

Transparent Care Limited

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Inspection report

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Date of inspection visit:
10 May 2022
12 May 2022
19 May 2022
20 May 2022

Date of publication:
03 August 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Transparent Care Limited is a supported living service providing personal care in shared houses and bungalows across a wide geographical area. At the time of the inspection the service supported 71 people with a learning disability, autism or living with mental ill health.

Not everyone who used the service received personal care. 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

Right Support

The service worked with people's funding authorities to identify people who needed a Court of Protection derivation of liberty y authorisation to keep them safe. There was no system to track the progress of applications to ensure outcomes were known and shared with staff teams. We have made a recommendation about this.

People's care plans contained detailed information about many aspects of their physical and emotional needs, however, protected characteristics such as gender identify and sexuality were not captured. We have made a recommendation about this.

The service supported people to have the maximum possible choice and independence and they had control over their own lives.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Right Care

The service did not consistently identify or report safeguarding concerns. The registered manager had acted to improve this through increased monitoring systems. Other concerns were reported appropriately and the service worked well with other agencies to protect people from poor care and abuse in these cases. We have made a recommendation about safeguarding.

We received feedback that some agency staff were not appropriately skilled or demonstrate the right values to meet people's needs and keep them safe. The service was aware of these concerns and we saw evidence they were acting to improve this. We have made a recommendation about agency staff.

Other staff demonstrated commitment and compassion towards people and received mandatory and specific training to benefit people. The service had taken action to ensure refresher training was planned where this had lapsed in some cases during the COVID-19 pandemic.

The service did not consistently ensure assessments documented all identified risks to people. Some health and safety checks such as water safety were not robust. Safe medicines systems were not always implemented by staff. We have made a recommendation about this. The service took action to address these short falls. In practice, staff were knowledgeable about risks to people and took action to mitigate risk with people.

We found most people could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Some people's activity opportunities were discontinued due to COVID-19 restrictions; the service was in the process of supporting people to source and access other opportunities in the community.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture

The ethos, values, attitudes and behaviours of leaders and staff ensure that people using the service lead inclusive and empowered lives. We received mixed feedback about the leadership team. Some felt managers were supportive and valued their input, others felt managers were not doing enough to address their concerns. We raised this with the registered manager who shared their action plan to address concerns.

The service acknowledged that quality assurance monitoring systems had lapsed during the COVID-19 pandemic whilst the service focused on managing risk. There was a clear commitment from the registered manager to drive improvement and we saw evidence of recent progress. We have made a recommendation about quality monitoring to ensure improvements are sustained.

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

Rating at last inspection

The last rating for this service was Good (29 December 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The inspection was prompted in part due to concerns received about staffing, governance and the management of risk to people. A decision was made for us to inspect and examine those risks.

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

Follow up

We will continue to monitor information we receive about the service until we 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 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 ●

Transparent 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.

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

Four Inspectors, and two Experts by Experience carried out the inspection. 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 provides care and support to people living in 16 'supported living' settings, 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. 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.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 6 May 2022 and ended on 16 June 2022. We visited the office location on 10 and 20 May 2022.

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 communicated with ten people who used the service and 13 relatives about their experience of the care provided. Some people who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language. We spent time observing people and how they were supported by staff to help us understand the experience of people who could not talk with us.

We spoke with 17 members of staff including care workers, agency staff, a team leader, service managers, area managers, assessment and transition manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked for written feedback from staff we did not speak with and received 15 responses.

We reviewed a range of records. This included 15 people's care records including parts of medication records. We looked at seven staff files including agency staff 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

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested further written feedback from professionals who were involved with the service but did not receive this.

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 good. At this inspection this key question has now deteriorated 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 we recommended that the provider made improvements in relation to as required medicines documentation. At this inspection we found some improvement had been made, however this was not consistent.

- Appropriate medicines systems were documented in policies and procedures, however, staff did not consistently follow recording requirements. Written protocols for when needed medicines were not always in place, controlled drugs records were not fully completed at one setting and stock control records did not balance for one medicine at another setting. The service took immediate action to rectify these areas.
- At one setting there were recording gaps in medicines administration records (MAR) for prescribed tooth paste and topical cream in May 2022. The team leader was not aware of these gaps and did not know whether they had been investigated. The registered manager told us they would take action to investigate. We found no evidence of harm to people as a result. Other MAR records we looked at across the four settings were fully completed by staff.
- Staff we spoke with were able to describe the protocol for administering when needed medicines, such as emergency medicines for people's epileptic seizures. Staff received training and competency assessments and told us they felt confident to administer medicines safely.
- People's care plans described how they preferred to take their medicines and staff guidance to ensure people were informed about what medicines were administered.
- We found people's medicines were safely and securely stored in either central medicines cabinets or in people's bedrooms, where assessed as safe to do so.
- The service had recently implemented a schedule of audits which included medicines checks. Completed audits had identified medicines areas requiring improvements and actions plans were in place and progressing at a timely pace.

We recommend the service ensures systems to monitor medicines procedures are robust.

Systems and processes to safeguard people from the risk of abuse

- We found occurrences where the service had not identified or reported potential safeguarding concerns to the local safeguarding authority as required. For example, we found multiple medicines errors at one setting. This was not an isolated incident and therefore potentially met the threshold as a safeguarding concern. The lack of consistent reporting meant statutory action to investigate and mitigate risks were not completed. The registered manager took immediate action to review and escalate incidents.
- Other safeguarding concerns were identified, reported and the service took appropriate action to protect

people from abuse. Records showed examples where people and social care professionals were involved in protection plans.

- The provider told us they had recently centralised safeguarding systems to ensure concerns were appropriately escalated. Records showed staff were reminded to report safeguarding referrals to the safeguarding lead.
- In general, feedback from people and their relatives indicated they felt the service was safe, with comments such as, "Yes I do feel safe absolutely. There is always someone to speak to. If I wasn't happy with something, I would know who to speak to" and "Yes, we feel [family member] is very safe. We think that the room and buildings are safe."
- Staff we spoke with understood the signs of abuse or neglect and how to report safeguarding concerns.

We recommend the service seeks and implements advice from a reputable source, such as respective local safeguarding authorities, for advice about reporting safeguarding concerns.

Learning lessons when things go wrong

- Incident reports were not always fully completed to confirm the manager had reviewed the incident or acted to mitigate risk. We raised this with the management team who took action to ensure service managers understood the expectation to review every incident within 24hrs. Other incidents reports clearly recorded follow-up actions and outcomes.
- Senior managers had recently implemented weekly safeguarding meetings to review incidents and analyse themes. Meeting minutes showed discussions around lessons learnt and followed-up whether agreed actions were implemented by service managers.

Staffing and recruitment

- Some people using the service, their relatives and staff members told us there was an over-reliance on agency staff. They said agency staff did not always have the skills to meet the needs of people using the service which they felt affected people's continuity of care.
- Rotas showed vacancies and absences were covered to ensure there were enough staff including for one-to-one support. Rotas were planned to achieve a mix of staff skills and experience. Staff numbers and shift times varied so there were enough staff for people to take part in activities.
- The registered manager acknowledged there was a high use of agency staff at some settings, which records confirmed. Recruitment drives were ongoing. At the time of the inspection 13 candidates were going through the application and recruitment checks process.
- At one setting the service had not considered staffing levels at night to safely evacuate people in the event of an emergency. The registered manager took immediate action to increase staffing at night. They sought advice from fire service and amended fire evacuation plans in line with guidance. At another setting there were additional night staff in response to people's individual needs and sleeping patterns.
- Records showed recruitment checks such as employment references and Disclosure and Baring Service (DBS) checks were carried out prior to employment to make sure candidates were suitable. A DBS check is a record of a person's criminal convictions and cautions.

Assessing risk, safety monitoring and management

- Risk assessments were not consistently documented in response to people's needs. For example, one person's risk of pressure ulcers was not recorded. Another's person's risk of choking did not contain enough detail about the hazard or mitigating actions pending the speech and language therapist's (for swallowing) assessment. The registered manager took immediate action to address these areas.
- In practice, we found staff understood and took appropriate action to reduce risk. For example, one to one staff support was provided during mealtimes to a person a risk of choking.
- We found examples of appropriate risk assessments for people's mobility, oral health, COVID-19 and

supporting personal hygiene (amongst others).

- Health and safety checks were in place for some areas but not others. For example, water temperatures in relation to legionella and scalding were not checked at one setting to reduce the risk of harm to people. Fridge/freezer temperatures were checked, however, where the temperature fell out of the identified safe range on several occasions this was not identified or acted upon. The registered manager took immediate action to ensure the correct procedures were communicated with the staff team as well as regular spot checks to ensure these were implemented and sustained.
- Food was safely stored, labelled and well organised. COSHH products were stored securely at one setting in accordance with identified risks to people. At another setting the cupboard was not locked, however staff were present to mitigate risk and at a third setting cleaning products were not locked away at all. Staff at this setting told us there was potential risk in relation to one person and took action to immediately lock the laundry cupboard where products were stored.
- Staff regularly completed fire safety checks. Faulty fire doors had been identified at one setting and reported to the housing authority who were responsible for this. During our inspection the registered manager escalated their concerns with the person responsible and repairs were completed the following day.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed government guidance and supported people to safely receive visitors and to visit friends and families in the community.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. However, we found documentation about one person's mental capacity to consent contradicted information within their deprivation of liberty order. The registered manager took action to review this with the service manager.
- Records showed applications were made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. Service managers could not always demonstrate how they monitored progress of applications with the funding authority and a team leader was not aware if a CoP authorisation was in place for one person. After our site visit the service provided CoP documentation which was authorised September 2021. In practice staff had been supporting the person in accordance with the conditions of the CoP, however, they could not be assured this was legally authorised at the time.

We recommend the service implements systems to monitor Court of Protection deprivation of liberty authorisation outcomes, and ensures staff consistently have access to this information.

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

- The service completed an assessment of each person's physical and mental health. However, national

tools to assess specific needs such as skin integrity were not in use. The registered manager took immediate action to address this and provided a completed assessment during our inspection.

- Pressure relieving equipment was in use for a person where needed. Staff told us they regularly supported the person to reposition in their bed or in their chair. There had been no episodes of pressure wounds or marks.
- Where people's mobility needs had changed referrals were made to healthcare professionals such as occupational therapy to assess their needs. However, the service acknowledged a review of needs had not always been timely, which had been discussed with the management team to learn lessons. At the time of our inspection one person had found alternative accommodation and another person was being supported by their funding authority to seek an alternative placement.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- Staff used an observational tool to record information about how some people expressed their needs, emotions and feelings. The aim being to better understand what the person is communicating to help staff meet people's needs.

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

- The national malnutrition screening tool was in place, however, this was not fully completed by staff to identify where further actions may be needed to meet people's nutritional needs. The registered manager took immediate to address this.
- In practice, we found staff were knowledgeable about people's nutritional needs. Staff were aware of people's nutritional intake and meals were fortified where needed. However, food and fluid intake were not fully recorded where such monitoring may be required to prevent deterioration in people's health.
- People were supported to prepare meals of their choice and had access to plenty of fresh food and snacks.

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

- The housing authority were responsible for the maintenance and redecoration of premises. Records showed that one setting had been in a state of disrepair since August 2020. The management team told us delays were due to a combination of COVID-19 restrictions and needing to co-ordinate alternative accommodation for people who could not safely remain in properties during repairs.
- Records showed a light bulb in a person's bedroom had been out for four months and one person had pulled their curtains down and was waiting for the landlord to repair the pole. There was a lack of proactivity or creative thinking about how two people's bedrooms could be made more comfortable, where they could not safely cope with personal artefacts or furniture. Plans to address maintenance and redecoration were underway by the end of our inspection visit.
- Other settings appeared personalised, comfortable and were adapted to people's needs. People were involved in choosing colour schemes and personal memorabilia was evident in their private spaces.
- Settings were clean and checks were in place to make sure equipment used by staff to support people was fit for purpose and safe to use.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs and positive behaviour support.
- Training in physical interventions and diabetes awareness had lapsed for some staff, which the registered manager advised us was due to access issues during COVID-19 restrictions. There was a clear plan to rectify this. For example, an internal instructor had been identified to deliver certified physical intervention training.
- Staff new to care were supported to complete the care certificate, which is a set of 15 standards that define

the knowledge, skills and behaviours expected in the role.

- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- Some people's Annual health checks had lapsed during COVID-19 restrictions. The registered manager had an action plan to address this with people's GPs which was underway at the time of our inspection.
- There were multiple examples where the service made appropriate referrals to health and social care professionals and supported people to access healthcare services.
- Care plans included details about people's oral health needs and records showed people were supported to attend dental appointment.

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 good. At this inspection this key question has remained the same. 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

- We received feedback from two people they were happy with permanent staff support but unhappy about how they were treated by specific agency staff members. They did not feel valued or respected by these staff, who they reported ignored them, spoke in their own language, refused to support certain activities and spent time on their personal mobile phones. The area and service manager were aware and acknowledged concerns had not yet been resolved to people's satisfaction. They continued to work with the agency to address concerns and people's social workers were involved.
- People and their relatives were positive about other staff members, with comments such as, "All the staff are nice, I like them all. We have fun", "If scores are out of 10, then they are an 11. They really do know how to look after [family member]" and "Some staff are fabulous, they treat her with dignity and respect. They have pulled their socks up".
- We observed staff to provide kind and compassionate care. They used positive, respectful language which people understood and responded well to.
- Staff responded quickly to any expression of upset or confusion and took time to explain what was going on.
- Staff received equality and diversity training and demonstrated a good understanding of preventing discrimination to people with a learning disability and autistic people.

We recommend the service ensures all staff, including agency staff are matched to people's needs and preferences wherever possible.

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

- Staff took the time to understand people's individual communication styles and developed a rapport with them. We observed staff at one setting consistently used a person's adapted Makaton signing with them to share information and understand their preferences.
- Staff were able to interpret another person's vocalisations and use of key words to understand their needs wants and wishes.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- We received feedback that people and their relatives were kept informed and involved in decisions about their care, with comments such as, "We feel involved in [family member's] care and feel the staff are very professional".

Respecting and promoting people's privacy, dignity and independence

- Care plans included people's abilities to promote their independence.
- We observed staff supported people to do as much for themselves as possible and offered their support when anticipated or requested.
- Staff acted to promote people's privacy and dignity. People were supported to manage their own door keys where they were able to. Staff ensured doors were closed when providing personal care.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's medical and social history, cultural and faith needs were identified and recorded. Other protected characteristics such as people's sexuality were not documented. The service referrals and placement policy and procedure identified how people identified and their sexuality as areas to assess. However, care plans did not demonstrate whether these areas were explored or whether people wanted to disclose this information or not.
- Staff we spoke with were knowledgeable about people's individual preference, beliefs, routines, and how to support them in the right way. They were able to explain in depth what kind of food people liked, how people liked to be dressed, what activities they liked and things they disliked.
- Tenancy agreements were in place. Settings were not easily identified as services for people receiving care and environments were utilised to maximised people's choice. For example, the staff office/administration requirements did not encroach on people's communal spaces.

We recommend the service takes action to ensure all protected characteristics are represented in people's plans of care.

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 carers.

- People's care plans showed the service met the principles of AIS. For example, a person's communication passport included photos of the person's sign language. The area manager told us they were trained to a high level in British Sign Language and used their skills to support the person to present a workshop to staff and other service users about their sign language.
- Other people's care plans detailed how they expressed and received information.
- Easy read documents, pictures and photos were used in accordance with people's needs to support communication.
- Staff received basic communication training. The registered manager told us specific training in communication methods such as Makaton was not required. This was because people's individual communications systems were included as part of staffs' induction and shadowing period. They said they would keep this under review, for instance where there was risk knowledge would be lost if exiting staff were to leave.

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

- We received mixed feedback from people's relatives about access to varied activities, including issues with transport which impacted this. Two settings we visited were in the process of rebuilding access to community activities based on changes in external day service provision. These services supported an older demographic of people who we were told were less keen to try new experiences and preferred a slower pace of life. We found people's activity plans at one setting needed updating to reflect the current situation.
- At the other two settings people had access to a range of activities. During our visit people were supported to attend one to one and group activities based upon their preferences. People enthusiastically told us about the various events and parties staff had supported them to arrange and attend.
- People spoke about some other people using services as their friends and enjoyed spending time with them. This indicated that people were generally well matched.
- Staff were aware of people's less positive feedback about other tenants and considered this to ensure household and external activities were arranged to minimise contact.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and we received feedback that people and their relatives knew how to raise concerns and complaints to the service.
- The service kept a log of complaints and we saw complaints were investigated and outcomes documented. Complaint investigation forms included whether the complainant was satisfied with the outcome and deemed resolved. Where one complaint had not been resolved to the person's satisfaction additional actions were put in place.
- The service also kept a log of compliments, for example, there was recent positive feedback from external day services staff that a staff member supporting a person "left a really positive impression and was really engaging".

End of life care and support

- People's care plans did not include end of life preferences. At the time of our inspection no one was identified as being at the end of their life.
- The registered manager advised us they were completing a review to identify where end of life care plans would be appropriate.
- We received feedback from staff who had previously supported a person at the end of their. They said management shared best practice with the staff team and ensured care was person-centred.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found the registered manager and senior leadership team were experienced and generally knowledgeable about regulatory requirements and national standards. However, this was not always translated to consistent implementation across settings. This indicated closer monitoring and support to service managers and staff teams was needed.
- The service had not displayed the previous CQC inspection rating on their website as required. Immediate action was taken to rectify this. The statement of purpose was updated in relation to changes prior to our inspection following a query from us about this.
- CCTV was in use for the outside grounds/entrance at one service. The service had not taken formal steps to consult with people about this and had not completed an impact assessment upon people's privacy. An area manager started this assessment during our visit using a nationally recognised tool.
- Management and people's care records were sometimes incomplete or lacked enough written information about their support needs and risk. Relatives' involvement in decisions about people's care was not clearly documented in care plans. Some staff reported difficulties in accessing and updating people's electronic records due to not having enough computers. A service improvement plan was in place to address such shortfalls, this included plans to implement handheld electronic devices to ensure records were contemporaneous.
- The nominated individual provided a summary of investigation outcomes in relation to internal concerns about information governance. IT systems and staff support were in place to minimise the risk of data breaches.
- There was a clear drive from the registered manager to improve the service. We found the leadership team to be reflective and responsive where areas for improvement were found. The registered manager was open that certain areas had lapsed during the COVID-19 pandemic. They demonstrated improvements had since been identified and were being addressed at a steady pace this year.
- Quality and safety audits had not been kept-up during COVID-19. However, a service manager, area manager and provider schedule of audits covering all areas of care had since been implemented. We found recently completed audits identified many of the themes identified in our inspection and progress towards re-establishing good standards was shown.

We recommend the service continues to embed quality and safety monitoring systems to ensure improvements are effective and sustained.

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

- We received mixed positive and negative feedback from people, their relatives and staff about the management of the service. For example, comments were made that greater management oversight was needed to reduce "putting upon" relatives and to provide direction to staff who were sometimes perceived as "lazy". Other feedback described management as proactive and the atmosphere as caring.
- Some staff felt the leadership team were very supportive and promoted person centred values. Staff described good teamwork amongst both permanent and agency staff. Other staff felt there was very low staff morale and raised concerns about poor teamwork and lack of effective management of agency staff, which had a negative impact upon people's experiences. This varied between specific settings. Both area managers were taking action to address concerns. There was a new directive to supervise regular agency staff and meetings with the agency were held to provide feedback about agency staff performance.
- Service managers and team leaders consistently told us they felt well supported by the registered manager and areas managers. We observed the registered manager spoke with staff respectfully and looked for solutions, rather than blaming. Staff told us the whistle-blowing policy and procedure had been recirculated and encouraged to speak-up in response to anonymous concerns being raised.
- We saw examples where the service invoked the disciplinary policy and procedure to investigate and act upon concerns about staff conduct and performance.
- In general, we found there was a clear shared vision and aim to provide personalised care and to promote people's independence. Most staff we observed and interacted with came across as being enthusiastic and dedicated to support people to achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour requirement. An appropriate policy and procedure was in place.
- We reviewed a letter from the service to a person's representative, which included the outcome of an investigation, an apology that harm had occurred, and steps taken to avoid reoccurrences.

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

- The service had not engaged with people, relatives or staff through formal questionnaires during the COVID-19 pandemic. People's surveys had been completed beginning of May 2022; we looked at a sample of these which were generally positive with one person expressing they would rather live alone in a flat. The service was in the process of reviewing feedback to identify themes and ensure areas raised were actioned. A plan was in place to fully reinstate surveys for relatives and staff members from June 2022 onwards.
- In general, people's relatives were positive about communication from the service during COVID-19 restrictions. We received examples from some relatives where staff had listened and acted upon their ideas to develop the service. Other relatives felt service managers were slow to respond to queries.
- People were supported to participate in regular residents meeting to express their feedback about the service and to make activity plans and choices about meals.
- Records looked at showed staff meetings were regularly facilitated to communicate changes in people's support needs and to remind staff of correct procedures, such as financial transactions, fire safety checks and staff one to one allocation.

Working in partnership with others

- The feedback we received from social care professionals and commissioning teams was generally positive about service communication and engagement.
- The service acknowledged that a lapse in communication with a person's social worker about changes in

the way their care was funded resulted in funding being stopped last year. This had not affected the person's care which the service continued to provide. A full review of the person's needs and a financial audit was completed including lessons learnt to avoid this happening again.