

Optima Care Limited

Shine Supported Living - South East

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

About the service

Shine Supported Living - South East is a supported living service registered to provide personal care. The service provided care and support to four people with a learning disability or other complex needs living in supported living' settings, so that they can live in their own home as independently as possible. 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. Two people were in receipt of personal care when we visited.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The management of risk around people's health was not consistently safe. Management of constipation and risks associated with choking and falls were not well managed. The service relied on a high number of agency staff who may not support people for a number of days. Information was not robustly handed over and documentation did not record important information to share with staff. Although accidents and incidents were recorded and analysed for trends and patterns, action was not always taken to prevent repeated incidents. Lessons were not always learnt or embedded.

Staff did not always have reliable information to refer to when supporting people. Support plans contained duplicated information, staff found them difficult to navigate through and some important information was missing. Recommendations from healthcare professionals were not always acted on, meaning people did not always receive effective person-centred care.

Communication between staff needed to improve so important information relating to people was not missed. The provider and registered manager had failed to identify the concerns we found at this inspection around management of constipation, choking, and falls. The provider had failed to ensure ratings were conspicuously displayed on their website. Although some agency staff worked frequently at the service, they did not receive any formal supervision and were not engaged in meetings or other ways to provide feedback.

People received their commissioned hours of support. There was a safeguarding policy in place and staff said they were confident any concerns would be dealt with if raised. Medicines were managed safely. Before people were offered a service, the registered manager conducted assessments to ensure needs could be met and staff had the right training. People were supported to eat and drink and maintain a healthy weight.

People were supported to visit health appointments with healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We observed staff talking to people in a kind and respectful way. People diversities were assessed and supported. People were supported to go on outings and participate in activities they enjoyed. Consideration had been given to how information was presented to people in the way they could understand. A policy was in place which outlined the process for dealing with complaints. An easy read version was available for people who required this.

Staff were positive about the support they received. Staff were positive about the registered manager and direction of the service. People, relatives and staff were asked for feedback about the service and information was used to make improvements.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 28 November 2018) and there were six breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made or sustained and there were four breaches of regulation. This service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Safe care and treatment, Person-centred care, Good governance and Requirement as to display of performance assessments at this inspection. Please see the action we have told the provider to take at the end of this 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Shine Supported Living - South East

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings next door to one another, 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. The registered manager split their time between this location and another geographical area where people received a service. A service manager was responsible for the day to day management of this location. The service manager had left in October 2019, a new service manager had been employed and was due to start employment in December 2019. In the interim a team leader oversaw the day to day running of this location. The registered manager and team leader were present during this inspection.

Notice of inspection

We gave the service 48 hours' 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke to eight members of staff including the registered manager, operations manager, team leader, support workers and agency staff. We visited two people in their own homes. People could not provide us with verbal feedback, we made observations of care to help us understand their experiences.

We reviewed a range of records. This included two people's care records and one person's medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service. This included audits, quality assurance information, policies and procedures, complaints and incident and accident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager and operations manager sent us additional information after the inspection. This included quality assurance information and information about the action taken during the inspection in response to concerns raised. We contacted three relatives about their experiences of the care provided and received feedback from two.

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 Requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks had not always been assessed or fully mitigated and one person was at risk of discrimination. Some known risks had not been managed well. There had been incidents where a person was put at risk because they had not been supported by staff with a good knowledge of ongoing risks. Medicines had not been managed consistently safely. One person's occasional use medicine was out of date and topical cream had been administered passed its use by date. At this inspection we found continued concerns around how risk was mitigated although there had been improvement in the management of medicines.

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

Assessing risk, safety monitoring and management

- Risk around people's health was not consistently safe. One person was at risk of constipation. Although their care plan stated bowel movements should be recorded on a bowel monitoring chart this was not happening. The registered manager said they thought staff were doing this but all staff we spoke with confirmed this was not the case. The person's care plan did not provide information about when further professional medical intervention should be sought or what signs and symptoms staff should be aware of if the person was constipated. We asked one staff member what the signs and symptoms of constipation were, but they were unable to answer. Another staff member said, "I've not been with (person) while constipated, but I would assume we would report to team leader and go to the doctor." Although there was no evidence the person had been harmed, this did not demonstrate a robust approach to managing risk.
- The service relied on a high number of agency staff who may not support the person for a number of days. Information was not robustly handed over and documentation was not recording important information about constipation. There was a risk the person could be constipated for a number of days and no action would be taken because staff would be unaware. During the inspection the registered manager updated the care plan and implemented monitoring forms.
- One person was assessed as being at risk of choking. Although preventative measures were in place to reduce the risk of choking incidents there was no guidance for staff to follow, should the person actually choke. We asked staff what they would do if the person choked. One staff member said, "I've never seen (person) choke, if they did I would do CPR, encourage them to cough, give them some water." Another staff

member said, "I would bang them on the back hard." This did not demonstrate a consistent or planned response to a choking incident, leaving the person at risk.

- One person had previously had a number of falls. There was no specific guidance in place about how the person should be supported or what action staff should take if the person fell. After the inspection the registered manager sent us updated care plan guidance in response to this concern.

Learning lessons when things go wrong

- Although accident and incidents were recorded and analysed for trends and patterns, action was not always taken to prevent repeated incidents and lessons were not always learnt or embedded.
- For example, there had been an incident where a person had tried to lift a dog up by its ears. There was a risk if they tried to do this again they could be harmed by the dog. This had not been reflected in the care plan and measures had not been implemented to reduce the risk of this happening again. Not all staff had been informed about this risk, when we spoke to the team leader about this incident they had been unaware. The operations manager said the service had not always been good at recording when they had acted on incidents and this was something the registered manager was addressing.

The above demonstrates that the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. This is a continued breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People received their commissioned hours of support. There remained a high number of agency staff covering hours on the rota. The registered manager and staff told us that agency staff were usually regular for consistency, although there were occasions this could not be achieved. A relative said, "The service relies quite heavily on agency staff which isn't great, but (registered manager) does mostly use the same people so this brings some consistency to the support." Communication between staff, particularly agency staff was not always effective, and we have reported on this more in the Well-led question.
- The operations manager told us recruitment was an ongoing issue and a regional recruiter was employed by the provider to tackle the employment of permanent staff.
- Staff continued to be recruited safely and checks were made before new staff commenced employment. Relevant Disclosure and Barring Service checks were completed, references obtained from previous employers and employment histories checked. After the inspection the registered manager informed us they had successfully recruited two new staff who were going through the pre-employment checks process.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place and staff said they were confident any concerns would be dealt with if raised. A relative said when discussing safeguarding, "I was always informed if anything happened, I'm confident they are on top of that."
- Staff had a good understanding of the signs of abuse and had received safeguarding training.
- Where safeguarding incidents had occurred, these had been reported to the local authority or police for investigation.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. We did note a thermometer for one storage area of medicines was missing. The registered manager responded to this concern during the inspection.
- Medicines were regularly audited to identify errors and staff who administered medicines were trained to do so.
- If errors were found staff were re-trained and competency checked before being permitted to administer

medicines to people.

- People were protected from the risk of infection. Staff received training in infection control and were provided with enough personal protective equipment such as gloves and aprons to complete their roles.

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 Requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection on 17 and 21 September 2018 the provider had failed to ensure that people were not deprived of their liberty for the purpose of receiving care. This was a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that staff had appropriate support, supervision and training. This was a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and regulations were no longer in breach.

Staff support: induction, training, skills and experience

- Although some agency staff worked frequently at the service they did not receive any formal supervision. An agency worker said, "I never get supervisions with the manager. It would be good, they could pin point any mistakes I'm making, and I could improve." This is an area which could improve. Agency staff received training though their employer and were matched to people accordingly.
- Staff told us they received enough training and support to carry out their roles. Staff received regular supervision and said they felt well supported on a day to day basis.
- Staff received training in specific areas such as equality and diversity, first aid, food hygiene, leaning disabilities, Autism and Asperger's, nutrition, and positive behaviour support.

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

- Before people were offered a service the registered manager conducted assessments to ensure needs could be met and staff had the right training.
- Assessments included identifying risks, personal preferences, cultural and specific diverse needs and other support the person may require. Where people shared accommodation, assessments were made to ensure people would be a suitable match to live with one another.
- Key workers reviewed and assessed people's daily living skills and areas of risk. This was then discussed with the team leader who made changes to the care plan and risk assessment guidance.

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

- People were supported to eat and drink and maintain a healthy weight. One person required their food to be prepared in a specific way to help them keep safe. Staff understood the importance of preparing their food as advised by the speech and language therapist (SALT). For example, making sure food was cut up

into small pieces.

- Staff offered people advice about healthy eating. Some people did not always want to eat healthily, and staff respected the choices they made.
- People were supported to do their own shopping and staff encouraged people to make their own choices about their meals.

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

- People's care plans included information to support them with their health. For example, there were health action plans, hospital passports (hospital passports contain important information that other healthcare professionals can refer to should the person being admitted to hospital) and health appointment records.
- A Disability Distress Assessment Tool (DisDAT) was completed for people which helped staff identify if the person might be in pain or discomfort and require medical attention. This is a nationally recognised tool designed to help identify distress in people who have severely limited communication.
- People were supported to visit health appointments with healthcare professionals, such as their GP, dentist and chiroprapist.

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.

- The service was working within the principles of the MCA. Two people were being deprived of their liberty and applications had been made to the Court of Protection. The registered manager regularly followed up the progress of these applications.
- Best interest meetings were conducted when people did not have the capacity to make choices about significant decisions. A relative said, "(Relative) will be moving to another bungalow and I was part of the decision making around this." Any restrictions placed on people were regularly reviewed to see if they were necessary and the least restrictive option available.
- People with capacity could make unwise decisions and were informed of the risk of these decisions so they could make an informed choice.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the inspection on 17 and 21 September 2018 we found people were not consistently supported to express their views. At this inspection we found improvement had been made.

Respecting and promoting people's privacy, dignity and independence

- We observed staff talking to people in a kind and respectful way. A relative said, "I think the permanent staff are very good and very caring. They take their time to get to know (relative)."
- Before we visited people, staff sought consent. On meeting people staff introduced us and explained who we were. One person could become agitated around strangers, staff responded to this quickly to help the person remain calm. When staff assessed the person was getting increasingly agitated by our presence, they reassured the person we would leave.
- People were supported to make their own routines. For example, if people preferred to remain in their nightwear throughout the day this choice was respected.

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

- Staff told us they tried to encourage people to express their views and be as independent as possible. Staff told us, "I try to promote independence. It's (persons) home. I try to encourage (person) to be independent.", "There's encouragement within the homes, for example (person) will be asked to strip the beds, with (another person) it's a work in progress trying to get them to set the table."
- When we visited one person it was their birthday, staff had put decorations around the person's home and told us they would be having birthday cake later.
- Staff engaged with people in a focused way, they communicated with people in a reassuring manner. One person wanted to show us their bedroom. Staff explained how they had encouraged the person to choose their own decoration and had specifically picked wallpaper that was textured that the person would enjoy feeling.

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

- People diversities were assessed and supported. The registered manager said, "We employ people with disabilities and complex issues, we don't ask ages. When we take service users on, we look at religious beliefs and sexuality preferences. We try to match up staff with people with common interests where we can. We have some very diverse staff. We try to meet clients' needs and staff needs. We try to take a diverse approach to staff and people."

- Part of the care planning and assessment process included looking at the risk of discrimination of protected characteristics such as age, gender reassignment, race, religion, disability and sexual orientation.

Is the service responsive?

Our findings

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

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

This meant people's needs were not always met.

At the inspection on 17 and 21 September 2018 we found the provider and registered manager had failed to ensure that people's care reflected their assessed needs and preferences. This was a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. An occupational therapist (OT) had identified a person would benefit from going out each day and swimming once a week, but this was not being supported. Information in people's care plans about maintaining relationships had not been followed. One person told us they did not like living with another person, but they had not been supported to look for alternative accommodation. The service was not consistently working according to the accessible information standard (AIS).

At this inspection we found some improvement had been made but other areas continued to be a concern and the provider was still in breach of regulation 9.

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

- Feedback from healthcare professionals continued to not always be acted on. The OT had made recommendations that a person would benefit from swimming. We asked staff if the person went swimming and they confirmed they did not. The person's care plan stated they enjoyed swimming, and this should be supported. We asked the team leader and registered manager about this who said they were unaware there had been a recommendation made by the OT. In October 2019 the key worker report stated swimming needed to be implemented for the person, but no action had been taken.
- Staff did not have reliable information to refer to when supporting people. Support plans contained duplicated information, staff found difficult to navigate through and some important information was missing. Although most staff knew people well, the provider was trying to recruit new staff who would need reliable information to refer to and agency staff were frequently relied on. One staff member said, "You can't remember everything in the care plan as there is a lot of info." We asked the operations manager to find us specific pieces of information from a person's care plan which they struggled to do. They said, "We are introducing a new on-line care planning system. Although there are nice elements in the care plans, they are not stream lined or easy to find information."
- Staff described to us how they supported one person with their continence in a particular way. The care plan did not detail the specific way staff supported the person. This meant any staff unfamiliar to the person may not know their preferred way to be supported and support may be inconsistent. The person was unable to verbally state their preferences. One person's care plan stated they loved to watch animals but there was no information about the potential risk this posed. There had been an incident where the person had tried

to pick a dog up by the ears. If the person did this again, the dog may cause them harm, but this was not mentioned in the care plan. Staff were unaware about the incident.

The provider and registered manager had failed to ensure that people's care reflected their assessed needs and preferences. This is a continued breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans did provide some detailed information about people's likes, preferences and needs. Information informed staff how people should be supported in their preferred way and to meet their needs.
- People were encouraged to work towards goals, which were looked at each month, with the key workers. The registered manager said they had not always been good at recording or analysing when goals were achieved, and this was something they had identified to improve.

Improving care quality in response to complaints or concerns

- A policy outlined the process for dealing with complaints. An easy read version was available for people who required this.
- A relative said, "I have not been told how to make a formal complaint. I do however feel that (registered manager) listens and makes reasonable adjustments where necessary if they can. I have raised concerns in the past with registered manager. My concerns have been addressed where possible."

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

- People were supported to go on outings and participate in activities they enjoyed. One staff member said, "(People) get to go out enough, in the summer we do walks, picnics." Another staff member said, "(People) go out a lot, walking, we do like music, so I will have a dance about with (people). We tried (person) out on a train and as a result they are going to see the lights in London."
- Some people regularly went home to visit their relatives and were supported to maintain a relationship. One relative said, "(Relative) comes home to visit me regularly and this is always supported. If my (relative) wants to go out and visit places of interest this is also supported where possible."

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.

- Consideration had been given to how information was presented to people in the way they could understand. Some people used picture boards to help them plan their days and communicate their preferences to staff. The registered manager said communication was an area of ongoing development. They were continually assessing people to understand the best way to communicate with people who could not verbally communicate.
- Pictures and simple language was used on some documentation to help people understand its content. Information was broken down for people to help them make sense of its content. For example, one person had oral guidance which described in a simple way the step by step process for maintaining good oral hygiene.

End of life care and support

- The service was not supporting anyone at the end of their life. There continued to be no end of life plans in

place in people's care files although the registered manager had attempted to complete these with people and their relatives. They understood their responsibility with implementing these plans. They told us they would continue to address and review this matter in a sensitive manner.

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 Requires improvement. At this inspection this key question has remained the same.

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.

At the inspection on 17 and 21 September 2018 we found the provider had failed ensure that notifications were submitted to CQC when there was a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. The provider had failed to seek and act on feedback from people who lived at the service and their relatives. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made but other areas continued to be a concern. One breach of regulation continued, and we found one new breach of regulation.

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

- Communication between staff needed to improve so important information relating to people was not missed. The service relied on a high number of agency staff. Although regular agency staff were mostly used, this could not be guaranteed and there could be gaps over several days or longer when agency staff completed shifts. Staff told us they did a verbal handover, but information was sometimes missed. The team leader said, "Handover was discussed today, it's not effective and staff are just handing over quickly." A staff member said, "There's a daily log book, not all the agency staff would know about the boxes they should tick. It's not always done." The registered manager sent us information after the inspection to say how they planned to improve communication between staff.
- Some agency staff had been working at the service for a long period of time. They told us they had not been invited to attend any staff meetings or received any formal supervision. An agency worker said, "It would be nice to be invited to the meetings." Another agency worker said, "We don't get invited to staff meetings I would like to go. I could raise some things that I see about the clients, so we can all work on the same page. There may be other information we need to know as agency."

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; Continuous learning and improving care

- The provider and registered manager audited and reviewed various areas of the service, such as care plans, health and safety, finance, rotas, recruitment, service improvement plans, and incidents and

accidents. They had failed to identify the concerns we found at this inspection around management of constipation, choking, and falls. The provider had not identified that recommendations made from other healthcare professionals, such as OTs, had not been responded to. This meant people were not receiving effective or safe support with all of their needs.

- We reported at our previous inspection about communication. A relative had raised concerns about it being difficult to contact the service. Some relatives told us they were not always kept well informed about changes at the service such as staff leaving. We received similar feedback at this inspection. One relative said, "Occasionally I might need to speak to staff, there is no telephone number to ring. Occasionally something else crops up where I need to be able to speak to someone and this can prove to be difficult." Another relative said, "There has been issues in the past where I haven't been told about staff leaving. I can't say anyone's contacted me to say so and so's moved so that could be improved."

The provider failed to consistently assess, monitor, improve the quality and safety of the services provided or learn lessons. This is a continued breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had not conspicuously displayed their rating on their website although ratings were displayed within their office, which were accessible to the public. The provider took action during the inspection to rectify this.

The provider had failed to ensure ratings were conspicuously displayed on their website. This was a breach of regulation 20A of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications had been sent as needed. These are notices the service is required to send to us notifying us about certain changes, events and incidents affecting their service or the people who use it.
- Staff were positive about the support they received. A staff member said, "(Team leader) is fantastic, always there to support you. The (registered manager) will support you, you don't see them too often but the (team leader) always pops in and will give advice." Another staff member said, "I think there's a lot of changes that have happened. As soon as (registered manager) came they made sure I was trained (in specific area) as I wasn't before when I worked with (person). I think things are improving. Now things are taking shape we know who to go to. I tend to see the team leader more so."
- An on-call system was in place if the team leader or registered manager were unavailable. A staff member said, "I don't feel I can't speak to someone." Another staff member said, "I feel I get enough support. If (registered manager) was on holiday one of the other managers from another service would come over or always be at the end of the phone."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were positive about the registered manager and direction of the service. The registered manager had taken up post with the provider in January 2019. There had been a lot of instability in the service due to changes of management over the years. One staff member said, "Since I've been working here there's been about seven changes of managers in this time. Its better since (registered manager) started here."
- People, relatives and staff were asked for feedback about the service, so improvements could be made. Questionnaires had been sent in August 2019 to ask people, staff and relatives for feedback. Action plans

had been created in response to some of the feedback received such as improving the content of discussion in staff supervision and how newsletters and staff forums were implemented to improve engagement with the staff. Regular meetings were arranged for people, relatives, permanent staff, senior staff, and managers.

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 provider and registered manager had failed to ensure that people's care reflected their assessed needs and preferences. Regulation 9
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Regulation 12
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to consistently assess, monitor, improve the quality and safety of the services provided or learn lessons. Regulation 17
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to ensure ratings were conspicuously displayed on their website. Regulation 20A

