Care Quality Commission

Cedar Hope Care Services Ltd

Pentland Close

Inspection report

6 Pentland Close
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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Pentland Close is a domiciliary care agency providing personal care to people and children in their own homes. This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. The service provides support to children aged 4 to 18, older people, younger adults and people with dementia and mental health needs. The service supports people with a learning disability and associated needs. At the time of our inspection there were two people using the service.

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
The provider did not operate effective quality assurance systems to oversee the service. These systems did not ensure compliance with the fundamental standards and identifying when the fundamental standards were not met.

The provider did not ensure consistent actions were taken to reduce the risks where possible and meaningful plans were not in place to minimise those risks. Effective recruitment processes were not in place to ensure that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Staff were not up to date with, or had not received, their competency checks and mandatory training. When incidents or accidents happened, it was not recorded clearly and consistently that it was fully investigated, and if lessons were learnt. The provider did not ensure that clear and consistent records were kept for people who use the service and the service management. People, their families and other people that mattered were involved in the planning of their care. However, the support plans did not contain all information specific to people's needs and how to manage any conditions they had. Staff did not have all detailed guidance for them to follow when supporting people with complex needs.

We have made a recommendation about seeking guidance from a reputable source to ensure the Mental Capacity Act legal framework and the provider's responsibility to record people's and children's decisions was followed accordingly. We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met. We have made a recommendation about gathering and acting on people's, children's, relatives, and staff's feedback.

We judged people were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. However, the policies and systems in the service had to be improved to continue supporting this practice.

The elative said they felt their family member was safe with the staff providing their support and care. Staff

understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. The relative said staff were caring and kind and we observed this. Staff understood how to treat people and children with care, respect, and kindness. Staff upheld people's privacy and responded in a way that maintained their dignity. The relative said staff were consistent and effective in the support they provided. Staff said the staffing levels were sufficient to do their job safely and effectively.

The management team appreciated staff contributions and efforts to ensure people received the care and support they needed. Staff said they communicated regularly with each other and worked well together. They felt they could approach the management team at any time. Staff had support via supervision and appraisals sessions. The management team was working with the local authority and different professionals to investigate safeguarding cases and other matters relating to people's health and wellbeing. The professionals were mostly positive about the service and noted where the service and management has improved.

There was an emergency plan in place to respond to unexpected events. There was a process to manage complaints effectively and according to the provider's policy. The provider informed us about notifiable incidents in a timely manner. Staff deployment and management of shifts ensured people received their care as planned.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection
This service was registered with us on 16 October 2020 and this is the first inspection.

Why we inspected
This inspection was supported by a review of all the information we held about this service. The service has not been inspected since their registration.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance, risk management, notification of changes to statement of purpose, record keeping, management of medicine, staff training and competence and recruitment. We have made a recommendation about meeting the Accessible Information Standard and Mental Capacity Act legal framework. We have made a recommendation about seeking and using feedback from people, staff and others to improve the service.

Please see the action we have told the provider to take at the end of this report.

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 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**

Care Quality Commission

Pentland Close

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 two inspectors. Another inspector contacted staff to gather feedback.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service also provides care and support to people living in '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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. However, a new manager has commenced work at the service, and they were going through the registration process. We will refer to them as 'the manager' in the report. Where we spoke with the nominated individual and the manager, we will refer to them as 'the management team'.

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.

The registered location was the same address as one of the supported living services. We visited the location's office and the service on 5 September 2022.

What we did before the inspection
Prior to the inspection we looked at all the information we had collected about the service including notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law. 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 information gathered as part of monitoring activity that took place on 25 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also observed how staff interacted and supported people and children using the service. We reviewed a range of records including two people's care and support plans and other associated records. We also looked at a variety of records relating to the management of the service, including recruitment information for six staff, quality assurance, incidents and accidents, surveys and some policies and procedures.

After the inspection
We contacted seven staff and spoke to four staff team members. We looked at further information such as training data, policies and other service management records sent to us after the inspection. We also contacted three relatives for feedback and received a response from one. We sought feedback from the local authority and professionals who work with the service and received three responses.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The management and staff team reviewed and recorded risks to people's safety and some action was taken to mitigate risk. However, we found some areas of risk management needed improvement or further clarity. For example, where a person was at risk of choking, the records noted that staff were aware of what to do in the event of choking. However, there was no further information on how to manage that type of incident.
● There was a positive behaviour plan to support a person when they became anxious or distracted, however it was designed for their education setting. It did not include enough information for staff on how to support this person when they were away from their education setting and if the same steps applied.
● During the inspection it transpired one person had a condition affecting their health and wellbeing. There was nothing in the care records describing how to manage and mitigate risks around it. We spoke about this with the management team, but they were not able to offer any further explanation.
● We reviewed another person's records for risks and mitigation. It was not recorded if the identified risks were reviewed to ensure no further or additional mitigation was needed while the person stayed in the current service.
● The management team explained the process of managing and investigating incidents and accidents. They told us there had not been any incidents or accidents.
● However, upon reviewing care records, we found a number of incidents recorded, mainly person injuring themselves in a certain way. The staff had provided support and help to the person each time they had injured themselves.
● When required, staff completed body maps to document the injury sustained. However, none of body maps reviewed had an incident form attached to it.
● Incident/accident forms were completed inconsistently and did not indicate further review by the management team.
● There was a clear pattern for certain behaviour causing particular injuries. However, there was no further review to explore the reasons or triggers for the injury and if further actions needed to be taken to mitigate risks to individuals.
● We were not assured about how systems in place identified actions needed to be taken to mitigate the risks to individuals or highlighted areas for improvement.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations.

Staffing and recruitment
● The provider did not always ensure all required recruitment checks and information were gathered before staff started work.
● We found missing information such as full employment histories and explanations of gaps in employment, information on evidence of conduct from a previous employment working in health and social care and verified reasons why the previous employment ended.
● Staff had a Disclosure and Barring Service (DBS) check completed before they started supporting people. However, it was not clear if the barred lists for both children and adults were completed. One staff member did not have the adults barred list checked. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● We asked the provider and the manager to rectify those issues and send us evidence of it.
● We received information however it showed recruitment procedures were not carried out according to the requirements of the regulation. Therefore, we were not assured appropriate checks were carried out before those staff started working with people and children who use the service.
● Failing to obtain all required recruitment information, the registered manager put people at risk of being supported by unsuitable staff.

The registered manager had not obtained all the information required by the Regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (1)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team told us how they had managed staffing numbers and support to people. When they received referrals for someone to use their service, this would be looked at according to numbers of staff and what people's or children's needs were. If the provider was able to meet the needs, with enough staff, then arrangements would be made to accept the person or child to start using the service.
● Staff said they did not have issues with staffing numbers at this time and were able to do their job effectively and safely.

Using medicines safely
● People's and children's medicine management was not always safe.
● The provider did not oversee medicine management effectively to ensure the risk of errors was reduced, for example using medicine audits. We found medicine errors, but these were not recorded according to the provider's policy and there was no evidence the errors had been reviewed to reduce the risk of recurrence.
● For example, one prescribed medicine had expired and could not be given on two consecutive days. Staff sought medical advice and were advised to administer another medicine, prescribed 'as required' (PRN). The medication administration record sheet was not completed clearly to indicate the change and why the person had to have a different medicine.
● One person had to have prescribed ointment on certain days but their support plan indicated the cream should be applied daily. There was an error on the MAR sheet, but there was no documentation to explain the error or what had happened. The days of administration had also been altered but it was not clear if any advice had been sought to make that change.
● People and children were prescribed PRN medicines to help them manage conditions. However, the protocols did not always contain clear information specific to the person.
● For example, a person had sedatives prescribed as PRN to manage anxiety and changes in behaviour. However, the protocol did not include signs and triggers of changes to the person's behaviour, ways to help

the person first and use PRN medicine as the last resort to ensure the person was not chemically restrained. They also had PRN medicine to manage pain. But there was little detail describing how the person expressed themselves when in pain.
● We found one person had a specific PRN medicine to help them manage their condition. The medicine was to be administered using a certain device. It was part of the risk management that staff had to be trained to use this device. However, this part of training was not completed during the competency assessment.
● People's risk assessments for medicine management indicated staff had to be appropriately trained in medication administration. However, only two out of seven staff had up-to-date training. The staff had to complete competency assessments once they had completed their training, and one staff's assessment was not completed. The assessor did not have appropriate training to carry out these assessments.
● After the inspection, provider informed us the staff would complete the required training including to be a competent assessor.
● This meant the provider could not assure us all staff were competent and knowledgeable to safely support people and children with medicines.

The medicine management was not robust enough to demonstrate that medicines were managed safely at all times. This placed people at risk of harm. This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● The management team explained their responsibilities in regard to safeguarding people and children who use the service and reporting concerns to external professionals accordingly such as the local authority, police and the Care Quality Commission.
● At the time of our inspection there were no safeguarding investigations ongoing. The provider was working together with the local authority safeguarding team to investigate when needed.
● The relative agreed their family member was safe with staff and liked the staff who supported them. They said, "Yes, I felt [person] was safe when the staff were looking after them. I even got to see this first hand… they did a brilliant job of managing [person's] behaviours to keep them safe."
● Staff were aware of how to recognise abuse and protect people from the risk of abuse. Staff knew how to report concerns and were confident the management team would act on any concerns reported to ensure people's safety.

Preventing and controlling infection
● Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.

● Some staff had training in infection control, followed procedures and used PPE.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
● The provider sent us training information after the inspection for our review.
● A number of staff did not have their training refreshed or competencies assessed to ensure they maintained the right knowledge and skills to provide effective care and support to people. When we spoke to staff, they were not always sure how to differentiate between supporting adults and children.
● The current best practice guidelines for social care staff says the provider should assess staff knowledge and competence at least annually and provide learning and development opportunities at least every three years for various topics.
● We also received little information to assure us the management team were up to date with their training and knowledge so they would be able to lead by example, monitor practice, support staff and pick up any improvements needed.
● Staff said they received the training they needed however, they added that to complete online training only was not always enough. They felt having classroom-based training would be more beneficial to enable them to meet people's needs effectively.
● The management team said staff would complete the Care Certificate as part of their role, but this had only been completed by one staff member. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● To be awarded the Care Certificate the person must acquire knowledge and demonstrate understanding of the knowledge acquired as well as demonstrating and being assessed as competent in the standards. Where there are practical elements to learning which require staff to be 'hands on' and observed, face to face practical training and assessment needs to take place. We were told during the inspection that this part had not been completed for any of the standards. The staff assessing the standards did not have any further specific training to be classed as a competent assessor of the Care Certificate.
● The provider could not ensure at all times people were supported by staff who were competent and guided by best practice, with up to date knowledge and skills. This also meant people were at risk of not always getting appropriate and effective care and support.

The registered manager did not ensure all staff were competent, skilled and had up to date training in order to carry out their role when supporting people and performing their work. This was a breach of Regulation 18 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

● When new staff started, they had an induction that included training and a period of shadowing

experienced staff. Staff confirmed this to us. Staff felt supported by the management team most of the time.
● Staff had sessions of supervision to review their performance, professional development and discuss any matters.
● The relative said, "Yes, [I have been introduced to staff and from what I saw, [staff] with [person], and they seemed to have [knowledge and skills].

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care needs were assessed initially to identify the support they required and to ensure the service could meet their individual needs. Records demonstrated the person and/or their family had been involved in drawing up their plan.
● We noted the support plans had specific information recorded about the person, and some good guidance recorded. However, some of the outcomes and how to approach a person were not always clearly recorded. It was more of a repeated action of what should be done rather than what the person wanted to achieve and what support staff should provide.
● For example, one person's support plan identified they needed support with privacy and dignity however the part 'how to support me' did not describe how to achieve this. They also needed support when out in the community or on public transport, but it was not clearly recorded what support they needed.
● It was noted in another person's support plan the staff needed to understand a particular requirement of the person's medication. But it was not noted anywhere what it actually meant for staff and the person.
● Another person had support plans and guidance used from when they lived in another service. The records did not have any further review noted to ensure they were still accurate and relevant. For example, the records referred to the service having locks on the doors needing a code. However, this was not the case in this service.
● One person needed redirection from some activities to keep them safe, especially as they were in a new environment. However, their records did not describe exactly how staff should do this without causing them more stress. Therefore, we were not assured staff had the relevant guidance to support the person, especially in critical situations where the person would be at risk of harm.
● The records contained guidance for staff on how to manage people's oral health and support they would need with it. However, the form used to record this was not completed consistently.

The registered manager did not ensure people's care and treatment was appropriate and met their needs. This was a breach of Regulation 9 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

● We observed how staff interacted and communicated with people. It was done respectfully and without rushing them. We observed staff and people had friendly and joyful relationships.
● Staff demonstrated clear understanding of the need to seek consent from people. Staff also told us about best interest decision meetings and the importance of providing people/children with choices; asking and involving them in decisions such as their personal care.
● Staff understood how to be respectful of people's wishes and provide encouragement and emotional support. People's and children's rights were protected because the staff acted in accordance with the MCA.
● Most staff demonstrated awareness of the need to involve others for people, particularly those under 18 years old, who could not make decisions. We noted that provider's policies did not include much information regarding the process to follow when supporting children with decisions, consent and any capacity issues.
● The management team understood the importance of supporting people and children with making decisions and encouraged staff to do the same.
● The relative said staff supported their family member to make decisions and offered them choices, taking into account what they liked and disliked.
● One professional added, "Yes - staff were able to promote the [person's] participation in decision making, respected their decisions and promoted their dignity by making sure that needs were met".

We recommend the registered person seeks advice and guidance from a reputable source about the MCA legal framework, and their responsibilities to ensure people, and particularly children, are supported to express their views and be involved in decision making.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement, staff provided support. However, the record for one person did not clearly indicate how to support them with meals when they were distracted.
● Where needed, staff would monitor people's food or fluid intake and advice would be sought from a health professional if necessary.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to remain as healthy as possible. The management team encouraged staff to monitor people daily for any changes or illness. If anything changed, staff reported to senior staff to make appropriate referrals to professionals.
● The relative felt staff were consistent and effective in the support they offered.
● The service communicated with families and other professionals for guidance, referrals and support. The management team added if they needed something, there were always professionals to call for help and support.
● Staff explained and described how they monitored and supported people or children with their changing health needs. Staff told us about having discussions with the manager about changes in people's medical needs. Staff told us they would make an appointment for an assessment of the person or child and involve specialist health professionals accordingly.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care
● The relative said they thought the staff were caring and kind. They supported the person in the way they liked and preferred. We observed the way staff supported people and it was done in a respectful manner.
● Staff demonstrated a good understanding of the importance of respecting people's diverse needs and having conversations about their wishes and feelings. They demonstrated a good understanding of diversity and equality matters.
● The management team spoke about how they ensured staff were kind, caring and respectful to people who use the service starting from interviews that were value-based. They added, "Staff need to remember that it is [people's] home…and the rule of thumb is that if you do not do it for your family, please do not do it for the [people you support]".
● People, children and those important to them were involved in making sure they received the care and support they wanted. People were supported to express their views about their daily life and support.
● The nominated individual said they visited the services to check if people were happy with their support. The management team explained how they placed importance on ensuring continuous caring support to people. They said, "We do supervisions and talk to staff about being caring and kind. We do questionnaires for people and stakeholders, to get their feedback. We observe staff and how they are interacting with people and children. If any issues, we pick up with staff members to address it".
● Professionals added, "Yes - the [person] communicates very positively about the carers at the house and seems to have good relationships with them all. [Person] is always happy to return to the house at the end of the [day]" and "Yes - during the period when the service supported [person], the staff were able to develop positive and caring relationship with them, and identified their likes, dislikes".

Respecting and promoting people's privacy, dignity and independence
●The relative agreed the staff respected their family member's privacy and dignity.
● Staff showed understanding about the importance of upholding people's privacy and dignity. They said, "I have to be aware of the need for people's privacy, I always knock before entering their room and then closing the door" and "I give people choices and ask them about their preferences. I knock on people's door before entering and I cover people up when providing personal care, to respect their dignity".
● Staff spoke about engaging, involving and providing encouragement to the people who use the service including undertaking personal care and domestic tasks. Staff said, "I try to encourage people to participate in their personal care…I let people do as much as they can for themselves", "We involve [the person] in helping us do the cleaning" and "I give people encouragement and opportunities to do things, for themselves".

- Staff said they worked closely with people to understand their wishes. Staff also told us about providing emotional support and including people in decisions, saying, "I don't want to let [people] feel left out".
- Any private and confidential information relating to the care and treatment of people was kept securely in the office. Staff provided a clear understanding of the importance of maintaining people's confidentiality, adding, "It's important to not share information with unauthorised people. We need be aware of the environment (e.g. public transport) and keeping information private" and, "We document and keep people's personal information securely locked and do not share it, unless needed".

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.
● We checked records to ensure the provider assessed and met people's/children's communication needs in line with the AIS requirements and guidance.
● The service provided some guidance for staff in communicating with people in a manner they could understand. However, the support plans did not ensure all information presented was in a format people/children would be able to receive and understand it.

We recommend the service seeks advice and guidance from a reputable source about meeting all five steps of the AIS to ensure all information presented is in a format people would be able to receive and understand.

● Staff were aware of how to help people communicate their wishes. They spoke about a variety of differing communication styles, including verbal and non-verbal communication, use of gestures and signs, and speaking clearly to people and children.
● Staff said, "For example, we keep information short and in clear sentences, to help them understand" and "If people have hearing impairments, I would speak in front of them to help them read my lips".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People, children and relatives were involved in the care planning process. The service was flexible to adjust to people's needs when necessary.
● Information had been sought from people, their relatives and other professionals involved in their care where necessary. Their needs were identified, including needs on the grounds of protected equality characteristics, their choices and preferences and were regularly reviewed. The management team spoke about care planning and support being focused on the person's life, including having a voice, goals, and to live a fulfilling life as much as possible. There were health action plans in place when required. We noted to the management team that this record needed finalising which they have done after inspection.
● We saw guidance given about people's needs and care required. However, we found some information was not added to support plans. For example, support plans did not always describe parts of people's routine or specific conditions and the ways to support and help them with this. This would ensure people

received individualised care and support, as well as, ensuring their safety and wellbeing. Although at this time, this had not had an impact to people. However, we raised this with the provider to address it and make changes accordingly.

● The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. Staff ensured people could maintain relationships that mattered to them, such as family, community and other social links.

● Staff recorded care and support provided at each shift that would help them monitor people's needs and respond to any changes in a timely manner.

● Staff demonstrated consideration for people's diverse needs and preferences. They spoke about working with people and giving them choices, respecting their individual wishes and preferences. They said, "We have to support people, according to their needs and everyone is different and has different needs", "I put people at the centre of everything I do" and "Everything has to be about the person. Everyone's information and needs are unique to them".

Improving care quality in response to complaints or concerns

● People, children and their families or those important to them, could raise concerns and complaints and staff would support them to do so. There had been no formal complaints since the provider's registration with CQC.

● The management team explained the process of handling a complaint if it was raised. They also said they would learn from any complaints, reviewing the effects on people or children, families, and the service. They would review the practice, retrain the staff if needed and discuss how they could do better next time.

● Staff were able to explain their actions if a complaint was raised with them. Staff also told us about providing assurance to people or children, to ensure they felt supported involving them to help explore and understand the issues.

● The relative said they had not needed to complain since their family member had started using the service.

End of life care and support

● During our inspection, there was no one receiving end of life care. The management team said they would not accept such care packages at this time. If anyone's needs changed so much, then they would reassess the support needed and work with other professionals to ensure people received appropriate care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

● There had been a change in the provider's statement of purpose since they had registered to carry on the regulated activity. We informed the management team they needed to notify us of this change, but they did not notify us as required.

The provider failed to notify the CQC of changes to the service provided. This was a breach of Regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

● The provider did not effectively operate systems and processes so they could assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services, the service and others.
● The provider did not identify all of the concerns we found on the inspection. For example, missing recruitment information for staff suitability; issues with safe medicines management, lack of records for staff training, competency and knowledge checks, risk management, incidents and accidents.
● We asked the provider for evidence of any further audits or checks they carried out to ensure they had oversight of the service and how they would continuously review and assess the quality of the service. We received two audits and there were some similar issues noted. However, it did not evidence that the provider had oversight to ensure compliance with fundamental standards.
● We asked to see how the provider reviewed and monitored staff practice and conduct. They told us by reviewing the computerised daily notes system and checking what staff were doing. The nominated individual said they visited the service at least twice a week and on weekends. They would check the service and talk to people and staff. However, they did not record any of those checks to support monitoring.
● The tasks and record keeping were delegated to staff members. However, the provider did not have systems in place to oversee what staff were doing to ensure things were done correctly at all times.
● The provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because accurate and complete records were not maintained. For example, in an evacuation plan it stated staff were to help the person and "should keep them down". But it was unclear what this meant. We found records and the information around specific aspects of care and identified risks were not recorded accurately.
● We could not be sure the provider had an accurate overview of the quality of the service due to the lack of evidence of their quality assurance system being used and other issues found.

The registered manager had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others
● The provider had carried out some questionnaires for people and relatives. However, it was not always clear who completed theses and when. There were also staff surveys done. Where answers did not indicate a positive response, it was not clear if it was reviewed and if anything was done about it. We asked to see any analysis or review completed to work on feedback from these surveys. However, there was not one in place. The provider was not working proactively based on that feedback and if any improvements were needed and were completed already.

We recommend the registered person seeks advice and guidance from a reputable source, about gathering people's and staff's views and acting on them to shape and improve the service and culture.

● The management team communicated on a regular basis with the staff to ensure all of them were aware of any issues, important information related to the service, actions to take or to pass on positive feedback.
● The provider held staff team meetings and discussed different topics including practice, care and support of people/children, safeguarding, medicines and training. Staff confirmed these meetings were useful to have.
● The provider worked in partnership with outside organisations. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as social workers, the safeguarding team, education settings, psychiatrists and GPs. The management team added, "If we needed something, we always had social worker to call. We keep regular communications with [education setting] for anything. There are always people out there, help is always there. We rely on other professionals to help make [person's] life as best as possible".
● The service had links with the local community and the provider worked in partnership with other agencies to improve people's and children's wellbeing.
● Professionals added, "While we have struggled at times to have a consistent nominated contact within the service, the people we have dealt with have been professional and responsive. This has improved recently", "Yes, [the manager] and [the nominated individual] both demonstrated good leadership which was evident in their communication with staff, professionals and [the service user's] family" and "[The provider] in our view is well-led and the leadership and management team are always reachable and accessible".

● Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
● During this inspection, we found the provider ensured CQC was notified of reportable events within a reasonable time frame. This meant we were able to check and monitor that appropriate action had been taken to ensure people were safe at that time.

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
● We discussed duty of candour, requirements of the regulation and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

● There had not been any notifiable safety incidents where duty of candour would apply.

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

● The management team and staff worked together to promote and support people's wellbeing, independence and safety. The management team praised the staff team, "Yes, I feel supported. We all work together and if something needs to be done, if [staff] have capacity, then they will do it. There is teamwork. No one is waiting around. [Staff] are very proactive, and I can't praise enough. They are a fantastic bunch to work with!" and "As a new manager coming to [an] established team, they have been nothing but welcoming…I haven't seen anything giving me cause for concerns and the way they look after the [service users], always smiling and that speak a lot."
● Staff felt they could approach the management team with concerns and queries. Staff were positive about the support from them and the open culture they created. They said, "The management team have an open-door policy and welcome ideas. They are down to earth and want to know our suggestions and ideas for improvement", "We have monthly team meetings, and discuss things, including learning from incidents" and "Management team are very easy to talk to. They ask for our views and suggestions about what is working and not working".
● The relative said, "It seems to be [managed well] – albeit a new person on board. It was hard for [staff], and under the circumstances they did a remarkable job. I have nothing but praise – it seemed like positive environment and [the staff] were getting to know [the person]".

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 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The provider failed to notify the CQC when there were any changes to the service. Regulation 12 (1)(2)(3)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. Regulation 9 (1)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure safe care and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe. Regulation 12 (1)(2)(a)(b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

Regulated activity	Regulation
	governance The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A). Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed. Regulation 19 (1)(2)(3)(a) and Schedule 3.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work and were not enabled to obtain further qualifications appropriate to the work they performed. Regulation 18 (1)(2)(a)