

# Care Expertise Group Limited

# Care Organiser

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

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

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

The provider had not always notified CQC of all significant incidents, such as allegations of abuse, as required by law. The registered manager told us this was an oversight and they would improve going forwards. Staff did not always have access to accurate records about people because two set of care plans were in place for each person on the first day of our inspection. Although the provider had resolved this by the second day of our inspection this meant people had been at risk of harm due to inaccurate records previously. The provider had followed their action plan to improve in relation to all of the breaches we found at the previous inspection. Although there were a range of audits in place at the service, the notifications breach and concern regarding records meant the provider's oversight of the service should be improved.

A registered manager was in post who had overseen the schemes for more than a decade. They were supported by managers at each scheme and their own teams, plus quality assurance officers. The registered manager understood their responsibilities, but increased oversight of Autumn Leaves is required to ensure compliance with the regulations. Staff understood their day to day responsibilities.

People were protected from the risk of avoidable harm because risks were appropriately assessed. Medicines were safely managed by staff. The provider operated safe and effective recruitment practices to ensure staff working with vulnerable people were suitable. There were enough staff to support people safely. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

Staff received regular and frequent supervision and appraisal to support them. People were supported to have maximum choice and control of their lives in the least restrictive ways possible and in their best interests; the policies and systems in the service supported this practice. The provider had carried out decision-specific mental capacity assessments relating to areas to do with finances and medicine.

Staff understood and met people's needs and preferences relating to eating and drinking. People received a choice of food which was served hot and in sufficient quantities. People's day to day healthcare needs were met.

Staff supported people in a caring manner and knew the people they were caring for well. People liked the staff and we observed staff were kind and responsive towards people, treating them with dignity and

respect. People were encouraged to be involved in their care. Care was personalised to meet people's needs and preferences, although the provider had not ensured staff had reliable records to refer to. The provider could provide information to people in alternative formats to meet people's communication needs if required. The provider investigated and responded to any concerns or complaints and people were encouraged to complain.

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.

Autumn Leaves were able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The provider was not fully compliant with the regulations, as set out in this report. which meant they were not fully complaint with the principles. In addition, the size of this scheme was much larger than best practice guidance. However, the scheme manager explained how the service offered several flats where people could live independently. In addition, the need for this scheme had been agreed by the commissioners and people had a choice in living there and in receiving care from an alternative provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (2 July 2019) and there were five 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 we found the provider had improved to meet four of the previous breaches but there was repeat breach in relation to good governance and an additional breach in relation to notifications.

#### Why we inspected

This was a planned inspection based on the previous ratings and concerns raised by a relative regarding poor care.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Organiser on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The overall rating for the service is requires improvement. We have identified one breach in relation to notifications. The overall rating for the service is requires improvement. You can see what action we have asked the provider to take at the end of this full report in relation to the notifications breach.

#### Follow up

We will request an action plan for 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 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 effective.

Details are in our effective findings below.

**Good** ●

### 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 Organiser

## 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.

This was a comprehensive inspection to check whether the provider had made the improvements required in relation to regulations 9, 10, 12, 17, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, we received concerns from a relative alleging a person received poor care which also promoted this inspection.

#### Inspection team

The inspection was carried out by three inspectors.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 in post, registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure a suitable senior person would be available to support the inspection. We also needed to seek consent from people using the service for us to visit the supported living setting.

The inspection activity started on 1 November 2021 by visiting one supported living scheme called Autumn Leaves which operates under Care Organiser. On 7 December 2021 we returned to Autumn Leaves to gather more information and to interview the registered manager. Inspection activity ended on 7 December 2021.

### What we did before the inspection

We reviewed the previous inspection reports and other information we received about the service, including any statutory notifications received about any significant events at the service such as police incidents or allegations of abuse. The provider submitted a 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. We used all this information to plan our inspection

### During the inspection

We spoke with four people using the service and carried out observations to help us understand their experience of receiving care and support at the service for people who could not tell us. We spoke with the registered manager, one of the scheme managers, two support workers and we reviewed a range of records. These included care and staff records and records relating to the management of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 remained 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

- The registered manager had not always ensured people's care plans contained reliable information to guide staff. Staff referred to paper-based care and electronic plans available on their phones and laptops. These paper care plans were sometimes inaccurate e.g. one stated a person required food to be prepared in a way which could cause them harm. After we raised our concerns the scheme manager assured us these paper care plans were no longer accessible to staff. However, this issue meant people had been at risk of poor care for a period of time while staff accessed these inaccurate records.
- The provider had ensured risks to people were assessed with guidance in place for staff to follow.
- People received the right support in relation to their unsafe behaviour which was expressed due to the difficult emotions they experienced. The provider ensured each person had a positive behaviour support (PBS) plan in place to guide staff on how to support each person individually. A PBS team was in place which reviewed all incidents to check people's needs were met safely. Staff were trained in understanding behaviour that indicated distress and how to support them and no physical restraint was used.

### Preventing and controlling infection

At our last inspection we identified staff did not always use personal protective equipment (PPE) safely and the provider had not carried out risk assessments to check they were managing COVID-19 risks safely. This was part of the breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had improved and were no longer in breach of this regulation.

- We observed staff followed safe infection control procedures. Staff had received training in personal protective equipment (PPE) usage and infection control with a focus on COVID-19 to reduce the risk of the spread of infections.
- The provider carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for staff and people using the service to ensure risks remained as low as possible.
- Staff also received training in food hygiene and handled food safely which meant the risk of people becoming ill due to food borne illnesses was lessened.

### Staffing and recruitment

At our last inspection we found the provider did not always recruit staff following robust procedures. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. This meant staff who may have been unsuitable could have been recruited. At this inspection we found the provider had improved enough and was no longer in breach.

- People were cared for safely by staff who knew them well. There were enough staff to support people safely and the same agency staff were used to fill vacancies for consistency. Each person had their own package of support which set out how many hours of care they would receive to stay safe and vacancies were being recruited to.
- Staff recruitment was robust. The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and we observed people were comfortable with them, freely approaching staff for assistance.
- The registered manager and staff understood their responsibilities in relation to safeguarding. However, poor oversight of financial transactions meant people could be at increased risk of financial abuse. When we raised our concerns the registered manager told us they would improve their systems immediately.
- Staff received regular training to recognise abuse and take the right action to protect people.

Using medicines safely

- People's medicines were managed safely overall and we did not find any medicines errors.
- The provider assessed risks relating to medicines management and put guidance in place for staff to follow, including for over the counter and 'as required' medicines.
- Staff received training in medicines administration with competency assessments to check they were able to handle medicines safely.

# 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 the rating improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found records relating to the Mental Capacity Act (MCA) were not always accurate. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found records relating to the MCA had improved and the provider was no longer in breach of regulation 17.

At our last inspection we found there was insufficient evidence some people had been properly consulted on the use of locks on communal areas such as the kitchen at one scheme. In addition, at our last inspection we found a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found these issues had been resolved and the provider was no longer in breach of regulation 10.

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 decisions 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.

- At Autumn Leaves some communal rooms were kept locked as it was unsafe for everyone to access them without staff support. The provider showed us an action plan confirming they were continually reviewing this decision and that it was in people's best interests. The provider was consulting with people ongoing with clear timescales for actions.
- People were able to access locked communal rooms when appropriate, such as the kitchen, anytime by asking staff for access. One person identified as having capacity, carried a key fob to allow them to access all communal rooms independently.
- People's legal rights were protected and they were supported to have maximum choice and control of their lives because staff did not always follow the principles of the MCA and national guidance.
- The provider had conducted capacity assessments with 'best interests' meetings' when it was believed

people lacked capacity to make specific decisions. These decisions included those relating to medicines and financial management. The purpose of such meetings is for relatives, staff and any professionals involved in the person's care to decide whether the decisions were in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At the last inspection we found the provider had not always continually assessed people's needs and preferences so had not always identified when placements were breaking down. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had improved and was no longer in breach.

- People's needs were assessed by the provider. Before providing care to people the registered manager met with them and reviewed any professional reports to check they could meet their needs. People visited the home regularly to feel more comfortable when they moved in.
- The registered manager continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care such as their relatives and healthcare professionals.

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

- People received the healthcare support they needed with regular visits to their GPs and hospital professionals.
- People were supported by staff who understood them well enough to identify changes in their health.
- Staff followed the recommendations of healthcare professionals and care plans set out medical conditions and the support required. This helped to make sure people received appropriate and consistent care.

Staff support: induction, training, skills and experience

- Staff received regular supervision from their line manager and told us they felt well supported.
- Staff received regular training in various subjects including medicines management, MCA, manual handling, positive behaviour support and health and safety.
- New staff completed the care certificate, a nationally recognised qualification for staff new to care. The provider supported staff to complete diplomas in health and social care, including leadership qualifications for scheme managers.

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

- Each person was involved in planning their own menu to meet their dietary needs and preferences. People enjoyed their food. We saw portions were appropriate and food was served hot.
- People who required assistance to eat their meals were supported in a timely manner.
- Staff monitored people's weights and referred people for professional support for any concerns.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they liked the staff who cared for them. One person told us, "I like it here, they teach you to do things, to go somewhere and make something. It's quite good." A second person told us, "The staff are all nice." Another person told us one staff member was really nice and the others were ok and they wanted to live by themselves. A professional told us they observed good interactions between staff and people and staff were caring.
- Staff were respectful towards people and treated people in a dignified manner. For example, when supporting people to eat staff sat at the same level as them and spoke to them to explain what they were doing, taking their time so people did not feel rushed. Personal care was provided discreetly, behind closed doors.
- Staff we spoke with spoke about the people kindly and it was clear they understood people's needs and preferences as they knew people well.
- Staff encouraged people to maintain their independence as far as possible. For example, staff liaised with mobility services to ensure people had the equipment they needed to move around the home themselves where possible.
- Staff received training in equality and diversity to help them understand the importance of this in caring for people.

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

- We observed staff encouraging people to make their own choices about their care, such as their food and drink. The chef spoke to people to gather their views about the food and made changes to the menu from this feedback.
- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection remained good. This meant people's needs were met through good organisation and delivery.

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

- People's updated care plans were personalised and detailed their health needs, backgrounds, personalities, those who were important to them and how they preferred to receive their care.
- People were involved in their care plans as the provider met with people and their relatives before they came to live at the service to find out about their needs and wishes.
- Staff understood people's individual needs and preferences.

End of life care and support

- Although no one at the service we inspected was receiving end of life care, training was available to staff.
- The registered manager told us people were encouraged to consider how they would like to receive care at the end of their lives as part of care planning.

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 had individual activity programmes based on their hobbies and interests and staff were available to support people on activities. While a relative told us their family member did not have enough to do, people told us they had enough activities to do which they were interested in.
- We observed staff encouraged people to take part in their activities and they engaged people in activities inside the home too.

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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- Staff prepared many records in easy read format and were developing others so people could understand them better.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place which people and relatives were made aware of.
- Records showed the provider investigated and responded appropriately to a number of complaints made

in the past year.

# 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 the rating 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.

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

- The registered manager had not always sent us notifications in relation to significant events that had occurred in the service as required by law, such as any allegation of abuse or significant injury, which they told us was an oversight.

This was a breach of regulation 18 (Notification of Other Incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider's systems to monitor the care people received were insufficient. Although there was a wide range of audits in place these had not identified or resolved the concerns we identified regarding notifications, the accuracy of the care plans staff referred to in caring for people and oversight of financial transactions. Staff made records of financial transactions electronically using staff phones although checks were not always carried out to confirm money was managed safely. The scheme manager told us they were reviewing their systems to improve.
- The provider had followed their action plan to improve in relation to all the breaches we identified at our previous inspection. However, they required further improvements to improve their CQC rating to at least good.
- The registered manager was experienced in overseeing the 16 supported living services within the organisation and had been in this role for over a decade. They were supported by a management team at each of the schemes. The registered manager and the management teams understood their roles and responsibilities, although our findings showed their oversight of the areas where we found concerns needed to be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider gathered feedback from people using the service through group and individual discussions. Staff understood the unique ways to communicate with people considering their learning disabilities.
- Relatives and professionals were consulted informally when they visited or via the telephone and formally via questionnaires.
- Staff at Autumn Leaves told us they enjoyed their roles and felt involved in the running of the service. Management communicated with staff regarding changes to the service and regular staff meetings were

held to gather their views.

- The provider displayed their current rating on their website as required by law, and in the scheme we inspected.

Working in partnership with others

- The provider communicated with external health and social care professionals, learning disability and other specialist nurses and GPs, to ensure people received the care they needed.
- A professional told us they were concerned incidents were not always reported externally when necessary. This meant incidents may not always have been reviewed by organisations to check people were safe.

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

- The registered manager understood their duty of candour responsibilities. Staff told us their management style was open and transparent.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not always ensured that any abuse or allegation of abuse in relation to a person using the service was notified to the CQC without delay.</p> <p>Regulation 18(1)(e)</p>