

Codeko Homes Limited

# Codeko Homes - Berkshire

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Codeko Homes – Berkshire is a service providing personal care to people 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 people with mental health and learning disabilities or autistic spectrum disorder, and younger adults. 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. At the time of our inspection there was one person using the service while receiving regulated activity of personal care.

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

The provider did not always operate effective quality assurance systems to oversee the service. These systems did not always ensure compliance with the fundamental standards and identify when the fundamental standards were not met. The provider did not always use effective recruitment processes in place to ensure that the person was protected from staff being employed who were not suitable. The management of medicines was not always safe. The registered manager did not always inform us about notifiable incidents in a timely manner.

We have made a recommendation about seeking guidance from a reputable source to ensure the principles of the Accessible Information Standard were met.

The management team and staff carried out risk assessments and had drawn up care plans to ensure person's safety and wellbeing. We noted some parts of risk assessment could have more specific information recorded to ensure all support records were clear and consistent.

We have made a recommendation about keep records in regard to risk assessment and risk management strategies.

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 person, their families, professionals and others that mattered were involved in the planning of their care and kept in touch with the provider. 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. Staff understood how to treat the person with care, respect, and kindness. Staff upheld person's privacy and responded in a way that maintained their dignity. Staff said the staffing levels were sufficient to do their job safely and effectively. When incidents or accidents

happened, it was recorded and reviewed by the registered manager to ensure it was fully investigated, lessons learned and shared with the staff team.

Staff received training to ensure they had the knowledge and skills to support the person. The provider had been changing their system for monitoring staff training was up to date. The management team appreciated staff contributions and efforts to ensure the person received the care and support they needed. Staff communicated 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 person's health and wellbeing. 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. Staff deployment and management of shifts ensured the person 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](http://www.cqc.org.uk)

#### Rating at last inspection

This service was first registered with us on 26 April 2019. The service has not been providing regulated activity of personal care meaning the service has been dormant until 29 March 2021. This is the first inspection of the service.

#### Why we inspected

The service has never been inspected. This inspection was prompted by a review of the information we held about this service.

#### Enforcement and Recommendations

We have identified breaches in relation to quality assurance, notification of incidents, management of medicine, and recruitment. We have made a recommendation about meeting the Accessible Information Standard and keeping records for risk management strategies. 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 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** 

# Codeko Homes - Berkshire

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency and is registered to provide personal care to people living in their own houses or flats. This service also 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post and supported us during inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection to be sure that the registered manager would be in the office to support the inspection. We visited the location's office on 6 October 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 this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The PIR request are sent on the anniversary date of the first inspection therefore this would be done at a later date for this service.

#### During the inspection

We spoke with the registered manager and one of the service managers. We reviewed a range of records including people's care and support records and other associated records. We also looked at a variety of records relating to the management of the service, including recruitment information, quality assurance, medicine records and some policies and procedures. We met the person using the service and observed how staff interacted with them.

#### After the inspection

We contacted nine staff and spoke to four staff team members. We looked at further information such as training data, recruitment, incidents/accidents, further records of care and support, policies and other service management records sent to us after the inspection. We contacted relatives and received three responses. We sought feedback from the local authority and professionals who work with the service and received five responses.



# 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.

### Staffing and recruitment

- The registered manager did not 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 recruitment files did not include declarations of health and fitness to perform the role.
- Failing to obtain all required recruitment information would place people at risk of receiving care from 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.

- Staff had a Disclosure and Barring Service (DBS) checks completed before they started supporting people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us how they had managed staffing numbers and support to the person. The way shifts were arranged, ensured more continuity of care and support by the same staff for a certain period of time. This also ensured the person who uses the service was able to get to know the staff well and accept support.
- 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

- One person received support with medicine and was not always managed safely.
- We reviewed records for this person, and we found some discrepancies. For example, we were told the person did not have any medication prescribed 'when required' (PRN). However, the staff recorded on one of the medication administration record (MAR) sheets they have decided to give the person an additional dose of prescribed medication as PRN to help them calm down. We were not provided with PRN protocol in place to guide staff how to support the person if they needed an additional dose of medication.
- When the person used throat spray for coughs and nasal spray for congestion relief, it was not clear if it was used as PRN or administered daily as the records did not indicate which medicines were administered

on a regular basis.

- The MAR sheets listed the medication prescribed. However, the staff did not record clearly all support provided for each medicine.
- Providers must not allow staff to manage or administer medicines before assessing their competence. Staff had training in theory of medicine management, however the competency assessments were not completed fully. We also found that three staff were supporting the person with medication administration before their training was fully completed.
- This practice and oversight did not support safe management of medicine and could put people at risk of not receiving their medicine correctly.

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.

#### Assessing risk, safety monitoring and management

- The registered manager and the service manager spoke in great detail about person's support, their behaviours, identifying risks and triggers. For example, staff identified the person could be affected by different textures. Therefore, a scrapbook has been created to explore and note different textures and materials to help staff support the person and avoid any material that could upset the person.
- We reviewed person's records for support, risk assessment and mitigation. Risk assessment identified the hazards and the controls to be put in place for the person. Some information on this record could be more specific. For example, staff were directed to use distraction techniques to mitigate the risk of a person self-harming, but information was not recorded how to do this safely. However, a separate instruction how to help this person with their behaviour, emotions and safety were clearly described using different techniques.

We recommend provider reviews how they record risk mitigation in risk assessments that link in with other supporting documents for the person.

- Professionals added, "[The person] does display behaviours that can cause a risk of harm to [themselves]. It was my impression that the service managed these risks very well and made every effort to make environmental adaptation to support the person to maintain their quality of life whilst at the same time managing the risk. The service worked well with me and another colleague in developing supports to achieve this" and "Yes, the service and the risks are managed. Risk management plans are updated to include and new behaviours and how to manage these".
- The relatives added, "We commend the team for trying new ideas for dealing with challenging behaviours and improving [the person's] quality of life."
- Staff supported the person to manage the safety of the living environment through checks and taking action to minimise risk.

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

- The management team explained their responsibilities to safeguard people who use the service by reporting concerns to external professionals such as the local authority, police and the Care Quality Commission.
- Staff were able to explain how to recognise abuse, and how to report it including using whistleblowing procedure. Staff had safeguarding training refresher to ensure they continued to be aware of when to raise concerns about any malpractice.
- At the time of our inspection there were no safeguarding investigations ongoing. When alerts were raised, the provider was working together with the local authority safeguarding team to investigate it. Staff were



confident they would be taken seriously if they raised concerns with the management.

- There were systems and processes established to protect people who use the service from abuse and improper treatment.
- The relatives agreed the person was safe with staff at the service. One relative added, "Yes [the person] is safe; the staff were [at the service] and [the person] seemed happy" and "Yes [the person] is safe there, [the person] loves there, always ready to go back home. No nothing worries us, not in a single way, the staff are absolutely brilliant, and [the person] improved so much since [the person] been with them, no complaints whatsoever".
- One professional added, "[Staff] ensure [the person] is safe and are aware of triggers that may result in an incident and try to eliminate these triggers to avoid any incidents".

#### Learning lessons when things go wrong

- The registered manager and the service manager explained how incidents and accidents would be investigated and how learning would be shared with staff to think of ways to prevent recurrence.
- Both managers showed in-depth knowledge of people and their support needs as they spoke with us about their service. They explained how they looked at triggers, trends and themes when people had incidents or accidents, particularly related to the changes in behaviours. With such information, they were able to adjust support to the person and reduce the risk of recurrence and causing more stress to the person.
- Staff explained how they reported and recorded incidents and accidents. They also confirmed investigations were carried out and findings were discussed in team meetings and review at daily handover with the management. One staff said, "Reflective practice is undertaken weekly. Lessons learned are cascaded to staff via teams on Tuesday at 'all staff meetings'".

#### Preventing and controlling infection

- Staff were provided with and used personal protective equipment (PPE) to prevent the spread of infection.
- Staff was supporting people living at the service to minimise the spread of infection and supported them to look after their home.
- The registered manager said they kept in touch with local professionals in regard to infection prevention and control, to ensure they kept premises clean and hygienic.

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

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

- Person'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 support plans.
- Support plan provided staff with instructions on how personal care should be given to the individual so that it met their needs safely and effectively.
- Support plan also recorded the outcomes the person wanted to achieve so they could live life to their full potential and as they chose. It also described person's likes and preferences, their social interests, as well as physical and emotional needs.
- Professional thought the service provided effective care to the person. One professional added, "Staff supporting my customer have a good understanding of [their] needs and also work with [the person] to ensure [their] views are included in care".

Staff support: induction, training, skills and experience

- We reviewed the training matrix provided to us which recorded training the provider had determined was mandatory as well as role dependent training.
- Staff received training to ensure they had the knowledge and skills they needed to support people such as safeguarding, first aid and basic life support, person-centred approaches and duty of care, fire safety and support to people with behaviours relating to stress, anxiety or frustration. The provider monitored staff's training to ensure it was in-date. The senior staff also visited the service to check staff member's practice and performance.
- The registered manager added they were in the process of changing to computerised system to allow a centralised overview and an easy system to audit including monitoring staff's training and progress.
- When new staff started, they had an induction and a period of shadowing experienced staff. Staff confirmed this to us. Staff felt supported by the management team to do their work.
- Staff completed the care certificate as part of their role. 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.
- Staff had sessions of supervision and appraisals to review their performance, professional development, any further training needs and discuss any matters with senior staff.
- The relatives said, "[When we visited], the staff were there, and they all seem to be getting on alright. One staff was watching TV with [the person]" and "Sound professional skills are always evident. Detailed knowledge, especially for responding to [person's behaviours]".

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

- The person was supported with their meals and drinks as part of their care package. If someone needed help with eating or encouragement, staff would be able to provide the support.
- Where needed, staff would monitor 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

- The person was supported to remain as healthy as possible. The management team encouraged staff to monitor the person daily for any changes or illness. If anything changed, staff reported to senior staff to make appropriate referrals to professionals.
- The service communicated with families and other professionals for guidance, referrals and support. One relative added, "However, ...there have been a number of carers for [the person] whom we have become aware of only when they answer one of our regular video calls to chat with [the person]... it would be nice to know about forthcoming changes and receive some more assurance on handovers."
- Professionals agreed the person was supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional added, "Yes. Input from behavioural and occupational psychologist are gathered to ensure care is provide from my customer".
- Staff explained how they monitored and supported the person with their changing health needs including reporting it to the senior staff and seeking support from professionals.

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.

- One person was at risk of absconding if their home door was unlocked or while they were on a walk with staff. The registered manager explained how they supported the person to remain safe and still be able to go out for a walk.
- The registered manager also told us they have been continuously following up on application with the local authority to assess the legal authorisation to ensure any deprivation of liberty was lawful. The registered manager worked and shared information with relatives and other professionals to inform them of what was in place while they waited for the application to be processed.
- We spoke with the registered manager about consent forms, who could sign them and to ensure they had a legal right to do that. The registered manager explained they have been seeking clarification about that and we agreed this would be reviewed to ensure the records reflected MCA legal framework while they wait for the outcome.
- Person's rights to make their own decisions, where possible, were protected. Staff supported the person to make decisions, choices and look after themselves.

- The person also had advocate who attended care planning reviews together with relatives and kept in regular contact with the person.
- The relatives agreed they were involved in decisions process to support the person. They said, "Yes – we see this relatively frequently, along with positive efforts to help [the person] make more appropriate choices e.g. healthy eating" and "Yes the staff always ask [the person] about choices and what [the person] wants".
- Staff demonstrated clarity and importance of involvement of people in decision making, as well as, management, support workers, families, social workers. Staff spoke about helping with daily decisions, such as shopping and providing advice about healthy choices.
- Staff said, "We try to help people by giving them choices and advice. At the end of the day it is their decision", "We involve [the person] in making decisions and use pictorial prompts when needed" and "When we have to make decisions on [person's] behalf, we ask and check through the care plan, and involve the manager and professionals".

# 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

- The person was supported by staff who were kind and showed respect and understanding to people.
- We observed staff were patient and used appropriate styles of interaction with the person. It was clear the person and staff knew each other well. The relatives agreed the person was treated kindly and respectfully. One relative said, "The staff are absolutely brilliant, we cannot fault them, and [the person] seems to love them".
- When we spoke to staff, they told us about the importance of conversations with the person and involving them when delivering personal care and offering assistance and support with domestic tasks. They spoke about respect for the person's individual needs and preferences.
- Staff said, "We need to treat people as individuals. We must be compassionate, and we must not disrespect their needs and wishes. We speak to people using their names" and "I must not overstep their boundaries. I tell them 'how and why' I need to get their consent, for every stage of personal care".
- Staff supported the person to review and consider the exposure to any environmental factors they would find stressful.
- The professionals agreed the person was treated with respect and care. One professional added, "From my observations of the interactions in the home then I would say they speak about the people they support with respect and dignity. The senior support has a positive outlook and attitude to the support provided and appears very committed.

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

- The person was given time to listen, process information and respond to staff and other professionals. The person were enabled to make choices for themselves.
- Staff supported the person to express their views using their preferred method of communication. Staff took the time to understand person's individual communication styles and develop a rapport with them.
- Staff respected person's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- The person, and those important to them, took part in making and supporting decisions and planning of their care. Relatives confirmed this to us.
- Staff supported the person to maintain links with those that are important to them.
- Staff told us about the importance of involving the person and respecting their wishes and preferences to live the lives they want and ensure their wellbeing and sense of self-esteem is promoted.
- Staff said, "We encourage people to go out and keep it touch. We encourage people to maintain their friendships and we ask them to keep in touch with us and let us know when they are out. The important

thing is that they keep safe and do it safely" and "People's independence is the main goal for this type of support. We support people's social emotional and daily activities. We use different techniques and engage and involve them in activities. We support people to make their own friends, routines and goals to help them develop their confidence".

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to try new experiences, develop new skills and gain independence at their own pace. The relatives added, "Yes – with their recent support to having an overseas trip to visit us being a great example" and "Yes they encourage [the person] to be independent. It is difficult when [the person] gets frustrated, but the staff seem to handle it very well".
- Staff helped the person to identify goals and aspirations and supported them to achieve greater confidence and independence such as education, leisure activities and widening of social circles.
- Staff knew when the person needed their space and privacy and respected this.
- For the person living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- When we spoke to staff, they demonstrated good understanding of the need to respect person's privacy and dignity. They said, "If giving personal care, we close the door behind us and make sure there is no one coming", "We must be mindful of people's privacy and knock the door before entering ...these things are paramount" and "We need to be mindful of people's privacy and confidentiality when other people are close by".
- Any private and confidential information relating to the care and treatment of the person was kept in their home. This information was also kept securely in the office and password protected computers.
- Staff provided clear understanding of the importance of maintaining confidentiality.

# 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.

- The person's records did not always highlight that part of the support to ensure all information presented by different parties was in a format the person would be able to receive it and understand it.
- The person had some information about how they preferred to communicate and receive information.

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 told us about different and individual communication needs, and they knew how to facilitate communication and when the person was trying to express themselves. They said, "If people are nonverbal we can indicate things by showing pictures and objects and use sign language".
- Staff added that it was "a process of two-way conversation with people to ensure they understand ... would use gestures, pictures, drawings, use of Internet, sign language".

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

- Information had been sought from the person, staff, professionals and/or those important to them about the care needs. This information was then used to compile the plan of care and reviewed when needed.
- Person's care records also contained descriptions of their life histories and preferences that would help staff develop meaningful relationships with them.
- The service was supportive in decisions about person's care and support to make sure that their views were known, respected and acted on. The person was empowered to make choices and have as much control and independence as possible.
- The person was able to plan the care such as set goals, gain skills, abilities and how they preferred to manage their health. The service used a 'road map' to track progress of achieving goals and outcomes set.
- The service enabled the person to carry out person-centred activities and encouraged them to maintain hobbies and interests. Staff made sure that the person could maintain relationships that matter to them, such as family, community and other social links. This helped to protect them from the risk of social

isolation and loneliness as social contact and companionship was encouraged. For example, the service supported the person and family to see each other in person. It was a great success and the person enjoyed seeing their family.

- Staff recorded care and support provided at each shift that would help them monitor person's needs and respond to any changes in a timely manner. Staff used a scrapbook to add memories of trips and activities the person has done to have as visual information for them.

Improving care quality in response to complaints or concerns

- The person, their family, professionals, 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 provider had the process of handling a complaint if it was raised. Any learning from complaints would be taken and reviewed, as well as to improve practice where needed.
- There was a suggestion box that the person could use to share their ideas or issues. Staff were regularly checking it to find out any suggestions.
- Staff were able to explain their actions if a complaint was raised with them. Staff also told us about providing assurance to the person, to ensure they felt supported involving them to help explore and understand the issues. They would also seek support from the management team.

End of life care and support

- During our inspection, there was no one receiving end of life care.



# 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

- 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 registered manager did not ensure CQC was consistently notified of reportable events such as two allegations of abuse without delay.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager did not always 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 registered manager 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.
- The issues we found indicated the registered manager did not always have a full oversight of these areas identified or if the tasks were delegated, that these have been completed. This could prevent identifying and acting on issues that could potentially place people at risk of harm or abuse.

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.

- Other governance processes were used and helped to hold staff to account, keep the person safe, protect person's rights and provide good quality care and support. Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Staff and the management team were reviewing person's care and support on an ongoing basis as their needs and wishes changed over time.
- The registered manager and the service manager spoke about person's safety and wellbeing and it was

their priority. They were receptive of our comments and advice in order to improve the practice.

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 registered manager and staff worked together to ensure the person felt valued and their individuality was promoted, as well as, staff protected their rights and enabled them to develop and flourish.
- To ensure staff were valued and appreciated, the provider strived to show recognition and appreciation of staff and their work such as internal events, promptly actioning staff requests and saying 'thank you' for their efforts.
- Staff confirmed they were supported by the management team with comments like, "They ask me how I feel and have to know about me...I have learned a lot and really appreciate it", "The manager is very visible, they come to the different houses and make regular checks. They give you as much as is needed. They are like a family; we are not left alone" and "Management is well engaged with us...because they are a small company, we have good relationships with them. It can be quite stressful but most importantly, they give us good support".
- The registered manager was visible in the service, approachable and took a genuine interest in what the person, staff and other professionals had to say. We saw the registered manager, the service manager and the person knew each other well.
- The registered manager and other members of the team worked directly with the person and led by example. They promoted equality and diversity in all aspects of the running of the service.
- Staff felt respected, supported and valued by senior staff which created a positive and improvement-driven culture.
- Staff felt able to raise concerns with the registered manager or other senior staff without fear of what might happen as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff demonstrated a shared responsibility for promoting person's wellbeing, safety, and security. It was clear they wanted to help the person achieve positive outcomes and live life to the full. They promoted a positive, caring and inclusive culture within the service.
- The provider sought feedback from the person, those important to them and staff to support the development of the service. Relatives said, "Yes – we have always felt they are happy to work with us" and "Yes we are included, the staff say what is going on. They involve and inform us about [the person]".
- The registered manager worked alongside staff to continue learning about the service and helped them observe daily practice and pick up any issues. The registered manager had an open-door policy and would welcome any feedback of how to maintain a good service.
- Staff had staff team meetings to ensure any items arising from day to day running of the service and others' feedback were shared with the staff team. Staff added, "They [management team] prompt us to give feedback and take it seriously" and "Everything is reported immediately. We have weekly team meetings and discuss what we can do better".
- The registered manager proactively worked with the staff team and other professionals to ensure the

person was able to achieve their goals that had positive effects on them.

#### Working in partnership with others

- The service had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GP's, mental health team, other health professionals and the local authority.
- The service and provider's internal teams worked together to ensure better outcomes for the person and improve their health and well-being where necessary.
- The service had good links with the local community and the service worked in partnership to improve person's wellbeing and ensure they were involved as fully as possible.
- Professionals added, "We do not have any concerns contractually with [the provider], or with their policies as they seem robust...[the registered manager] is very keen to work closely with [the local authority], and attends all meetings scheduled, and is very good at communication and information sharing" and "The service has worked well with other services including college and family to ensure a multi-disciplinary approach. Yes, very impressed with their leadership. Very responsive and proactive in consulting with health professionals".

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 notified the Commission about specified incidents without delay.</p> <p>Regulation 18 (1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not always safe.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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).</p> <p>Regulation 17 (1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed effective 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)