

## Craegmoor Supporting You Limited

# Supporting You in London and Thames Valley

### Inspection report

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10 April 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

- Supporting you in London and Thames Valley provides a supported living service to people living in their own flats or shared accommodation within ten 'supported living' schemes. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements.
- Not everyone using the service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 33 people were receiving personal care.
- Each scheme had a manager in post, and a registered manager oversaw the ten schemes.
- The care service has 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 mental health needs using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- The provider had effective arrangements to protect people against the risks associated with the management of medicines.
- There were systems and processes to help protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence. Employment checks were in place to obtain information about new staff before they were allowed to support people.
- Care plans and risk assessments were reviewed and updated whenever people's needs changed. People and relatives told us they were involved in the planning and reviewing of their care and support and felt valued.
- The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents and lessons were learnt when things went wrong.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

- Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions with regard to being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.
- People were protected by the provider's arrangements in relation to the prevention and control of infection. The provider had a procedure regarding infection control and the staff had specific training in this area.
- People's health and nutritional needs were recorded and met. Where possible, people using the service were supported to shop for ingredients and cooked their own food. Staff supported people to attend medical appointments where support was required.
- People were supported by staff who were sufficiently trained, supervised and appraised.
- A range of activities were arranged that met people's individual interests and people were consulted about what they wanted to do.
- Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive and included people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.
- People told us, and we saw staff supported them in a way that took into account their diversity, values and human rights. People confirmed they were supported and encouraged to be involved in the running of the service and felt valued.
- Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.
- People, relatives and staff told us that the registered manager was supportive, approachable and hands on. Staff were supported to raise concerns and make suggestions about where improvements could be made.
- The provider had some systems in place to monitor the quality of the service and where issues were identified, these were addressed promptly.

#### Rating at last inspection:

- At the first inspection of the service on 17 and 20 April 2018 the service was rated requires improvement in the key questions of 'safe', 'responsive' and 'well led' and overall. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well led to at least good. During this inspection we found the service had made the required improvements and met all the Regulations.

#### Why we inspected:

- This was a planned inspection based on the previous rating.

#### Follow up:

- We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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 safe

Details are in our Safe findings below.

Good ●

### 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 well led

Details are in our Well led findings below.

Good ●

# Supporting You in London and Thames Valley

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience who undertook telephone interviews with people who used the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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.

#### Notice of inspection:

We gave the service two working days' notice of the inspection site visits to discuss the inspection plan with the registered manager and make arrangements to visit some supported living settings. This was needed so that people who used the service were consulted and agreements sought from them for a home visit from an inspector, or to be contacted by telephone.

#### What we did:

Prior to our visit, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events that the provider is required to send us by law.

The inspection site visit activity started on 9 April 2019 and ended on 10 April 2019. At the office location, we reviewed five staff personnel records and training files, incident and accidents records, audits and a sample of policies and procedures. We also visited five of the schemes, spoke with people living in their homes and met with the scheme managers and staff, reviewed support plans and checked medicines management. We spoke by telephone with two people who used the service, five relatives of other people and three members of staff. We emailed four social care professionals who were involved in placing people with the service but did not receive a reply.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our last inspection on 17 and 20 April 2018, we found that the provider's arrangements to protect people against the risks associated with the management of medicines were not always effective. At this inspection, we found that improvements had been made.
- The provider had a policy and procedures about how to manage medicines in a supporting living service, and staff were familiar with these. Staff received training in medicines administration and had their competencies regularly assessed.
- Some people required support with their medicines. Each person had a medicines profile which included an up to date photograph, allergy status, diagnosis, a list of prescribed medicines and administration instructions.
- Each person's file included a medicines risk assessment and a risk management plan and these were up to date. There was also guidance about 'What is a medication incident', so staff would know what action to take if they found an error or had a concern.
- We looked at the medicines administration records (MAR) charts of the people being supported with their medicines in various settings. We found that these were signed correctly and there were no errors in the recording of medicines. Where people were prescribed medicines to take 'as required' (PRN), a PRN protocol was in place. Staff kept a running count of these and this corresponded to the number of tablets in stock.
- There was information about some of the medicines people received to ensure staff knew what they were for and their possible side effects. Some people were provided with easy read and pictorial leaflets explaining what their medicines were for and how to pronounce the name of these phonetically.
- People were encouraged and supported to manage their own medicines where they were able. A person who used the service self-administered their own medicines under supervision. We saw that an up to date risk assessment was in place and this had been agreed and signed by the person. The person told us they took their medicines correctly every day.

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

- There had been a number of safeguarding incidents towards the end of 2018, in particular at one of the supported living settings. The registered manager explained that they had been absent for several months for personal reasons during the summer and this meant that a lack of oversight and communication had caused the service to deteriorate. However, action had been taken by senior managers who conducted

internal investigations and worked with the local authority's safeguarding team and the CQC to make the necessary improvements. New systems had been put in place and disciplinary action had been taken with regards to some staff. We saw that there had been a marked improvement recently and there had not been a safeguarding concern in the last four months. The registered manager told us they had worked hard to ensure that more robust systems were in place to help prevent further concerns in the future, and to ensure the safety and wellbeing of people who used the service.

- A new manager had been employed to run the scheme which had experienced concerns. Staff at the scheme told us things had greatly improved since the new manager had started. The scheme manager told us, "Things were difficult back in the summer. I was a fairly new manager. I had to face a lot of conflict. I ran a 'culture and attitude meeting', where staff were empowered to air their feelings and what they were unhappy about. Since then, things have improved, and the service is calm and well run."
- People told us they felt safe and well cared for. One person stated, "I feel safe here. I hope to stay here. I like it the way it is." Relatives agreed and said, "[Family member] is safe, yes", "I can see [Family member] is well looked after and seems to be very happy" and "I think [Family member] is safe." Their support plan included a section entitled, 'Keeping myself safe'. This included what support the person needed to make their environment safe, and what to do in the event of a fire. There were regular fire drills to ensure people understood how to safely evacuate their flat, or shared house in the event of a fire.
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff were familiar with the whistleblowing policy and were able to tell us what it meant and how to use this. Information about safeguarding and important contact details were provided for people who used the service, including in an easy read format. Details about local arrangements for safeguarding people were provided to staff at each location and included important telephone numbers and immediate action to be taken in the event an allegation of abuse was made. This included notifying the registered manager and logging the details of the incident. Staff were provided with a flowchart to help them escalate significant incidents, according to the level of the concern, for example, low level, moderate or significant.
- Staff received training in safeguarding and this was regularly refreshed. One staff member told us, "I went on a course last year, it covered all different things I need to be aware of like abuse, neglect, financial abuse and personal abuse. Tomorrow I am going to a refresher safeguarding course" and another said, "If I saw abuse, I would immediately tell the manager. I would not put up with that." The provider raised safeguarding concerns with the local authority where necessary and informed the CQC by sending statutory notifications.

#### Assessing risk, safety monitoring and management

- Where there were risks to people, these had been assessed. We looked at a range of risk assessments and saw these had been developed during the initial assessment and follow up reviews. Risks were rated low, medium or high and included a description and level of the risk, and control measures in place to mitigate these. Areas assessed included health and wellbeing, mobility, language comprehension, financial, family contact, personal care, meal preparation and stranger awareness. They also included risks when out in the community such as transport and travelling.
- We saw that a step at the entrance of a person's bedroom could present a trip hazard. We discussed this with the manager who told us they had reported this to the landlord and had asked for this to be made safe. They were also discussing this with the social worker and had asked for a referral to the occupational therapist, to assess how best to support the person.

- There was a health and safety policy and staff were aware of this. Staff received training in fire safety including fire marshal. Each scheme had at least one member of staff qualified in first aid to ensure they would know what to do if anyone required first aid. Senior staff were available to help and support the staff and people using the service as required and involved healthcare professionals as needed. There were staff on duty 24 hours a day in each scheme and they knew who to call in an emergency.

#### Staffing and recruitment

- Each scheme had a locality manager running the service. We looked at the rotas for each scheme and saw that there were sufficient staff deployed to meet the needs of the people who used the service according to their care plan. The rotas indicated that all shifts were covered.

- The registered manager ensured there were sufficient staff on duty to meet the needs of people who used the service. Each person had an individual package of care that had been determined during their pre-admission assessment. Staff were deployed to ensure they provided the support as detailed in the care package. The registered manager told us that where a person's needs increased, a review was organised and where necessary, additional hours were allocated. The records we viewed evidenced this.

- Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. We viewed the recruitment files for five staff and saw evidence that all checks were appropriately carried out. Staff had also signed a working time directive agreement, which allowed them to work over 48 hours a week.

#### Preventing and controlling infection

- People were protected from the risk of infection and cross contamination. Staff were provided with personal protective equipment such as gloves, aprons, hand washing facilities and sanitisation gels to help ensure infection was prevented and controlled. There were systems for reporting maintenance concerns and records showed these were completed in a timely manner.

#### Learning lessons when things go wrong

- The registered manager told us that lessons were learned when things went wrong. They said, "Following the last inspection, we realised that even with training for staff and asking staff if things have been done, we, as managers, should not assume that things are ok. We physically need to check. So, we thought, this gives us the opportunity to put processes in place to make sure it does not happen again. So, we improved our processes and things are better."

- They also referred to a period of time where there was a deterioration in the standards of care which resulted in a number of safeguarding concerns, and said, "It was a lesson learnt. If anything happened to me again, we have a plan. There is a clear plan now. We have a peripatetic manager who will be there to support, speak with staff and escalate if necessary to senior managers." They added, "Things should have not gone wrong. Communication was not good enough. But we did an improvement plan which is in place and we made the improvements."

- Incidents and accidents were recorded and analysed by the manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. These were discussed with staff to ensure measures were in place to prevent reoccurrence. Following any incidents and accidents,

support plans were reviewed and updated and the care plans we viewed supported this. We saw that for a person who had a fall, there was evidence that a risk assessment had been put in place.

# 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

Good: 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

- People's needs were assessed before they started using the service and care plans were developed from these assessments. People who used the service had been referred and were funded by their local authority. The registered manager told us they assessed people once they had been referred and before they started using the service, to ensure their needs could be met. Assessments were detailed and thorough and included every aspect of the person's care and support, their choices and wishes. We saw people had signed their records, indicating they were involved and took part in the assessments.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate skills and experience. Staff told us they had an induction when they started working at the service, which included shadowing more experienced staff members and a probation period after which they were assessed before becoming permanent.
- The induction period included an introduction to their workplace, such as policies and procedures, housekeeping, and introduction to the people who used the service. New staff were required to undertake training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Upon completion, staff were signed off by their line manager and assessed to ensure they were ready to start working unsupervised. During their probation period, all staff were assessed in a range of areas such as, approach to clients, approach to colleagues, areas of improvement or development, further training and achievements to ensure they had the necessary competencies to work at the service.
- Staff received regular training the provider identified as mandatory. This included safeguarding and Mental Capacity Act 2005 (MCA), administration of medicines, first aid, manual handling and mental health. They also received training specific to the needs of the people who used the service, such as dementia awareness, diabetes and epilepsy. The provider kept a training calendar. We viewed the calendar for 2019 and saw that all planned training up to now had taken place.
- People were supported by staff who received regular supervision and appraisal. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. One staff member told us, "I have regular supervisions and appraisals, and a development plan put in place." Staff in each supported living scheme received supervision from their line manager. This provided an opportunity for staff to look at their achievements, any difficulties they might have encountered and discuss their plans for the year ahead.

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

- People who used the service were encouraged and supported to be independent and responsible for their own food shopping. Staff supported people to prepare a weekly meal planner which helped them identify the ingredients they needed to purchase to prepare their meals. People were given information about food and health and were encouraged to remain healthy. However, they were able to make their own decision. For example, a member of staff told us a person had been referred to a healthcare professional but was not always following their advice.

- Support plans included people's likes and dislikes and how they wanted to be supported with eating and drinking. People were consulted about the food they liked and supported to shop for the ingredients and cook their meals if they were able to.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with relevant healthcare and social care professionals to ensure people's needs were met. They accessed information and advice from them and ensured they followed plans with regards to people's specific needs. For example, one person had a plan of care for epilepsy which had been developed with relevant advice from the GP and consultant.

Supporting people to live healthier lives, access healthcare services and support

- Upon assessment, people's healthcare needs were identified and recorded in their care plan. Where necessary, the provider liaised with the GP or the local authority and obtained a referral for the relevant healthcare professional.

- People were supported to attend healthcare appointments and to maintain good health. Each person had a 'healthcare action plan and appointment record'. This included their diagnosis, healthcare professionals' contact details and allergy status. Visits to healthcare professionals were recorded and included the reason for the appointment, prognosis and action to be taken. These included GP and specialists such as eye specialists and dieticians. We saw evidence that people's healthcare needs were met.

- People had 'hospital passports' in place. These are documents which contain a summary of the person's likes and dislikes, their background, healthcare needs and how to meet their needs. These contained all the information needed in case of admission to hospital, so staff would know how to meet the person's individual needs and know about their conditions and how best to support them.

- There was a policy for supporting people living with diabetes. This contained information about the condition, expected standards of care, physical monitoring, storage and administration of insulin, staff competency and audits. We saw that staff had signed to confirm they had read the policy and to acknowledge they understood how to support people living with the condition. There was a pictorial easy read leaflet for people who used the service to provide information about this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Act. The provider had liaised with the local authority when people required Court of Protection decisions with regard to being deprived of their liberty in the receipt of care and treatment. At the time of our inspection, nobody was being deprived of their liberty unlawfully.
- People had their mental capacity assessed before they started using the service. We saw evidence that, where a person lacked capacity, decisions were made in their best interests. Where necessary, people were provided with an easy read version of the MCA so they understood their rights.
- Care and support was being delivered in line with the principles of the MCA. Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. Consent was sought before care and support was offered and we saw evidence that people were consulted in all aspects of their care and support. For example, one person had agreed for their medicines to be kept in the office in a locked cupboard and we saw evidence of the person's signature. The person had also signed a pictorial, easy read document to allow staff or professionals to view or inspect their records.

# 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

Good: 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

- People were complimentary about the care and support they received and said that staff treated them with kindness and respected their privacy, dignity and human rights. Their comments included, "The staff support me very well. The best place! The staff are kind and respect me", "I own the key to my door and staff knock before entering my room" and "I am happy here. People are kind to me." Relatives felt assured their family members were treated with kindness and respect. Their comments included, "I think they treat my relative with enough respect", "They treat my [family member] very well", "They give my [family member] privacy when [they] are in [their] little flat", "They support privacy and dignity when my [family member] showers" and "There's respect towards trying to let my [family member] make [their] own choice."
- People's cultural and spiritual needs were respected. People told us and records confirmed that staff asked them if they required anything in particular with regards to their faith and cultural beliefs and if they had a preference in the gender of the staff providing support. One person was supported to go to church regularly. The registered manager told us that some people were happy to go on their own to their preferred place of worship. Staff told us they ensured they supported people to shop and cook their preferred ingredients. For example, where people required Halal food, this was supported and stored appropriately. Some people requested meals to remind them of their country of origin and this was respected.
- People had an 'Equality and human rights profile and support' plan in place. This included information about their gender, marital status, religion, ethnicity and sexuality and if they had a disability. This informed the staff about how the person wanted their support, and how much support they needed in different areas. For example, one person always wanted to be supported to exercise their right to vote and wished for staff to give them as much autonomy as possible whilst ensuring their safety and this was respected.
- People were consulted about being visited during our inspection, and a pictorial poster had been displayed to inform them about our visit in every scheme.
- We saw a number of examples where people were treated kindly and respectfully and were supported to engage in the day to day running of their home. For example, in one of the schemes, the manager supported a person to choose a mug and make tea for a member of the inspection team. Another person was supported to make their own drink. There was banter and friendly chats between staff, the manager and people who used the service. One person told us, "I wash up, knives and forks" and another said, "I make tea and coffee for the staff because I want to. I go out shopping and do football with my mates. I get support with cooking. I do get support with most things. I know how to do the washing up and cleaning."

- At another scheme, one person was unable to communicate in English. We saw that staff who supported them were able to speak with them in their own language which facilitated good communication and alleviated anxiety. The person was supported to cook meals from their country of origin.

- The person's profile stated they liked to take part in cultural activities. However, the personal activity planner did not reflect this. We discussed this with the locality coordinator who told us the person used to attend a club which had closed, and they were in the process of looking for another one. We saw the planner stated the person watched a lot of TV. The coordinator told us the person 'loved watching TV'. However, their profile did not state this. They assured us this was an oversight and stated they had installed an internet box which connected to the TV and enabled the person to watch TV programmes from their country of origin. The person was supported to attend their place of worship whenever they wanted to do this. The staff amended the person's care plan during our inspection to reflect the person's choices.

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

- People were allocated keyworkers. Keyworkers are members of staff who are responsible for one or a small group of people. Every month, keyworkers had a meeting with people who used the service. This was to discuss all areas of the person's support, give them the opportunity to express their views, if they are happy, what they wanted to do and actions required to make this happen. People were also encouraged to express their views and call the registered manager if they had any concerns. The registered manager told us, "One person was worried about a friend, so was regularly calling me for reassurance, and that is fine."

- People were encouraged to be involved in the running of the service. In some of the schemes, people did not want to sit and have meetings, however, in other schemes people did like to get together, meet with staff and have discussions about what they wanted to do. People were given the opportunity to be involved in community and events if they wished to.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as they could be. For example, one person who was a wheelchair user, was encouraged and supported to develop their cookery skills and prompted to prepare meals in the kitchen. To achieve this, staff had identified that regular exercises were important for the person to mobilise their joints more easily. The person had been supported to have sessions in a hydro pool and this had become a regular occurrence which the person enjoyed.

- The registered manager told us, "We do have training for staff, such as supported living training so they understand how to support people in the best way possible. We make sure they learn to ask people for their preferences, knock on their doors, give them privacy. It is also through mentoring for new staff. We want them to follow our policies and procedures and our processes. It's always nice to ask people, to not assume. All our training in equality and human right helps staff develop their skills in this area."

## Is the service responsive?

### Our findings

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

Good: Needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection on 17 and 20 April 2018, we made a recommendation because we found that, although care plans contained enough detail for staff to know how to meet people's needs, not all support plans had been updated to reflect recent changes in people's needs. At this inspection, we found that improvements had been made. We saw evidence that regular reviews were carried out and where there were changes to people's conditions or support needs, support plans were updated accordingly.
- Care plans were clear, detailed and person-centred and contained all information necessary for staff to know how to care for and support people. They included a one page profile which stated 'what is important to me' and 'how best to support me'. Staff completed individual support records. We saw these were recorded in a respectful manner and included any social activities the person had undertaken.
- Each person who used the service had a 'personal development and support needs assessment'. This stated the person's short term, medium and long-term aims' and included how the person wanted to be supported in a range of areas such as personal care, communication, mobility, sleep and rest and nutrition.
- There were individual support plans in a range of areas such as communication, personal care, tenancy support, medicines, eating and drinking and meal preparing, managing money and shopping. These included background information about the person so staff knew about them and how to best support them. For example, one person liked to maintain a particular routine and did not like to deviate from this. Staff we spoke with were aware of this and ensured they respected the person's wishes. Support plans included what people wanted to achieve, how they wanted to be supported and included any risks associated with this. For example, one person wanted to be more independent, however, staff had recognised they were at risk of falls and had put a risk assessment in place to reduce this risk, whilst supporting the person with their wish.
- People were provided with activities funded by the local authority. Some people went to day centres on nominated days where they undertook activities and met other people who used services. They also had the opportunity to engage in other activities such as going shopping or visiting places of interest. Each person had their own activity planner, and input from family members. A Personal Behaviour Support coordinator had been recently recruited, and their role was to implement a behaviour support plan for every person who used the service, organise activities and train the staff about specific techniques to de-escalate behaviours that challenged. They told us they were currently working to seek relevant activities for people including those who were wheelchair users.
- Each person who used the service had a personal activity planner in place which they had been involved

in developing. We saw these were personal to the person and included their choice on how they wanted to spend their time. We viewed a person's activity planner and spoke with them. They told us they were involved in deciding what they wanted to do. This included attending a social club and meeting family members for lunch. Another person's activity planner stated they attended a pottery class and liked to watch TV and enjoyed time with their family members. They confirmed they were enjoying these activities.

#### Improving care quality in response to complaints or concerns

- The provider had a policy and procedures for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service and were available in an easy-read format. The provider kept a log of all the complaints they received. This included a date, summary of the complaint, date the acknowledgment letter was sent, complaint response and closed date. We viewed the last two complaints and saw evidence that these had been taken seriously and addressed appropriately by the provider. Where necessary, concerns were reported to the local authority's safeguarding team and CQC, and appropriate action was taken. For example, a relative had made a complaint about the care of their family member. We saw that this had been investigated in line with the provider's policy and procedures, and the complainant had been responded to in a timely manner.

#### End of life care and support

- The provider had taken steps to improve their systems around end of life care. We saw that some people had met with staff and had a discussion about how they wanted their end of life support. The registered manager told us, "We are working on this. Some people do not want to discuss this. We have the forms and we are working with people." They added that the local authorities are now offering free training in end of life care and staff will be tapping into this resource. They told us that some of the staff had already undertaken this training.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection of 17 and 20 April 2018, we found that although there were systems in place to assess and monitor the quality of the service, these had not always been effective and had not identified the issues we found during our inspection, such as concerns about the way in which medicines were managed, and support plans which did not reflect current changes in people's needs, even when these had been recently reviewed. At this inspection, we found that improvements had been made.

- Each scheme had a procedure for quality monitoring. The registered manager kept a log of all checks undertaken to ensure these were taking place regularly and were thorough. We viewed the checks for five of the schemes and saw these were undertaken in line with the provider's procedures. Checks undertaken included fire equipment such as fire extinguishers, fire doors and emergency lighting, lifting equipment such as hoists, window restrictors and water temperatures.

- Each location manager undertook monthly health and safety audits which included checking flooring, furniture, cleanliness and fridge temperatures. There were also regular medicines audits which included observations of staff administering medicines to people and checks of stock and MAR charts.

- Scheme managers undertook regular 'quality walk rounds' of the other schemes. These had started in December 2018. Areas checked included if people had signed to consent to their care and support, and if not, if the staff had taken appropriate action. Managers also checked people's risk assessments and support plans, to confirm these were up to date and regularly reviewed. We saw that these quality checks were not always regular and raised this with the registered manager who told us that it was 'work in progress', and going forward, they would ensure the checks were regular and part of their governance. There were also regular 'medication quality walk rounds' which looked at all areas of medicines management.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were regular service governance meetings where all the provider's schemes were discussed. We viewed the minutes of the last two meetings and saw that issues discussed included safeguarding, infection control, health and safety, medicines, equipment, incidents and accidents, people and relatives' feedback and any complaints. Where concerns were identified, we saw that an action plan was in place which included a deadline for completion and an action owner. When actions had been completed, we saw a date recorded to evidence this. For example, we saw that a health and safety issue regarding a staff member had

been addressed without delay.

- The registered manager told us they felt valued and supported by their line manager. They said, "Together, we have looked at our governance systems, and how we needed to make improvements to ensure problems never happen again. Now everybody knows that if I am absent, who they need to get a hold of including if my manager is not around."

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

- People and relatives were consulted and questionnaires were sent to relatives and staff to obtain feedback about the service. Questionnaires were available in pictorial format to help people who needed support to understand. The questionnaires we viewed indicated people were happy with the service. Comments included: "I am very happy with the staff and support I receive" and "I feel my loved one is safe and understood."
- Staff we spoke with told us they felt supported by the registered manager and their own line manager. Their comments included, "My manager has an open-door policy", "My manager is approachable. If I have any concerns, I will raise it" and "There were problems before I came here, but it's good now. Everybody knows what they are doing. [Registered manager] has been wonderful. The manager is also very good, very supportive. With the new management, things are great. Things have really changed. Thank god for [Registered manager] and [manager]."
- Staff completed a yearly survey which included questions about management, teamwork, communication, training and development and overall feedback. The results were analysed and used to gather information about staff satisfaction and to identify where improvements were needed. We saw evidence that staff were happy working for the service. One staff member told us, "I am very much encouraged to give feedback" and another said, "I get surveys and feedback forms to complete and we have meetings."
- The provider had a 'diversity and inclusion' policy. However, this did not include information in relation to the Lesbian, Gay, Bisexual, Transgender/Transgender plus community (LGBT+). We discussed this with the registered manager who told us they would discuss this with senior managers at the next meeting, in view of updating their policy.

Continuous learning and improving care; Working in partnership with others

- The local authority offered regular training for registered managers, where they shared scenarios and learned new skills. The registered manager told us they liked to regularly update their knowledge and training. The administrator ensured they accessed any available training and informed the registered manager, so they could attend and update their skills.
- The registered manager told us, "There have been some exciting opportunities in the company. I had my appraisal last week. I am undertaking a 'career pathway' study, which gives staff the chance to progress. We have managers' meetings where we discuss our progress, share knowledge. For me, it's my own network. We can discuss any concerns and share and communicate."
- The registered manager told us they checked the CQC website regularly for news and updates and attended providers forums organised by the local authorities. These often included workshops and information which was shared with staff during staff meetings or supervision.

- People received a guide to supported living when they started using the service. This included everything they needed to know and was available in an easy read format. This also included the provider's contact details if they wanted to make a complaint.