

## Standards Care Limited

# Standards Care Limited

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Standards Care Limited is a domiciliary care service providing personal care to people in their own homes. The service provides support to people with physical disabilities, mental health or learning disabilities who need support with everyday activities. At the time of our inspection there were three people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Though some improvements had been made, significant issues remained in assessing and managing risks to people's health, safety and wellbeing. Medicines were not managed safely. Recruitment procedures were not robust to ensure staff were appropriate to work with people. Some incidents were reported and investigated robustly, this appeared to have improved.

People were not always supported to have maximum choice and control of their lives and the provider did not ensure staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Best practice and expected standards were not always followed in assessing and planning to meet people's needs. Risks related to people's eating and drinking were not always assessed, though people's relatives told us that people were supported to eat and drink enough.

People's relatives told us that, though there had been unkind staff in the past, the current staff caring for their loved ones were professional and compassionate. Staff we spoke with were passionate about their work and clearly cared for people.

Improvements had been made in managing complaints, which had been an issue on the previous inspection. Staff we spoke with knew people well and understood their preferences, religious and spiritual needs.

Though we had positive feedback about improvements in the change in management, there remained significant issues with the service which had not been resolved since the last inspection. The new manager has created a quality improvement plan after the inspection, and has sent evidence of actions taken after the inspection.

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 requires improvement (published 22 March 2021). The service remains rated requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this 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. Complete/delete as appropriate. 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 breaches in relation to safe care and treatment; need for consent; staffing; fit and proper persons employed and good governance at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Standards Care Limited

## 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 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The previous registered manager had de-registered with CQC, however they continued to work at the service overseeing recruitment, training and staffing allocation. An interim manager was in place who was applying to be registered with CQC. They will be referred to as "the manager" in this report.

#### Notice of inspection

We gave the short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2022 and ended on 7 April 2022. We visited the location's office on 22 March.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 three people's relatives. We spoke with three care workers, who were the main care workers for the three people receiving care, the manager, the business development manager and previous manager.

We reviewed a range of records. These included three people's care records and medication records. We looked at three 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.

# 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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At previous inspections, we found that risks were not always appropriately assessed and managed, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of this regulation.

- Risks were not fully assessed and there were not adequate measures in place to ensure people were supported consistently in a safe way. Risk assessments were either missing or did not have enough detail to ensure staff understood how to support the person safely. Issues identified on the last inspection, including those related to the same individuals, were not addressed prior to this inspection.
- One person used oxygen therapy. There was no risk assessment or management plan for the oxygen settings or for safely storing and using oxygen. We asked one staff member what setting the oxygen should be on and they told us they put the oxygen on a lower setting than the correct setting confirmed by the manager. This put the person at risk of distress and avoidable harm.
- Staff who supported one person told us they had a risk of choking related to the way they ate. There was no risk assessment or management plan related to choking, and no evidence the concern had been escalated to relevant healthcare professionals, such as the GP or a speech and language therapist. We were told that the person needed sandwiches cut into smaller pieces to prevent them from over-filling their mouth, this was not included in their care plan.
- One person had behaviours which may challenge staff. There was a brief description of how to support this person through distraction and giving space. There was limited information about the types of behaviours expressed by the person and what they may be trying to communicate, and the level of risk to staff presented was not fully explained. One staff member told us the person would throw objects at them and they had to be careful of what objects were within arm's reach. This was not included in the care plan.
- One person had to be accompanied in the community, and their relative told us the door was locked while they were at home to prevent them from leaving alone. There was no risk assessment related to accessing the community and why staff needed to support them, identifying their risks related to road safety awareness or other risks in the community. This put them at increased risk of harm.
- One service user had a history of alcohol use. There was no risk assessment related to their alcohol use and how this could affect their safety, risks related to nutrition and ability to make decisions.
- One person was supported in bed for most of the time, able to get out for short times a few times per week. There was no risk assessment related to their skin or risk of developing pressure ulcers. The falls risk assessment related contained instructions around moving and handling, but did not assess risk of falling, or

include the person's history of falls. There was no bed rails assessment to see whether these would be appropriate, and it was unclear if these were in place. The lack of proper risk assessment and management put them at increased risk of pressure ulcers and falls.

- Staff knew of people's risks, however there was a lack of detail of how to manage those risks and some aspects were inconsistent in how staff would manage them, or when they would escalate concerns.

The provider failed to appropriately assess risks and failed to ensure there were robust risk management plans in place to reduce the risk of avoidable harm. This is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection we received an updated oxygen risk assessment, which was robust and detailed. The manager told us they were working through each care record to update the risk assessments and care plans.

### Using medicines safely

At the last inspection we identified that medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvements had been made and the provider remained in breach of this regulation.

- Medicines administration records (MARs) were not always completed with administration instructions, or the instructions were unclear, including for 'as needed' (PRN) medicines. This meant that we could not be assured staff were giving people their medicines as per their prescription.
- MAR charts were copied from prescriptions from the GP. The copied instructions were not double checked and signed by staff to ensure they were copied correctly and without error. This put people at risk of receiving the wrong dose of medicines, or other errors, such as the wrong time or frequency.
- One person had a patch, which should be rotated between locations on the body. There was no way to record the location to ensure this occurred.
- Where 'as needed' (PRN) medicines were given, the reason and whether they were effective was not always recorded. There were some omissions in records. Where a person had a variable dose - the dose given and whether it was effective was not recorded. Errors and omissions identified had not been identified in audits and addressed.

Failure to safely manage medicines safely was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff told us they had their competencies assessed in medicines administration.

### Staffing and recruitment

At the last inspection, recruitment processes were not robust and did not ensure those employed were suitable to work with people receiving care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that not enough improvements had been made and the provider remained in breach.

- Not all required pre-employment checks were carried out prior to staff working with people, which put people at risk from staff who were not suitable working with them.
- The provider had not obtained a full employment history, all required references or an updated Disclosure and Barring Service (DBS) check prior to staff starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager has advised they have undertaken a full review and allocated a new staff member to undertake recruitment in response to concerns and are risk assessing those staff who do not have the right checks in place. Following this review, the manager advised that four staff had all the appropriate pre-employment checks.
- The manager told us they were carrying out a risk assessment, and any staff without the relevant checks would not be allowed to work until the checks had been completed, except where pausing the care would put someone at risk of harm.

Failure to ensure appropriate pre-employment checks had been carried out and records retained was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff told us they had spot checks of infection control practice and knew about managing risks. People had infection control risk assessments; however, these were not personalised and did not include risks related to COVID-19.

We recommend the provider implements COVID-19 specific risk assessments and management plans for people due to their complex needs.

#### Learning lessons when things go wrong

- Staff told us they understood how to report incidents, and we saw that some incidents had been reported. However, staff indicated that there were incidents of violence towards them which we could not see recorded or reported.
- Some incidents did not have detail of actions taken as a result and it was unclear if care plans had been updated in response, this had been highlighted on the last inspection and we could not see improvements had been made.
- Since the new manager had been in post, a recent medication incident had been reported and investigated appropriately. There were clear actions to reduce the likelihood of re-occurrence.

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

- Most of the staff we spoke with could describe safeguarding and types of abuse. However, one staff member was less clear on what safeguarding was.
- All staff said they would be happy to raise concerns and felt they would be taken seriously. We could see concerns over neglect related to another agency had been raised with the local authority appropriately.
- We fed back to the manager that it would benefit people to have a care plan related to risks of abuse or

neglect to give staff additional guidance on how to manage risks and identify signs of abuse. This was due to the complex needs of the people being supported. Following the inspection, the interim manager sent an example of a safeguarding care plan, which had useful information on how to keep that person safe from the risks of abuse.

# 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 requires improvement. At this inspection the rating has remained 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 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, we found the provider had not ensured care was provided with the consent of the relevant person, which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvement had been made and the provider remained in breach.

- There had been an improvement in staff understanding of mental capacity, though one member of staff was still unclear on how mental capacity affected someone. They told us that someone could not make any decisions for themselves and that their relative would make them, even things such as breakfast cereal choice, rather than offering choice and observing their likes and dislikes.
- One MCA assessment had been completed which was of good quality and followed the principles of the MCA code of practice.
- One person, who had a diagnosis which may impact their ability to make decisions, did not have a mental capacity assessment related to decisions about their care. Their history related to alcohol had not been considered in their care plans, and there was no guidance for staff on what to do if the person had alcohol,

and how this could impact their capacity to make decisions.

- Where someone lacked capacity, however, there was no clear best interest decision evidenced. One person's relative told us their door was locked to keep them from leaving the property. There was no risk assessment or care plan related to this, no mental capacity assessment or best interest decision, though we saw a previous review by the local authority before they moved into the community. We could not see that appropriate applications had been made to the Court of Protection to authorise restrictions on the person's liberty.

Failing to ensure care was provided only with consent from the appropriate person was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

At the last inspection we identified the provider failed to ensure staff had sufficient training and skill to provide effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although some improvements had been made, the provider remained in breach of this regulation.

- We identified some staff who were providing regulated activities that were not included on the summary record of training sent by the provider. We could not be assured that the provider had a robust system to monitor staff training and skills.
- Some staff did not have specific training to support people's needs, such as managing one person's oxygen. Another staff member, who told us they were supporting a person to get out of bed, was 6 months overdue for manual handling training. The manager told us that the director who allocated staff had not ensured staff allocated to people had received the correct training to meet their needs.
- At the last inspection we identified that the provider counted training obtained in previous employment and did not check whether the training met their requirements. At this inspection, one member of staff told us they had training from a previous employment which was "in date" and the previous manager had assessed their competency to see if they needed further training by asking them some questions. Previous training was included in records we saw. We did not see competency assessments related to this training.

Failure to ensure staff had the appropriate training to meet people's needs is a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had the training they needed to do their job. Staff knowledge and awareness of key topics had improved since the last inspection.
- One relative told us that staff were "confident in what they do". Another relative told us that staff "weren't very good" but that the current staff did a "good job".

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

- Assessments of people's needs were not always detailed and did not always reflect national or best practice guidance. For example, falls risk assessments did not all consider factors such as falls history, eyesight, footwear or lighting.
- One person, supported in bed, did not have an assessment related to their risk of pressure ulcers. Best practice was not followed in supporting behaviour which may challenge.

- Risk assessments, management plans and care plans did not reflect the detail required to meet current legislation and national standards. This had been identified on the previous inspection and had not been addressed.

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

- Staff understood how to support people with eating and drinking, to encourage people to eat and drink, to encourage a balanced diet and ensure people had enough to drink.
- Risks related to eating and drinking were not fully assessed, such as the risk of malnutrition. Staff told us one person had risks related to choking, related to sandwiches and encouraging to eat slowly, this was not detailed in their care plan and we could not see evidence this had been discussed with relevant professionals.

Staff working with other agencies to provide consistent, effective, timely care

- There was minimal information on how to identify when to escalate health needs to other professionals and this was reliant on staff knowledge and them being proactive. Staff we spoke with knew people well, and understood how to recognise when the person was acting differently from usual.
- There was a good example of working with other agencies, where staff had recognised someone wanted to improve their strength and mobility. Staff had sought advice from relevant healthcare professionals, and worked with them to complete exercises, which had a significant positive impact on wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- Records did not include monitoring of health appointments to ensure people had these regularly, or who was responsible for ensuring these needs were met if this was outside of the responsibility of the service.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that, with the staff in place now, they are treated with kindness and compassion. One relative said, "They really do care about him." One relative told us that in the past, staff had been "cruel and unkind", but that those staff no longer worked with their loved one.
- Staff we spoke to were clearly passionate and empathetic towards people and understood how to support them in emotional distress. Staff showed concern for people's wellbeing and clearly wanted to provide good quality care to meet their needs.
- Staff understood people's individual needs related to protected characteristics, such as their religion or their disability, and supported them to live their life as they wished.

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

- People were mostly involved in decisions around their care wherever possible. People's relatives were consulted with on their care plans and the care provided to ensure it reflected their needs and wishes. One relative said, "As a family, we've put together our own care plan...we sat down with the carers and have gone through it with them."
- Where a person was less able to communicate their wishes, we fed back it would benefit them to have more detail on how staff can involve them in day-to-day choices in their care plan, and on how staff could recognise when the person liked or disliked something. Staff who were more regularly involved in that person's care understood this.
- On the last inspection we identified a theme that people, or relatives, struggled to communicate with some care staff due to a language barrier. This continued to be reported by one relative. The provider told us they had supported staff to access a language course to improve their English skills.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and were conscientious about promoting privacy and dignity in describing how they provided care. Staff understood to give people time and space where needed, and to treat them in a respectful way.
- Staff mostly understood how to promote independence and had made efforts to improve people's independence in aspects of their care. This varied by person – where a person had capacity and good communication, staff understood how to promote independence. Where a person lacked capacity and was less able to communicate, some staff were not able to describe how they promoted independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we identified the provider had failed to appropriately identify, record, handle and respond to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- People's relatives told us they had not made a complaint to the provider recently. One relative said they had raised concerns which had been responded to appropriately.
- A relative told us, "I have raised issues in the past, which weren't always dealt with. Things have changed now that there's a new manager in place. She's much more professional and things have greatly improved."
- Another relative said they had raised a complaint with the commissioner, which had been managed and responded to appropriately.

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

- Care plans that had been updated more recently had more detail on people's preferences and preferred routines. Some care plans lacked detail, particularly where one person was less able to communicate those preferences, however staff that worked with people knew them well, and knew what they liked and disliked.
- People's relatives told us they were happy with the person-centred care provided. One relative told us, "Carers are good at keeping [loved one's] appointments up to date. They sort out her medication, organise for a hairdresser to call, or to have her nails done, optician appointments etc. [Loved one] is very religious, and always has her Bible to hand. Her carer talks to her about religion and this gives her comfort."

Meeting people's communication needs

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

- The provider understood the requirements of the Accessible Information Standard and had supported people to access information in a way they understood.

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

- Staff had a very good understanding of what activities people enjoyed and how to engage them in activities which promoted their mental health and wellbeing.
- Staff understood how to support people to keep in touch with those important to them.

End of life care and support

- One person had an end of life care plan in place. This was fairly basic, but included the essential information. It would benefit the person to look to best practice guidance and work with hospice care and the GP to have a more detailed plan in place. This had been identified on the last inspection and had not been acted upon. Staff we spoke with knew the person well and understood their preferences and spiritual needs related to the end of their life.

We recommend the provider review best practice related to end of life care and implement it in relation to end of life care plans.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the provider failed to ensure systems were in place to monitor and improve the quality and safety of the service. The provider had failed to maintain accurate and complete records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found not enough improvements had been made and the provider remained in breach.

- There was not yet a robust governance process in place to review the quality and safety of care. There were spot checks of staff performance and supervisions in place, however audits were not always in place or robust to identify gaps in risk assessments or medications, or in recruitment procedures identified on this inspection.
- Issues identified on the previous inspection had not been systematically addressed and or sustained. Though some improvements had been made, similar or the same issues remained in some areas. Issues remained in medicines administration records, recruitment processes, and assessment and management of risks.
- Good practice, for example related to supporting people with behaviour which may challenge, had not been reflected in care plans.
- Records were in place for people using the service, however they were incomplete. Some aspects of risk assessments were not completed or were not detailed.

Failure to ensure robust systems were in place to monitor and improve the quality and safety of the service, and failure to maintain accurate and complete records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the manager has created and updated an action plan, demonstrating they have taken remedial action and were prioritising areas of most significant risk to people.

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

outcomes for people

- Staff we spoke with clearly cared for people and had the right approach. One relative said, "This organisation really cares about the people they work with."
- Feedback about current staff was positive, but there was feedback that quality of staff was variable. The standards expected of staff could be improved to ensure consistently high quality rather responding reactively to concerns raised over staff approach.

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

- There was mixed feedback about communication of incidents from people's relatives, but relatives told us communication had improved recently. We could not see evidence that the provider had failed the requirements of duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People or their relatives were asked for their views and regularly engaged in updating care plans and reviews of people's care. They told us they had not been asked for structured feedback, such as a questionnaire.
- Staff told us they were asked for their views on how to improve people's care and this was taken into account in reviews.

Continuous learning and improving care

- Some improvements had been made, such as the management of complaints and staff knowledge, however there was no clear improvement plan to identify ongoing and outstanding improvements required. The manager had identified this and has provided an action plan following the feedback.
- The service had begun using improved technology, including electronic records, to improve monitoring of the service.

Working in partnership with others

- The service had worked with external stakeholders previously to make improvements; however, this had lapsed, and improvements had not been sustained.
- Where people's needs had changed, the service worked with commissioners to ensure their commissioned care met their needs and advocated for them.