

Parkhill Support Services Ltd

# Parkhill Support Services Brighton Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Parkhill Support Services Brighton Road provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including people with a learning disability and autistic people with some people requiring 24-hour support. At the time of our inspection 10 people were using the service living in three separate supported living settings. People rented their room from a private landlord and used shared facilities such as kitchens, living rooms and bathrooms. During this inspection we visited two of the supported living settings registered under Parkhill Support Services Brighton Road.

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

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

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

Improvements had been made since the last inspection and the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, improvements were still needed in some areas.

### Right support

Medicines were not always managed in a safe way and in line with guidance. The registered manager made sure immediate improvements were made after our inspection to keep people safe. Staff did everything they could to avoid restraining people. However, the service did not always properly record when staff restrained people, and the provider did not share learning in this area. The registered manager had identified this as a problem and was working to put things right. People felt safe at the service and with the staff who supported them. Staff focused on people's strengths and supported people to enjoy fulfilling and meaningful lives. People were encouraged to be as independent as possible. Staff supported people to identify and achieve their goals and aspirations. People were involved in planning their care and had opportunities to give feedback about the service. Staff managed risks well to keep people safe while promoting their independence.

### Right Care

The provider's recruitment procedures needed more checks to help make sure only suitable staff were employed. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff protected and respected people's privacy and dignity. Staff understood their responsibilities in

protecting people from abuse and were confident any concerns they raised would be acted upon. People had access to staff support when they needed it. This included allocated one-to-one support hours, which people could choose how they used. People had opportunities to take part in activities they enjoyed and to pursue their interests.

#### Right culture

The provider's governance arrangements were not always effective in keeping people safe and ensuring good quality care and support. The provider did not identify the issues we found during our inspection. Staff valued people's individuality, protected their rights and enabled them to lead confident, empowered lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager and staff had established effective relationships with other professionals to ensure people received the care and treatment they needed.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 17 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in most areas. However, there was still improvements to be made and the provider remained in breach of some regulations and the service is now rated requires improvement.

This service has been in Special Measures since 17 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified three continuing breaches in relation to the management of medicine, the recruitment process and how the provider makes sure the service is safe and well led.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Parkhill Support Services Brighton Road

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with three people using the service, two registered managers, four staff members and a healthcare professional. We looked at records which included care records for three people, three staff files, medicines records and other records relating to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to make sure people's medicines were managed and administered in a safe way and were in line in the current guidance and legislation. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but not enough to meet the required standards and the provider remained in breach in this section of regulation 12.

- Improvements had been made in one supported living setting and medicines were managed, stored and administered safely. Storage facilities had been fixed and made safe. People's medicine records were clear and regularly audited so medicines errors could be detected quickly. We checked some medicines at random and confirmed the recorded stock levels were correct.
- However, when we checked people's medicines at another supported living setting we found the storage of medicines was restricted to a small locked cabinet. Staff needed to discard original packaging together with the prescription details from the pharmacy, so medicines would fit in the locked cabinet. Medicine administration records were hand-written by staff. This meant we could not be sure the medicine being administered was for the right person, at the right time and the correct dose.
- When people received covert medicines (medicines given without the person's knowledge) there was no information to guide staff on how this medicine should be given, for example, advice from the pharmacist. There was no mental capacity assessment in place to support the decision about the person's lack of capacity to make decisions about their medicines. This meant we could not tell if this decision had been made in the person's best interests.

Although improvements had been made in one supported living setting we were not assured the same good practice had been followed in the second setting we inspected where we found a failure to follow current legislation and guidance in the proper and safe management of medicines. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They confirmed they had completed a mental capacity assessment for the person around their medicines, put guidance in place to support staff in the administration of covert medicines and purchased a more suitable medicine cabinet to allow for safe storage of medicines.

### Learning lessons when things go wrong

At our last inspection the provider had failed to act when things went wrong and this meant people were at

an increased risk of harm. Staff were reporting incidents to managers but the provider had not always acted on this information to reduce the risk to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made in some areas of regulation 12, we remained concerned about the systems in place to regularly monitor, review systems. Lessons from previous inspections had not been learned across the supported living settings. The provider had not ensured improvements in one setting had been implemented across all of the services. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recorded accidents and incidents involving people who used the service. We found improvements in the review and monitoring of incidents had improved at one supported setting, this included debriefing sessions when restraint had been used and discussion about lessons learned during team meetings.
- However, we found the monitoring of restrictive practices at another supported living setting was not in line with best practice. Although restricted practices were reported by staff there was little detail on the type of restraint used or for how long. We could not see how these incidents were reviewed or how the provider looked for ways to reduce further occurrences or learn lessons.
- The registered manager explained they were working with the local authority to clarify records around incidents and showed us emails highlighting the details of incidents where restrictive practices were used. We spoke to the registered manager about how they were going to record and collate information going forward that was in line with best practice guidance.

#### Staffing and recruitment

At our last inspection the provider was not able to provide us with assurance that their recruitment records were complete or that staff employed were always suitable. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found records were difficult to access and we were unable to look at all of the records relating to staff recruitment to gain assurance about the systems in place. The provider remained in breach of regulation 19.

- Applications were made on-line and staff could download their details via an internet job application site. The registered manager was not able to access staff records directly and we relied on another staff member to access records we requested. We looked at records for two staff members and confirmed employment checks were in place such as Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We looked at the references for two staff members. Previous employers' details were not held on the references and could not easily be linked to information provided on the applications. Staff explained they verified the email addresses from incoming references and were happy with this level of evidence. We did not see the checks so were unable to assure ourselves the process was safe.
- When gaps in employment were recorded these were not questioned in line with the regulations. This is an important check to make to ensure the recruitment procedure is safe. We spoke to the registered manager who assured us they would require written explanations of gaps in employment history with immediate effect.

At our last inspection the provider did not always have enough staff to keep people safe. Staff were working excessive hours and this was putting people at risk. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- The service had enough staff, including one-to-one support for people to take part in activities and visits. Staff told us they were not required to work excessive hours and had adequate breaks and records confirmed this.
- The numbers and skills of staff matched the needs of people using the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to keep people and staff safe. Staff did not always have the knowledge or skills to keep people or themselves safe and restraint and restrictive practices were being used outside of the best practice guidelines. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 13.

- People and staff told us about the improvements that had been made. One person told us, "Things are improving and the difference between now and six months ago is like night and day."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.
- When restraint and restrictive practices were being used there were clear guidelines in place to help support and guide staff. Staff told us they had received the necessary training they needed to restrain people safely and this was confirmed by records sent by the provider.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and review risks to people's safety. The provider did not always make sure people lived in a safe environment and some important safety checks were not in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in this area although they still remained in breach of regulation 12.

- People had detailed risk assessments in place, this included advice to support people using the least restrictive options. Staff spoke about people's risk and how they supported people to stay safe. For example, when one person required additional support with their mobility staff ensured the person was aware of the risks involved with using certain equipment.
- The provider had worked with the landlord to make improvements to the supported living settings to make the environment safe for people.
- Safety checks were in place to ensure the living environment was safe, which included fire safety checks. The registered manager monitored these checks and acted, when required, to minimise risk.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.

- The service tested for infection in people using the service and staff.
- Staff and people were undertaking regular tests and some staff and people had received the COVID-19 vaccine
- The service's infection prevention and control policy was up to date.
- At our last inspection the provider had not been completing important information required by the CQC to enable us to monitor COVID-19 outbreaks, the testing program and vaccinations. At this inspection we confirmed this information was being regularly completed.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not always supported or trained staff to carry out their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- Staff told us they felt supported by the registered manager and had received the training they needed. One staff member told us, "[Registered manager] is very much on the ball, we are now getting training from [local authority] and I feel we have enough training. We are definitely heading in the right direction."
- The registered manager had worked with the local authority to provide service specific training in addition to the provider's mandatory training. Competency checks were in place to make sure staff understood how training applied to their job.
- Regular supervision and team meetings helped staff reflect on best practice and make improvements to people's care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At our last inspection the providers care and support did not always reflect current evidence based guidance, standards and best practice and systems were not in place to record and monitor people's healthcare needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in these specific areas although not all of regulation 17 had been met. Please see the well-led question for our findings.

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

- People had health action plans and health passports which were used by health and social care professionals to support them in the way they needed
- People played an active role in maintaining their own health and wellbeing. Improvements in record keeping had been made so staff could support people with up and coming healthcare appointments.
- People were referred to health care professionals when needed to support their wellbeing and help them to live healthy lives

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection we found people's rights had not always been upheld and the provider did not understand or work within the requirements of the MCA and associated guidance. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff knew people had the right to make day to day choices. We saw staff offering people choices throughout the day, for example about what people wanted to eat and where they wanted to spend their time.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff ensured relatives were involved where appropriate in decisions which had been made on people's behalf. The registered manager was working with the local authority to submit an application to the court of protection for one person and had involved relatives and healthcare professionals in best interest decisions.

Adapting service, design, decoration to meet people's needs

- This was a supported living service. This meant the landlord of the property was responsible for repairs. However, the provider had a responsibility to keep people safe. At our last inspection we found the property needed urgent maintenance to make the service safe for people.
- At this inspection we found improvements had been made to make communal areas safe for people. The registered manager reported concerns to the landlord and these were rectified quickly.

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

- At our last inspection two people were unable to access the kitchen because of damage to the doorway. This meant people were reliant on staff to prepare meals. At this inspection improvements had been made

and people were able to access the kitchen if they wished.

- People were involved in choosing their food, shopping, and planning their meals. Mealtimes were flexible to meet people's needs and to fit in around people's day.
- Staff told us they supported people to be as independent as they could be with food preparation but would prepare meals for people if this is what they wanted.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection we found the environment had a detrimental impact on people's dignity and independence. Reasonable adjustments had not been made to maximise people's rights. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 10.

- The environment had been adapted to allow people with restricted mobility to access all areas of the home. For example, the kitchen was now accessible and wet rooms had been installed to make access easier for those people who required additional support with mobility. One person spoke to us about the improvements made and told us, "I definitely have more independence".
- Staff knew when people needed their space and privacy and respected this. For example, one person decided they did not want to go out that day. Although staff tried to encourage them to engage in an activity they understood it was the person's decision to stay at home.
- The registered manager told us they saw, "supported living being a stepping stone to encouraging independence" and went on to explain how they were seeking paid and voluntary work for some people to help promote and encourage people's independence.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff team were supportive. One person told us, "Things have got a lot better; all complaints have been sorted and staff are brilliant now". A relative told us, "I think staff are amazing, fabulous...they are brilliant at keeping calm and in control."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. For example, one person was sensitive to loud noises so staff were careful to keep the kitchen door shut when appliances were in use.

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

- Staff supported people to express their views using their preferred method of communication, for example using pictures or objects as a reference. One relative told us about their family member, "Staff know [relative] very well, they have their own unique way of communicating but they have got to know what he is saying, it's lovely to watch them communicating."

- People were able to make choices for themselves and staff made sure they had the information they needed to do this. For example, keyworker sessions used easy read and pictorial information to help people understand and record what they were feeling.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those with cultural or religious preferences. Staff supported people to celebrate religious festivals and attend places of worship if they wanted to.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider did not always make sure people received the care and support that was personalised specifically for them. People had not always been involved in making decisions about their care and treatment. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- At our last inspection we found information about people's care and support needs were not always available to staff. At this inspection we found improvements had been made. Records were up to date and available for staff. Staff were given the time to get to know people and this included reading about how people wanted to be supported in their everyday lives.
- Staff knew people well and worked with people and their relatives to make decisions and have choice and control over their care and support. One person's relative told us they had been involved in their relative's care from the start and said, "I feel like we are kind of a team, I can send an email if I think of anything...there is really good communication."
- Monthly keyworker meetings allowed people to focus on their goals and aspirations and staff helped people understand how they could be achieved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.



Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. People told us they were able to go out into the community and visit friends and relatives when they wanted to and staff gave them the support they needed.
- People were supported by staff to try new things and to develop their skills. Staff told us about the improvements at the service. This included additional activities both in the home and the community. One staff member pointed to a pool table that people enjoyed and another staff member told us about recent birthday celebrations and outings in the community they said, "We are now taking people out and they are really enjoying it."
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. The registered manager spoke about new work and education opportunities for people now COVID-19 restrictions had been lifted and had just attended a work fair, enabling people to find out more about roles available in the local area.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us they were comfortable speaking with the registered manager if they needed to. They told us, "There has never been an issue but she is really approachable."

End of life care and support

- No one was receiving end of life care at the time of our inspection. People had been given opportunities to express their preferences about the care they would like to receive towards the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to make sure robust systems and processes were in place to meet the Health and Social Care Act 2008. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but not enough to meet all of the required standards and the provider remained in breach of regulation 17.

- Two registered managers were in place to manage the three supported living settings under this registration. Both registered managers were knowledgeable and confident about their roles as registered managers. Staff told us they were supportive and approachable and gave examples of the improvements that had been made, such as changes to the environment, staff training and the duty rota.
- Since the last inspection the provider submitted a detailed action plan and provided regular updates on the improvements made in one supported living setting. However, when we inspected a second setting we found guidance was not always being followed in medicine management, records around the use of restraint were incomplete and records regarding staff recruitment were not always accessible or completed in line with the regulations.

Although both registered managers responded immediately to our concerns and sent us information to support the actions they had taken, the provider had failed to ensure robust systems and processes were in place across each supported living setting and remained in breach of regulation 17.

At our last inspection the provider had not always notified the CQC of incidents in line with their statutory requirements. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- The registered managers were aware of their responsibilities in line with requirements of the providers registration and had notified the CQC of certain changes, events and incidents.

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

- The registered managers were visible at the service and took a genuine interest in what people, staff, family members and healthcare professionals had to say. A healthcare professional told us they found the registered manager supportive of the recommendations made and thought their proactive approach in healing with healthcare referrals was a positive step to achieving good outcomes for people.
- Staff felt respected, supported and valued by their registered manager and told us they felt comfortable making suggestions for improvements and felt they would be listened to.

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

- Throughout the inspection both registered managers were open and honest about things that had gone wrong and spoke about the lessons learned. Both understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.

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

- At our last inspection we found people and staff did not have a say in the way the service was run and did not feel confident raising concerns. During this inspection we found improvements had been made.
- People had the opportunity to provide feedback about the service through keyworker sessions and resident meetings. The registered manager actively encouraged people to have a say. They told us they had worked hard to change the culture of the service and it was important for people to feel involved. For example, people were asked if they wanted to be involved in the recruitment process and the registered manager asked for people's thoughts about potential new tenants.
- Staff told us they felt confident raising concerns and knew the registered manager would act appropriately.

Continuous learning and improving care

- The registered manager worked with the local authority to make improvements to the service. This included access to additional training and support for staff to help people achieve the best outcomes.

Working in partnership with others

- The registered manager had improved and established effective working relationships with other professions involved in people's care. A healthcare professional told about the positive relationship they were building with the service and felt staff were responsive to suggested changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always ensure the proper and safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the services. Regulation 17(2)(a)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure all checks were complete before staff were employed. Systems did not allow for checks to be completed by a third party. Regulation 19(2)