

Optima Care Limited

Shine Supported Living - South East

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 17 and 21 September 2018 and was announced.

Shine Supported Living - South East is a supported living service registered to provide personal care. The service provided care and support to 5 people with a learning disability living in 'supported living' settings, so that they can live in their own home as independently as possible.

In supported living services 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 is based in Herne Bay. Two people live in one bungalow and three people live in the bungalow next door. The manager's office is based in a separate building behind one of the houses.

This is the first inspection since the service registered with CQC in November 2017. At this inspection we rated this service as 'Requires Improvement' as we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 and the Care Quality Commission (Registration) Regulations 2009.

At the time of the inspection the registered manager had not de-registered with CQC but had left the service the week before. There was a new manager in place who had not yet registered with CQC and had not had time to make an impact on the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risks to people's health and well-being were not consistently assessed and fully mitigated. Some risks had been assessed but others had not. Support plans were long and complex, the service used agency staff who did not always know people well and care and support was not always consistent.

Medicines were not consistently managed safely. There were restrictions to people that were not the least restrictive option to keep people safe. The service was not delivered in line with the Mental Capacity Act 2005 (MCA) legal framework as some people were deprived of their liberty and the provider had failed to seek lawful authority.

Staff had not undertaken all of the relevant training needed to support people with their assessed needs.

Support was not always available to assist people to develop their communication skills as staff did not have access to the appropriate training. Staff had not had supervision with a line manager for some time. Previously the service had senior support workers in place, however there were none in post at the time of the inspection. Staff did not always feel supported or informed by the provider.

People were not always supported to express their views about their care. Some people were non-verbal and needed support to communicate. We made a recommendation about this.

The support provided did not consistently meet peoples assessed needs and preferences. Support was not always personalised.

Notifications of important events were not always sent to CQC when they should have been. The providers checks on the quality of the service did not always identify concerns and where concerns were identified these were not always acted upon. Relatives were involved in planning peoples care but were not always informed by the provider about important changes to the service such as regular staff leaving.

There was a complaints process in place and people and their relatives knew how to complain. The complaints policy needed updating as it contained details about the manager who had left the service. We made a recommendation about this.

Incidents were recorded and acted upon but there was evidence that some known risks had re-occurred when people were supported by staff who did not know them well. Incidents had not been reviewed for trends since January 2018, so there was no oversight of recent incidents. We made a recommendation about this.

People were protected from the risk of infection. There were safe recruitment systems in place and enough staff to cover shifts with support from agency staff. New staff underwent and induction and attended appropriate training.

Prior to people receiving a service their needs were assessed to ensure that the service could meet their needs. Assessments were used to plan staffing levels and plan peoples care. Where people wanted support with their religion, sexuality, sexual or gender identity this support was provided.

People were treated with dignity. Staff knew how to maintain people's privacy and treated people with kindness and compassion. Staff has undertaken training in safeguarding and new how to report concerns about abuse. People were provided with support to maintain and increase their independence.

People were supported to access food and drink when this was needed and to maintain their weight. People had access to health care service and were provided the support they needed to access these.

We found five breaches of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Individual risks were not always fully identified or mitigated to help protect people's safety.

Accidents and incidents were not reviewed for trends to ensure that people's support kept them safe.

The administration of people's prescribed medicines was not always safe and needed improvement.

Sufficient staff were available to provide the support required. However, the service used agency staff and support was not always consistent.

Staff and agency staff were recruited safely.

Staff knew how to report abuse.

People were protected from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Some people were subject to restrictions and legal authorisation to deprive them of their liberty had not been sought in line with the Mental Capacity Act 2005.

Not all staff had received one to one supervision for some time. Suitable training was not always provided to develop staffs' skills appropriately.

People had an initial assessment to determine the care and support they required from staff.

People were supported with eating and drinking as needed.

People were supported to access healthcare services when they needed it.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were not always supported to express their views about their care.

Support to maintain people's independence was inconsistent.

Staff treated people with kindness and compassion.

People's privacy and dignity was respected.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Support for people was not always personalised.

There was a complaints policy in place and people and their relatives knew how to complain.

The service was not providing anyone with support for the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Checks on the quality of the service were in place. However, these had not been effective in identifying and acting upon the areas that required improvement.

Feedback from relatives was sought but feedback was not sought from the people who used the service. Relatives were not always informed about changes to the service.

There had been no recent staff meetings or staff supervisions. There were no senior support staff at the service and some staff said that they did not feel supported.

Notifications about important events were not always sent to CQC.

Requires Improvement ●

Shine Supported Living - South East

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 17 and 21 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a supported living service for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of two inspectors and one assistant inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we looked at the notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we observed the interaction between people and staff in the communal areas. We looked at people's support plans and the recruitment records of five staff employed at the service. We viewed a range of policies, medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We looked at what actions the provider had taken to improve the quality of the service. We spoke with the new manager and the area manager as the registered manager had left the service the week prior to the inspection. We also spoke to three staff at the service.

We spoke to two people who used the service. Some people used a range of communication styles and did not engage verbally about their experiences of the service. We spoke with three relatives of people, to gain their views and experience of the service provided.

Is the service safe?

Our findings

One relative told us, "As far as I know the person is safe. They keep the front door locked." Another relative said, "I worry about the agency staff and their understanding of my relative. [My relative] is currently happy. The last year and a half has been better." And, "[My relative] has challenging behaviour and is impulsive. It seems to be managed well and they seem to know how to anticipate it and distract [my relative]."

Risk to people's individual health and wellbeing had been assessed to enable them to remain safe and there was information in people's support plans about the risks to people. For example, where people had a long-term condition such as epilepsy there was information to enable staff to identify that the person was having a seizure and what to do to enable the person to remain safe. Another person had an intermittent condition which could cause a risk to their skin and there was clear guidance for staff on how to support the person to maintain their skin integrity. People had positive behaviour support plans in place. This included information on what triggered behaviour that challenged, what the early signs were that people were becoming upset, how staff could prevent behaviour that challenged and how to de-escalate any incidents that had occurred. One relative told us, "[My relative] is calmer. I find that they are more patient and listens more."

However, we found that some risks had not been assessed or fully mitigated. In one building there were risks relating to people living together. Staff were aware of these concerns and some mitigations had been put in place to keep people safe. However, one person was at risk of discrimination. Staff were aware of this risk but there was no risk assessment in place to mitigate this concern. This meant that the person could be discriminated against or bullied and risks to people's protected characteristics were not always mitigated. Some incidents of known risks had re-occurred at the service. One person at the service was to be supervised at all times and their support plan stated that they were not aware of road safety. The person had absconded from the service twice in July 2018. Regular staff all told us that the person was quick and would seek any opportunity to abscond from the service. The person's risk assessment stated that they were to be provided with one to one support ideally by someone who knew them well. However, the person was seen by a member of staff outside of the building and secure garden area without staff support. The incident report showed that the agency staff who were providing one to one support for the person were "chatting in the dining room" and were not aware that the person had absconded and had not been supervising the person appropriately. One person needed aids and equipment to mitigate risks when they undertook an activity, but the person had not been supported to access these aids. Some people in one building had alarms on their bedroom doors which was how the service was mitigating a risk of one person entering their bedroom. One relative told us, "There has also been some safeguarding around service and sometimes agency staff were not made aware to set the alarms".

Medicines were not consistently managed safely. Some people were prescribed medicines on an as required basis (PRN), and there was guidance in place about how these should be used and when these medicines might be needed. However, one person's PRN medicine was a year out of date although it had not been used recently. One person's topical cream's instructions stated that it was to be used within three months of opening. The cream had been labelled when it was opened but was still being used four months after

opening. This meant that the cream may not be effective. We spoke to the manager about this concern, they removed the medicines from the medicine cupboard immediately. There had been an external audit of medicines which had recommended that the checking of expiry dates was added to the regular internal audit, but this had not been actioned. There were body maps in place to tell staff where to apply creams, however one person's body map did not contain information on what cream it was for. The records for medicine administration were all in one folder some sheets were not secured and fell out when we picked up the file. Staff received training on how to give people their medicines and medicine administration records (MARs) were complete and up to date. Agency staff did not administer people's medicines. Medicines were stored safely and at the right temperature in a locked cabinet. There is information on what medication the person is taking, what the medicine is for and what the side effects would be. There was also information for staff about how people took their medicine such as the order in which they took tablets or liquids.

The above demonstrates that the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents and accidents were recorded by staff. These were investigated, and actions had been taken to reduce the risk of re-occurrence. Learning from these was communicated to the staff at team meetings, in support plans and at handover meetings and staff told us that they felt informed about incidents. For example, where a person had absconded from the service the incident had been recorded and analysed and the person's support plan had been updated. However, this risk had reoccurred and there were no records of any analysis of trends of incidents having taken place since January 2018. This meant that the manager had not reviewed incidents for more recent trends so that they could take the appropriate action.

We recommend that the new manager ensures that incidents are analysed for trends.

At the time of the inspection staff were covering the rota with some staffing hours being provided by agency staff. Records showed that for May and June 2018 around 20% of staff hours were provided by agency staff, there were no records for July and August available at the inspection. In May 2018 there were two and a half staff vacancies at the service this rose to four in June. At the time of the inspection two more staff had handed in their resignation and were planning to leave and no new staff had been recruited to cover the existing four posts, two of these posts were for senior support workers and there were no senior support workers at the service.

The manager told us that they tried to use regular agency. However, staff and relatives told us that agency staff were not always regular, and that support was not always consistent. Staff told us, "There is a lot of agency staff lately and the care is not consistent. We have lots of different agency workers, we do have regular agency staff but there are new ones too." And "The people here are non-verbal, we know these things, but new agency might not know. We explain to them. Each day is different we don't always get time to show them." Relatives raised concerns about the staff turnover at the service and the consistency issues which arose from this. One health and social care professional told us, "There is a concern that staff are not providing consistent boundaries." Relatives told us, "There is a high turnover of staff. My relative gets used to staff and then they leave. It takes a while for staff to understand my relative. At the moment it is fine but one of the staff is leaving." And, "There have been a lot of agency staff and there often is someone I don't know when they answer the door." The new manager agreed that this is an area for improvement and told us, "I am not happy with the use of agency staff and will be seeking to address this." The manager told us that they were recruiting six new staff and that the recruitment process was underway.

Support plans contained individual risk assessments which were split over a number of sections such as communication, personal care, behaviour support plans, shopping and relationships. Some people at the service had complex support needs and three people were unable to communicate verbally. The support plans were large files which took a long time to read and it was difficult to find where some information relating to particular risks were recorded. One member of staff told us, "It's difficult to read them, they could maybe be cut down a bit." This meant that it would have been difficult for new agency staff to read people's support plans before providing them with support. We spoke to the manager about this who agreed this is an area for improvement and that the plans were too long. The new manager told us that they planned to review these.

There was a safeguarding policy and procedure in place. Staff had undertaken training and were able to demonstrate that they knew what the possible signs of abuse were such as bruises and a change in behaviour. Staff told us that they knew how to raise concerns about abuse and that they were confident that the manager would deal with any concerns. Staff said, "When I've raised issues in the past they have always been dealt with. We have a new manager, but I think they would deal with it. If not, I would speak to the area manager or the head office." Since the service registered there had been three safeguarding concerns reported. The service had a system in place to track concerns log actions and ensure that lessons were learned from safeguarding incidents. However, we found that some safeguarding concerns were recorded as incidents but were not raised as a safeguarding concern with the local authority.

People were protected from the risk of infection. There was personal protection equipment available to staff such as gloves and aprons. Staff were up to date with infection control training and training on food hygiene. Staff told us that they supported people to check that food was in date before items were used.

There were recruitment processes in place to ensure that staff were suitable to work at the service before they started. Pre-employment checks were carried out; these included obtaining a full employment history, identification checks, references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to identify people who are unsuitable to work with adults in vulnerable settings. There were also checks in place to ensure that the agency who supplied temporary staff had safe recruitment processes.

Is the service effective?

Our findings

Relatives told us, "[My relative] is taken shopping for food and clothes and is encouraged to choose food. I think that they cook together. [My relative] seems happy with the food."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in supported living are called the Deprivation of Liberty Safeguards (DoLS). DoLS for people living in supported living are granted by the Court of Protection. We checked whether the service was working within the principles of the MCA.

There was one person living at the service who was subject to a DoLS. However, there were two other people living in the same building who were also deprived of their liberty and did not have a DoLS in place and there had been no applications to the court of protection for this. These two people needed support to make their own choices and decisions. The front door to the building was locked and the manager agreed that people were not free to leave. There were also other restrictions in place such as the kitchen door was locked and both people were under constant supervision having one to one support throughout the day for 12 hours and shared support at night.

We found evidence that the provider was aware that they needed to apply for DoLS for the two people who were subject to these restrictions. We looked at the service audit completed by the provider on 22 August 2018 which stated, "DoLS application needed for [person's name] and [person's name]." However, there was no evidence that these applications had been made or were in the process of being made. Therefore, the service was not working within the principles of the MCA.

In one house there was a risk that one person would access other people's bedrooms. To mitigate this risk people's bedroom doors were kept locked in that house. Two people in the house also had an alarm on their bedroom door to notify staff if the door was opened. People did not have the key to their own bedroom and needed staff support to access their own room. There was no evidence that staff had explored less restrictive options to support people to remain safe without locking their bedroom doors and restricting people's access to their bedrooms.

The provider had failed to ensure that people were not deprived of their liberty for the purpose of receiving care without lawful authority. The provider had failed to ensure that decisions made on behalf of people were the least restrictive option. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not have all the training they needed to support people. We looked at the training matrix to see what training staff had completed. The training matrix showed that staff should complete Makaton training every three years and none of the staff had undertaken this training. Makaton is a language using signs and symbols to communicate. One person had a goal to improve their signing and learn new Makaton signs. There was no Makaton training for staff and no staff had these skills. The provider had not ensured that there was someone at the service who had the skills to support the person. Staff told us, "Someone used to teach [person's name] Makaton. There is no training, so no one is teaching them at the moment." The provider's policy was for staff to undertake learning disability training and positive behaviour support training every three years. Records showed that not all staff had completed this training. Records showed that staff had undertaken other training relevant to their role to support people they looked after. Training included equality and diversity, fire awareness, safeguarding, mental capacity, food hygiene and infection control. Staff at the service also had training in specific areas where people needed support such as autism and Asperger's, epilepsy and positive behaviours support. The staff we spoke to were positive about the training that they had received. One staff said, "They don't push people through without knowing that they can do it."

The provider had a supervision policy in place which stated that supervision should be every 4-6 times per year. The staff records we reviewed showed that staff had not had a supervision meeting since May 2018. Staff told us, "We used to have supervision every two months. Now it isn't so often. We used to have a team leader to check things but now we only have the manager. Staff are not supported here at the moment." The service audit from August 2018 also stated that 'Staff require more regular supervision to meet the policy standard of 5 in 12 months.' The registered manager had left the service in September 2018 and there was a new manager in place at the service. The new manager told us that they would be arranging team meetings and supervisions as a matter of priority.

The provider had failed to ensure that staff had appropriate support, supervision and training. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed the care certificate. This is an identified set of standards that social care workers work through based on their competency. New staff confirmed they completed an induction which included reading the service's policies, people's support plans and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff had completed annual appraisals.

Most people had been receiving support from the provider and had lived in the same accommodation for some time. Prior to people receiving a service an initial assessment was undertaken with people and their relatives where people needed support to make decisions about their care. This assessment was to ensure that staff had the skills they needed to support the person and that the service was able to meet people's needs. The assessment included information on person's history, risks, social and cultural needs. This included identifying where people needed support with to maintain their religion or explore and express their sexuality or sexual or gender identity. For example, one person was being supported to explore their religious needs. The information from this assessment was then used to plan people's support, for example, the people living at the service had 12 hours one to one support and one person had 24 hours one to one support.

People did not always require assistance with nutrition or hydration. People living in one building were able to cook for themselves and choose their own menus and meal times for the day. They had access to the kitchen and were able to prepare meals and drinks when they wanted to do so. There was a rota in place which people had agreed to ensure that they had their own time in the kitchen to prepare their own meals.

People living in the other building needed support from staff with shopping, planning meals and cooking. Where possible people who needed support were encouraged to participate in the preparation of food. Staff used pictures to encourage some people to choose what meals they wanted on the menu and there was information in people's support plans about what they liked to eat. Staff supported people to shop for the items to make the meals they had chosen. Staff told us that they would offer people limited choices to support them with making decisions about what they ate where they needed support. For example, offering people two choices of cereal for breakfast. Staff said if the person chose neither they would offer something else. Staff encouraged people to make healthy choices and there was fruit available for snacks.

One person was at risk of choking and there was information from the speech and language team (SaLT) in their support plan about what they could and could not eat safely and the support they needed with eating, such as ensuring that food was cut up. The staff we spoke to were aware of this guidance and knew how to support the person to remain safe.

Where people needed to monitor their weight to stay well they were weighed regularly and changes were recorded. This information was used to support the person to adjust their diet and people's weights were managed well.

There was information in place for people to take with them if they were admitted to hospital. This was in the form of a hospital passport and included important information that healthcare staff should know, such as how to communicate with the person, what medicines they were taking and people's personal care support needs. When people went to medical appointment staff went with them to provide support. Information from medical appointments was recorded so that staff were aware of the outcome and any changes to people's health.

Regular staff knew people well and knew how to support people to remain well and access healthcare when they needed it. One person had a monitor in place to alert staff if the person became unwell, this meant that the person was able to spend time in their room alone safely. Staff checked this weekly to ensure that it was working correctly, on one occasion it was found not to be working and staff arranged for it to be replaced in a timely manner. Another person had been given some advice from a health professional and staff were supporting the person to follow that advice.

People had access to healthcare to maintain their health and well-being. We saw in people's support plans that they had accessed services such as GP, dentists, and occupational therapists. Staff told us that they supported people by making appointments for them and taking them to these. One relative told us, "They are good at supporting [my relative] to go to the doctors and they always let me what is going on." Staff told us that they encouraged people to walk to maintain their health.

Is the service caring?

Our findings

Relatives told us, "I am invited to an annual review of [my relatives] support plan. They have called me when things change, they let me know.", "When there are regular carers it is good.", "The care is good and the staff there are good. When staff don't know [my relative] well [my relative is] adaptable but they don't know how they communicate." And, "The staff are fantastic."

People were not consistently supported to express their views. There were annual reviews of people's support which people and their relatives were involved in. Where people used objects or signs to communicate there was information in people's support plans and the staff we spoke to understood people's signs. There was information on how some people showed that they were happy or distressed. Some people who communicated verbally did feel that they were involved in their own care and told us so. However, there was no process in place outside of the annual review to enable people to regularly express their views about their care. One person at the service had a keyworker in place. However, other people did not. Staff told us there was no system to ensure that staff or keyworkers had regular meetings with people to discuss their views and there was no evidence that regular discussions with people were happening such as house meetings. This meant that people were not being supported to express their views on things such as short-term goals and changes in preferences. The manager told us that no one at the service had an advocate to support them to express their views. Advocates are independent people who support people to communicate their views and feelings.

We recommend that the provider ensures that people are provided with appropriate opportunities to express their views regarding their care and support.

There is clear guidance for staff in support plans around ensuring that people remained as independent as possible, such as information on what items of clothing people can put on for themselves. Some people were able to undertake activities of daily living although sometimes needed promoting. Other people needed more support with tasks such as washing, cleaning and washing their clothes. Staff told us, "People will get things from the fridge and give the plates." And, "One person used to stay more on the sofa but now they use the bus. They enjoy going on the bus. They have managed the train and we have been to London. They can walk a long way now which is good for their health." One relative told us, "They have worked with my relative to support them to become more independent. People are helping with food and preparing the tables. They are helping them to learn to do the own washing and cleaning their own room." And, "My relative has become more independent. They communicate more such as shaking their head. They are encouraged to make their own bed and to do things in the kitchen and to make choices.". However, one relative told us that their relative had not become more independent whilst living at the service.

People had goals in place to enable them to become more independent. The support provided to meet these goals was not consistent. One person being supported to use the bus and the train to enable them to get out. Staff told us that the person was now enjoying going out on the bus and had managed to undertake a trip to London on the train. However, one person relative told us, "They are trying to get my relative to use the train. The train has been a success. They were trying with the bus, but the worker left so I don't know".

When we spoke to staff they spoke about people kindly and we observed staff treated people with kindness and respect. Staff were aware that the inspector's presence in one building could upset one person and took steps to ensure that the person was supported to remain calm. Staff were gentle in their interactions with people where this was needed and spoke to people in a calm manner. Staff told us, "we treat them with respect. We consider their wishes, their feelings. Trying to understand them. They have their own world and we have to understand those things and treat them with respect."

Staff knew how to support people to maintain their dignity. Staff told us, "I knock before going into their rooms, and wait for an answer. Don't go in unannounced." One relative said, "My relative has their own room and I understand that her privacy is respected." People's records were kept confidential. Records were stored in a locked office.

Is the service responsive?

Our findings

Relatives told us, "[My relative] comes home every other weekend. They are happy to go back. The staff are friendly. It always looks very clean and tidy. I feel that they are settled and well looked after." And, "They take [my relative] for long walks and encourage them to access the bus. I don't think that there is as many activities as there was in residential."

However, we found that people were not consistently provided with personalised care that was responsive to their needs. In some areas people were well supported, in other areas they were not. Regular staff knew people well and knew people's likes and preferences and these were documented in people's support plans. For example, there was information about how one person liked their hair styled and how staff could support them to do this safely. There was information on people's goals, some of which such as access public transport had been achieved. Where people needed support with the sexuality, sexual identity or gender identity needs the staff were aware of this and had supported the person to access support such as attending events.

One person had been referred to the Occupational Therapist (OT) for support to access the community. The OT had identified several areas where the person could be supported and some of these had been put in place. However, the OT report also stated that the person would benefit from going out every day and accessing swimming once a week. Swimming was included for twice a week in the persons activity plan. However, staff told us that the person was not going out on a daily basis and had not been swimming for some time because there was no equipment in place to ensure that the person could go swimming safely.

People in one building at the service also told us that they were not always happy. One person told us that they did not like living at the service as they found it difficult to live with the other person in their home and would prefer to live alone or with someone else. Staff were aware of this concern and there were some mitigations in place such as ensuring the people had their own time accessing the kitchen. However, the staff at the service had not considered supporting the person to look for alternative accommodation. There was information in people's support plans about the support they needed to maintain relationships. However, one person told us that they were bored and wanted to go and visit their relative more. The new manager told us that they would review the persons support plan to arrange for the person to be able to visit their relative more often. Some people's relatives felt that people got to go out enough. However, one relative told us, "My relative could go out a bit more and they have to walk everywhere." One health and social care professional told us, "The service could provide more activities for people and more stimulation. People do get one to one support, but they need to be supported to access the community more to be in the community more."

The service was not consistently working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, the complaints policy was available in easy read format, however support plans were not.

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

There was an easy read complaints policy in place. However, this needed to be updated as it included information about the previous registered manager who had left the service the week before the inspection. The complaints policy included information on who to contact if the person complaining did not feel that the complaint was adequately resolved by the provider. People and their relatives told us that they knew how to complain if they wanted to do so. One relative said, "If I wanted to complain I would speak to the manager. I have made suggestions and they do listen to me." There had been no complaints since the service registered in November 2017.

We recommend that the provider ensures that the complaints policy is updated to ensure that it included contact details for the new manager.

The service was not supporting anyone at the end of their life. There were no plans for end of life care in place. However, the new manager understood their responsibility to undertake end of life planning with people to record their preferences and wishes. The new manager was planning to complete end of life care plans with people.

Is the service well-led?

Our findings

One relative told us, "The majority of the time they listen. It could be run a bit better. [My relative] seems to be happy.", "It appears to be well run. I would feel more comfortable if the staff were more permanent." And, "They didn't really let us know that staff are leaving."

At the time of the inspection the registered manager had not de-registered with CQC but had left the service the week before. There was a new manager in place who had not yet registered with CQC and had not had time to make an impact on the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notifications had not always been sent to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had not been sent in to tell us about incidents that required a notification. We use this information to monitor the service and to check how events had been handled. This demonstrated the registered manager had not understood their legal obligations. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. One person had been deprived of their liberty through the court of protection. Providers must notify CQC when an authorisation is granted to deprive people of their liberty and this notification had not been submitted. There were incidents that should have been reported as safeguarding concerns to CQC and the local authority. The registered manager had not informed CQC or the local authority about two incidents in July where a person who was under constant supervision and subject to deprivation of their liberty absconded from the service.

The provider had failed ensure that notifications were submitted to CQC when there was a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had ensured that quality audits had been completed to monitor and assess the service. An audit of the service had been completed in August 2018. However, checks had not identified all the issues we found at this inspection such as notifications had not always been submitted and that out of date had continued to be used. Audits had identified that there were two people at the service who needed an application for legal authorisation to deprive them of their liberty, that staff had not had regular supervision and that incidents had not been reviewed for trends since January. Audits also identified that there were risks relating to the relationships between some people. However, none of these concerns had been fully addressed.

There had also been a survey for relatives and there was no evidence on inspection that people who lived at the service had been asked to provide feedback on their views. People in one house were able to communicate and were able to express their views without support but had not been asked to do so. Other people would need support to express themselves and feedback on the service. There were no house or service meetings for people and there was no evidence that people had been asked to participate in a

survey regarding their views.

The feedback from relatives on the last survey was positive. When we spoke to relatives they were positive about the care that people were receiving. One relative told us, "Where my relative is I think I can't fault the care, their appearance is well dressed, and they are very happy." Another relative said, "I get information extensive information about my relative and we all get together". However, some relatives were not always positive about aspects of the management of the service. One relative said, "The provider- it is very much a business for them. It appears to be very geared around residential and the supported living appears to have been forgotten. For example, the newsletter is not focused on supported living at all. Supported living is rarely mentioned in the newsletter." And "I raised a concern that there is no house phone to contact the service and so I have to go to the manager. They said when there is a new landlord they will look in to it. The manager isn't always there so it would be useful to have a phone in the house, so I can speak to someone." Relatives knew that there was a new manager in post. However, there were planned changes at the service and not all relatives were aware of these when we spoke to them or had been consulted about the changes. For example, one relative said, "I have raised in the past about staff leaving and new staff coming as they don't tell us. I am not aware that staff are planning to leave. I was made aware of the change in the manager. It was taken on board, but it doesn't happen."

The above demonstrates that the provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. The provider had failed to seek and act on feedback from people who lived at the service and their relatives. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not always following guidance and best practice. In one house there was evidence that the service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. For example, at the inspection there was no evidence that people had control over their own front door and had unrestricted access to every part of their home. For example, bedrooms were kept locked. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities using the service can live as ordinary a life as any citizen.

Staff told us that they felt that they were able to speak up about their views and that the manager would listen to them, but they also said that they did not feel well informed or listened to by the provider. There had been a survey of staff in 2017 where two out of four staff said that they didn't feel that they were well-informed. There was no evidence on inspection that any actions had been taken to address these concerns. Staff told us, "We found out from parents that [one house] was to close down. We had no idea what was going on." And "We've had a staff survey once in a while but communication between staff and management is so poor. For example, they [made changes to staff terms and conditions] from the first of September but did not tell us until fifth of September.

Staff at the service told us that they did not always feel happy at the service or well supported. There had been no staff meeting since July 2018 and staff had not had supervision since May 2018. Staff told us, "Staff meetings were monthly up till July. The new manager is planning a meeting." And "I like to be challenged, and I'm definitely challenged. Staff morale isn't great, but I put [the people who live here] before myself." Staff also told us that they were unhappy with the way the rota was organised as they often did not know their shifts more than a week in advance. The manager told us, "Staff is being managed at crisis level. We can't book agency more than a week in advance. It is a stretch to fill in the rota, so for next week and I can't book any until the Monday before." There were no senior staff at the service to support the manager to run the service on a day to day basis. This is an area for improvement.

The area manager told us that they had not met regularly with the registered manager but that they were planning to do so with the new manager.

Where there was an accident or an incident these were investigated, and action was taken. However, some incidents had re-occurred and the previous registered manager had not had oversight of accidents and incidents as these had not been reviewed for trends since January 2018.

Relatives told us, "The new manager seems nice and approachable." The new manager had considerable experience in care. They started at a support worker and worked in the sector for 21 years. They had eight years of experience in running services for people with learning disabilities. When we inspected the new manager was still undergoing their induction to the provider and had only just commenced in post.

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 provider had failed ensure that notifications were submitted to CQC when there was a notifiable event.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to make reasonable adjustments to enable people to express their views. The provider and registered manager had failed to ensure that people's care reflected their assessed needs and preferences.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. Medicines were not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure that people were not deprived of their liberty for the purpose of receiving care without lawful authority. The provider had failed to ensure</p>

that decisions made on behalf of people were the least restrictive option.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had failed to establish and operate effectively systems and processes to ensure compliance with the requirements. The provider had failed to seek and act on feedback from people who lived at the service.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that staff had appropriate support, supervision and training.