.

Risks to people, the environment and equipment were not always assessed or managed properly.

People's nutrition and hydration needs were not always managed in a way that kept them safe.

Some people's medicines were not always managed safely. People were not always recruited in a safe way because full checks were not always carried out on new staff.

People were protected from abuse by staff who were knowledgeable about safeguarding processes.

There were enough staff working to meet the needs of people.

People were protected by the prevention and control of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs and choices were not assessed when they started using the service.

The registered provider had not always ensured that the principles of the Mental Capacity Act were adhered to when assessing people's capacity to make decisions and give consent to care and treatment.

Staff were trained and their skills and competence checked by the management team.

People had enough to eat and drink to meet their needs.

People's care records showed many health and social care professionals were involved in their care.

Is the service caring?

Good

The service was Caring.

Staff were encouraged to develop positive, caring relationships with the people they support.

Staff were seen to be kind and compassionate towards people and were able to communicate to people in ways that were understood.

People's privacy and dignity was respected at all times.

All staff we spoke to told us how important it was to treat people with respect and to maintain their privacy.

Staff were supportive of people's rights to personal relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always reflect their physical, mental, emotional and social needs.

The care plans we saw did not always include details about people's wishes and preferences.

People were supported to take part in meaningful activities and to engage with the local community.

People's concerns and complaints were not always responded to.

Is the service well-led?

Requires Improvement

The service was not always effective.

People's needs and choices were not assessed when they started using the service.

The registered provider had not always ensured that the principles of the Mental Capacity Act were adhered to when assessing people's capacity to make decisions and give consent to care and treatment.

Staff were trained and their skills and competence checked by the management team.

People had enough to eat and drink to meet their needs.

People's care records showed many health and social care professionals were involved in their care.

West Malling

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available.

The inspection took place on the 10 and 11 of January 2018, and was the first inspection at the service. It included visiting the site office, visiting two people in their homes with staff present and speaking to people's relatives on the phone. The inspection consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We focused the inspection on speaking with people who use West Malling services and staff. We spoke to two relatives of people using the service, four staff, and the registered manager. We visited two people at home, with their agreement, where we made observations of staff interactions. We looked at four people's care plans, four staff files, staff training records, quality assurance documentation and people's medicine records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe being cared for by West Malling. One person told us, "They look after me." A relative told us, "Yes, I always regard that he is safe there under their care". However, we did not always find the service was Safe.

Risks relating to people's mental health and behaviour were not assessed or managed properly. One person often displayed behaviour that challenged staff who supported them. There was a risk assessment in place which identified the potential behaviour, but it suggested referrals be made to health professionals when the behaviour occurred rather than providing support to staff on how to manage the immediate risks. Although staff told us they knew the people very well and knew how to manage the behaviour, we found this was not always the case. For example, an incident took place in the community when a person was agitated. The support worker accompanying them at the time found it difficult to calm them. When we discussed the issue with another support worker who had known the person for some time, they described what they would have done to prevent the situation occurring in the first place. This information was not available to all staff and was not recorded on the risk assessment. We brought this to the attention of the registered manager who reviewed and revised the risk assessment for the individual.

Risks to people's health and nutritional wellbeing were not always managed effectively. Each person had a risk assessment in place for eating and drinking, and one person's risk assessment identified a risk of choking and aspiration pneumonia. To mitigate against this staff were advised to thicken drinks. However, information recorded on the persons file showed six weeks before the inspection health professionals had advised the person should have nil by mouth. The risk assessment had not been reviewed or revised. Staff were knowledgeable about the needs of the person and were following the guidance from the health professionals. However, if new staff were required at short notice the risk assessments would not provide them with accurate information to help keep the person safe. We spoke to the registered manager about our concerns, who confirmed that agency staff were not used for this person's care, so the risks were low. Another person's relative told us they had lost a significant amount of weight in recent months.

Risks relating to the environment and equipment were not managed effectively. Not all risks to the environment had been identified and some risks we identified during our inspection had not been mitigated against. For example, in one person's property support workers had identified radiators which were not working. The registered manager had contacted the landlord to arrange for them to be fixed, and provided portable radiators which were in use at the time of the inspection. The radiator was hot to the touch, and the registered manager had not carried out a risk assessment regarding how to protect the person from potential burns. At another property we saw a door hanging from a lower hinge. The door posed a potential risk to staff or people living at the property if it were to fall. Staff had not carried out an assessment of the risk and the door was not secure. Another person needed the use of a hoist when moving between the bed and his wheelchair. The registered manager told us the hoist needed to be serviced yearly and although he had not recorded the date of the last service the hoist had been at the person's flat for less than a year. When we looked at the hoist we saw it was due to be serviced 3 months before the day of the inspection. We spoke to the registered manager about our concerns, who informed us that urgent risk assessments would

be carried out of the areas we identified.

The failure to safely manage risks is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People's medicines were not always managed safely. Staff were not always accurately recording when medication was given to people. One person's medicine records showed staff had not recorded the medicines given for the four days prior to the inspection, including medicine prescribed by the GP to be given on an as and when required basis. This is often referred to as PRN medicine. The staff member who was responsible for recording medication was not at the property at the time of the inspection, so staff supporting the person did not have accurate information about whether medicine had already been given that day or not. This meant there was a risk that the person might be given too much medication without the knowledge of staff. We spoke to the registered manager about our concerns, who arranged for the medicine records to be updated immediately.

The failure to ensure people receive their prescribed medicines in a safe way is a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw other people's medicines were recorded accurately. Medicines were stored securely and safely and only trained staff had access to them. The registered manager carried out regular observation and competency checks on staff who administered them. Staff had received training on how to administer particular medicines such as those for people with epilepsy. The local pharmacist carried out site visits to audit medication records and any issues identified were raised with the registered manager.

There was a sufficient number of staff on duty to meet the needs of people in a safe way. Each person had a live-in staff member, with additional support being provided at certain times of the day by another support worker. Most people had been supported by the same members of staff for a number of years, but for some people it was less consistent. For example, one relative told us, "She needs stable routines but new carers constantly appear." We spoke to the registered manager about these concerns, and he told us he was hoping recent recruitment would provide more consistency.

People were not always recruited in a safe manner. During the application process the provider required potential new recruits to supply two references, with one being from the most recent employer. The staff files we reviewed during the inspection showed this was not always the case. One staff member provided only one reference. Another provided references that didn't include the most recent employer. Another staff member's references contained information which was inconsistent with the information provided on the application form. Gaps in employment we identified during our inspection had not been investigated during the application process. Each new member of staff undertook an induction prior to supporting people. This included an introduction to the company, training courses and shadowing and the service's policy indicated this should take place over a four week period. However, records showed this did not always happen. Of the four staff files we reviewed, two recorded the four week induction process taking place in one day. We spoke to one of these staff members, who told us their induction took '"about two hours" as they had worked with the registered manager in the past at a different service. We spoke to the registered manager about our concerns. Following the inspection he sent us an action plan containing detail on how he would be reviewing all recruitment information and procedures. This included existing staff and processes for future recruitment.

We recommend the registered provider seeks guidance from a reputable source in the development of a robust and safe recruitment procedure.

Accidents and incidents were not always being reviewed and analysed by the registered manager in a robust manner. During our inspection we spoke to the registered manager about how he and the service learnt from accidents and incidents, and we were informed there had been no incidents, accidents or near misses since the service was registered with CQC. However, when we viewed one person's care records we saw they contained detail of five incidents over the two months prior to the inspection. These included incidents in the community, with challenging behaviour in the person's home and with the person's physical condition. There was no evidence to show the incidents were being reviewed by anybody, and staff told us they were unsure if the information was used to improve the safety and wellbeing of the person.
We recommend the registered provider seeks guidance from a reputable source in the development of a procedure to analyse and learn from accidents and incidents.

People were kept safe from the risk of abuse. Staff we spoke to had a good understanding of safeguarding procedures and what action they would need to take if they identified potential abuse. One staff member told us, "I know the manager will take it seriously. And if I didn't want to speak to him about something I can contact the council or the police." The registered manager told us he thought there was an open and transparent culture at the service, and said he was confident his staff would raise concerns. Staff received training provided by the registered manager and discussions were help in supervisions. The registered manager carried out unannounced visits to people's flats two or three times a week to observe staff practice. Although the service had not identified any safeguarding incidents at the time of the inspection, the registered manager described the steps of how they would be reported to the local authority and CQC.

People were protected by the prevention and control of infection where possible. Staff received infection control training. Staff were aware of the importance of using personal protective equipment (PPE) when supporting people, and the service provided staff with gloves, alcohol gel and aprons to be used when needed. As part of our inspection we visited two properties and saw staff were managing clinical waste or hazardous substances in line with the policy.

Requires Improvement

Is the service effective?

Our findings

There were mixed views about whether the service could effectively meet people's needs. One relative told us, "The staff change often and not all of them have had the training to support her." Another said, "He regards the carers as family as much as anything". During our inspection we found the service was not always effective.

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.

The registered provider had not always ensured that the principles of the Mental Capacity Act 2005 (MCA) were adhered to when assessing people's capacity to make decisions and give consent to care and treatment. When people had difficulty making decisions or giving consent the proper processes had not been followed to assess their mental capacity. Not all staff had been trained in the principles of the MCA, and when we spoke with them they were not able to demonstrate that they fully understood them. The registered manager told us it was his responsibility to carry out mental capacity assessments, but records showed assessments had not been carried out when staff were making decisions on people's behalf. For example, a staff member told us that one person needed bed rails on their bed to prevent them from falling out at night. However, the registered manager had not carried out an assessment to determine the person's capacity to consent to the bed rails and no record to show bed rails were in the person's best interest or the least restrictive option were available.

The registered provider had not ensured that the principles of the Mental Capacity Act 2005 were adhered to when assessing people's capacity to give consent and make their own decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People's needs and choices had not been assessed when they started using the service. The registered manager informed us that the people cared for had previously been supported by a different branch of Achieve Care Solutions Limited. He told us he did not have access to the initial assessments carried out by that branch and the West Malling branch, which he was the registered manager for, had not carried out its own assessments when they began providing a service in January 2017.
Care plans and risk assessments were in place which identified care needs and risks but it was not possible to determine if all the care and support needs were being met because there was no record of what those needs were. This meant there was a risk the service was providing unsafe care and treatment to those it supported. However, when we spoke to healthcare professionals and others involved in people's care, the feedback we received was positive. One healthcare professional told us, "Staff know the service users so well. If ever I have a question about them staff will always have the answer." We spoke to the registered manager about our concerns. He showed us an assessment form he planned to use for future potential new

clients which covered areas of need such as socialisation, cultural, mental health, medication and people's likes and dislikes.

We recommend the registered provider carry out a thorough assessment of the needs of the people it supports, taking into account legislation, and evidence-based guidance including NICE and other expert professional bodies.

Staff were trained and their skills and competence checked by the management team. Staff had received essential training including health and safety, moving and handling, safeguarding, fire safety medication, and basic first aid. More specialist training was provided to help staff meet the specific needs of people they supported, such as autism awareness. One person needed specialist support to maintain a healthy diet and training had been arranged by an external provider. Staff told us the training helped them feel confident when providing the support. One staff member said, "Training is a mix of online and classroom training. Sometimes the manager gives us the training, sometimes it's other people. It's a good mix." The manager told us that there were plans to ensure newly recruited staff complete the Care Certificate as part of their induction. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff were supported to undertake qualifications relevant to their roles. All staff in care roles had either completed another type of qualification in health and social care or were working towards this. However, the registered manager told us the training provider used to deliver these courses had recently closed down and he was yet to find a replacement. Staff were supervised and supported in their roles. Staff told us they had formal face-to-face supervision once every three months, but also said the registered manager visited them two or three times a week and this provided them with chances to speak about any concerns they have, or ask for advice. Learning and development needs were identified through supervision, but not always followed up. For example, one staff member requested to attend an equality and diversity course during a supervision session in March 2017. At the time of the inspection this training had still not been organised.

People had enough to eat and drink to meet their needs. Each person had a meal plan in place. Staff knew the food to be prepared for that week, how the person would be involved in the preparation, how the person's likes and dislikes are taken into account, and any advice from health professionals such as the speech and language therapists. One staff member told us, "We take her out shopping and she will say yes or no to what she wasn't to buy for that week. She'll stand with me and help peel vegetables like mushrooms." When we talked to another person they were able to show us food from their cupboard that then enjoyed. One person told me their support worker takes them out for dinner after they take part in activities in the community.

People's care records showed many health and social care professionals were involved in their care. This included care managers from the local authority, GPs, local advocacy services such as IMCAs, speech and language therapists and dentists. When we visited one person, they were having a check-up from a local chiropodist. They told us that staff always communicated effectively. Other professionals we spoke to told us staff followed guidance given.

Good

Is the service caring?

Our findings

People and their relatives told us they thought the service was caring. One relative told us, "He needs absolutely everything being done for him, and from our point of view it is brilliant caring". Another said, "The carers are another mother really." Another said, "I certainly think they [carers] keep him happy."

Staff were encouraged to develop positive, caring relationships with the people they support. The registered manager told us he tried to match staff to the person and ask if they would prefer to receive support from a male or female member of staff. When people are not able to understand then staff observe their reactions. One staff member told us, "He will be withdrawn and I can tell he's sad if supported by a male member of staff, so he only has female carers." Some people had support from the same staff for a long period of time, meaning close relationships were able to be formed. Relatives we spoke with told us staff had a good understanding of their needs. Staff demonstrated good knowledge of the people they supported and were sensitive to their needs. For example, one person had recently been assessed by the SALT team and it was decided it was in their best interests not to have food by mouth as there was a risk of choking. Staff told us they made sure they never ate in front of him as they thought he missed eating and watching somebody else eat made him anxious. One person had a collage of photographs of them and staff in the community, which indicated staff were an integral part of the person's life. Another person told us how much she liked the staff, saying, "I like her. She's my mate."

Staff were seen to be kind and compassionate towards people and were able to communicate to people in ways that were understood. We observed positive interactions between staff and the people they support. We saw staff actively listening to people and encouraging them to communicate their needs. Sometimes people were communicating using gestures, and we saw these were understood by staff so people were able to communicate effectively. We saw staff deciding with one person what activity they wanted to take part in. Another time we saw them talking about what to watch on the television. When care and support was provided we saw staff explaining what was going to happen, and when it had finished.

We observed people being involved in the planning and review of their care. Staff told us they involved people in making decisions about their care, but it was on an ad hoc basis and not recorded in a way that everybody could understand. One person had a care plan written in an easy read format, which meant they were able to understand how their care needs were being met. However, this was not the case for the other three people supported. The registered manager told us he planned to review the 3 plans and produce new care plans which people would be able to understand. He also said staff held 'talk time' sessions with people to gather their views and plan their care. However, staff told us they did not take part in formal sessions, and we saw the paperwork relating to the sessions in the people's files were blank. Although reviews were not being recorded in a formal manner, other records showed the registered provider was taking part in holistic reviews of care and support on a regular basis, involving the person being supported and health professionals, family members, external advocacy services amongst others.

People's privacy and dignity was respected at all times. All staff we spoke to told us how important it was to treat people with respect and to maintain their privacy. One staff member told us, "If we provide personal

care then we close the curtains and close the door. I'll cover him over when he gets out of the shower for privacy." People's personal information, such as their care files or medicine records, were stored in the staff member's bedroom meaning other people could not gain access to it.

Staff were supportive of people's rights to personal relationships. Family members and friends visited regularly, and there was good communication between them and staff. There was a policy for the protection of people's human rights and staff understood people had a right to a private life.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was responsive to the needs. One relative said, "We know they would ring us straight away if there was a problem."

However, people's care plans did not always reflect their physical, mental, emotional and social needs. Through observations we saw that people were being supported to live active and meaningful lives, but this support was not always recorded accurately. Each person had a care plan but not all care plans were person centred and they did not always include information about care and support needed or being provided. We saw the care plan for one person included goals such as developing skills to be more independent with taking medication, helping prepare meals and being more independent with personal care. There was no information for staff on how these goals would be achieved and there were no records to show the goals were being progressed. A relative told us, "The staff never follow the care plans. They're supposed to encourage her to cook but they never do." Another person's care plan stated they needed support with communication, and that pictures and objects would help them communicate their needs. However, there was no guidance for staff on how to develop these, and staff confirmed they were not being used. One person had been using a catheter for a number of months prior to the inspection, but how this was to be managed was not recorded on their care plan.

The care plans we saw did not always include details about people's wishes and preferences. Staff told us they knew the people they supported well, and there was no need to be referring to the care plans. One staff member told us, "We learn how people want things done by getting to know them rather than reading the paperwork." We spoke to the registered manager about our concerns. Following the inspection he sent us copied of revised care plans which amended some of the outdated information we noted from our inspection. However, the care plans did not fully take into account all the needs, wishes and preferences of the people being supported.

People were supported to take part in meaningful activities and to engage with the local community. Staff told us that they support people to activities like going to the cinema, attending a local day centre, attending a local college. One person told us they like going for a drive. Another had been bowling earlier in the day and was able to tell us how much they enjoyed it. The registered manager told us that activities were organised with input from health and social care professionals, family members and staff. Each person had an activity plan but when we spoke to staff they told us the plans are not followed. Care plans did not always provide any information on specific activities.

People did not have effective care plans in place to support them with their specific needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People's concerns and complaints were not always responded to. Each care file had an easy read complaints form, and the service had a complaints policy and procedure in place. The registered manager told us the service had not received any complaints since it was registered with CQC in January 2017. However, when we spoke to one relative we were informed of a number of issues relating to the quality of

care provided. They told us they had spoken to the registered manager on a number of occasions and the issues remained unresolved. The complaints had not been logged by the registered manager, and there were no records of them being investigated or responded to.

The failure to investigate and take action in response to any failure identified by the complaint is a breach of regulation 16 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

Feedback about the effectiveness of the leadership of the service was mostly positive. One relative told us, "We like to talk to the manager twice a month." Another said, "There was some lack of communication from them at first but it is alright now." However, we found the service was not consistently well led.

The service had a system of checks in place which were used to monitor the service. The registered provider had ensured that regular audits were carried out to review the quality of the service. However, these audits were not always effective in identifying shortcomings and were not always used to make improvements to the service. A number of issues were identified throughout our inspection which were not picked up in the quality assurance audits. For example, an audit of moving and handling equipment had not identified the hoist we saw which was in need of a service. An audit of care plans in December 2017 had not identified the discrepancies we saw in a care plan dating back to August 2017. Where areas of improvement were identified it was not always clear how improvements were to be made. An audit of the petty cash book used in one house identified it was not in use. Although the registered manager told us he spoke to staff about ensuring they use the book, this was not recorded in supervision notes and the audit indicated that no action was required. Another audit rated the use of the 'enquiry log sheet' as good practice, but the registered manager informed us it was not in fact in use.

Daily logs of people's care were not completed with enough detail to show they were receiving the care they needed. This meant the registered manager could not effectively review the effectiveness of care plans. For example, one person's daily log required staff to record progress towards goals. However, goals were consistently recorded as 'personal care' and 'change into pyjamas' which didn't correspond to the goals identified in the care plan. The registered manager told us he reviewed the logs when they were brought to the office, but this was not recorded in his quality assurance framework and there was no evidence to show information gained from the reviews led to improvements in the service.

A failure to effectively monitor the service to identify shortfalls and to make improvements is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The registered provider did not systematically seek views from staff, people who used the service or their relatives. People did not have the opportunity to formally feedback their views by taking part in surveys or questionnaires about the quality of care they received. This meant people were not always engaged and involved in developing the service.

We recommend the registered provider seeks guidance from a reputable source in the development of a system to gather the views of staff, people who use the service and their relatives.

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. Discussions with staff showed there was an inclusive, open and transparent nature to the service. Leadership was visible within the service and the registered manager told us he visited each person supported on a weekly basis. One staff member said, "The manager is always at the end of the phone. We

can talk to him about any issues we have and he will listen to us." Staff told us they would be confident to blow the whistle if they saw practice which concerned them, and thought they would be protected by the manager if they did so.

The registered manager understood the legal requirements of their role. They told us the service had no significant events which would have required a notification be sent to the Care Quality Commission, but was able to describe the process of doing so in the future if required. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred.

The service worked in partnership with some agencies to ensure care was provided in a joined up way. This included local authority commissioners. Referrals were made to health professionals when required, and those we spoke to told us the service responded to their requests. One professional told us, "The staff will always follow through with what we ask of them."

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 9 HSCA RA Regulations 2014 Person-centred care The registered provider did not design care and treatment effectively in order to meet the person's preferences and needs. Regulation 9 (3)(b)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not always sought consent in accordance with the Mental Capacity Act 2005 Regulation 11 (3)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider did not have an effective system to identify, receive, record, handle and respond to complaints. Regulation 16 (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have adequate systems in place to monitor and improve the

quality of care and support provided.

Regulation 17 (2)(b)