Precious Homes Limited

Precious Homes East London

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 13 and 16 February 2018 and was announced.

The service was last inspected in April 2016 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not being managed in a safe way. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to address this breach. We found the provider had addressed our concerns about medicines management. However, additional concerns about other areas of care were identified during this inspection in February 2018.

Precious Homes East London provides care and support to people living in two 'supported living' settings, so they can live in their own home 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. People using the service lived in self-contained one-bedroom flats across two sites located approximately 15 minutes' walk apart from each other in the London Borough of Newham. Each site had a staff office and one site also had a number of communal areas used for meetings and activities. Not everyone using Precious Homes East London received regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. We also take into account any wider social care provided. Four people were receiving personal care within the service.

Precious Homes East London provides support to people with learning disabilities and autism. The 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 autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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.

Care plans and risk assessments lacked details on how to deliver support and had not been kept up to date. Information about people's healthcare needs lacked detail and was missing key information about people's healthcare conditions. Although people's care was reviewed regularly, information from reviews was not used to update care plans or risk assessments.

Staff had not received training identified as being required to meet people's needs.

Quality assurance systems had identified some of the issues with the quality and safety of the service we found during the inspection, but actions to address the concerns had not been effective as issues remained.

The service had not consistently adhered to the principles of the Mental Capacity Act 2005.

People told us they felt safe in the service and staff were knowledgeable about safeguarding adults from harm. Records showed the service took appropriate action in response to incidents and allegations of abuse.

People received support to take medicines and the service had robust systems in place to ensure this was managed in a safe way.

People and staff told us they thought staffing levels were sufficient to meet people's needs. Staff were recruited in a way that ensured they were suitable to work in a care setting. Staff received regular supervision from their line managers.

People told us they were involved in the assessment process, and resulting care plans were goal focussed and included information about people's communication and ability to make certain decisions.

People were supported to access healthcare services when they needed.

People told us they were supported to prepare their meals.

Staff spoke about the people they supported with kindness and compassion.

People told us they thought staff were caring and treated them with dignity and respect.

People were supported to attend religious services where they wished to do so.

People were supported to maintain their relationships with their family members. Information about people's support needs with regard to personal and sexual relationships was not always clear, although staff described providing sensitive support to people who were exploring their sexual and gender identity.

People knew how to make complaints and records showed complaints were responded to in line with the provider's policy and procedure.

People were asked about their wishes for the end of their lives, although no one living in the service was approaching the end of their life.

People and staff spoke highly of the management team and told us the provider took steps to engage them. There were regular meetings and surveys for people and staff to inform the development of the service.

The provider had a clear strategy and plan for development.

We identified breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations regarding person-centred care, safe care and treatment, staff training and governance. You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for the service is Requires Improvement. This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments lacked detail about how to mitigate risks and were not always followed.

Recruitment processes ensured staff were suitable to work in a care setting.

The provider ensured medicines were managed in a proper and safe way.

People told us they felt safe, and despite a lack of training staff were knowledgeable about safeguarding adults from abuse and harm.

The service took appropriate action in response to incidents.

People were protected by the prevention and control of infection, although staff had limited information about how to mitigate infection control risks.

Is the service effective?

Requires Improvement

The service was not always effective. People's care plans did not contain enough information about their preferences to ensure they received person-centred care.

The service was not following the principles of the Mental Capacity Act 2005 and had not sought authorisations to deprive people of their liberty in a timely way.

Staff had not received the training they required to meet people's needs.

There was not enough information to ensure people's healthcare needs were met.

The service worked with local community organisations to ensure people's needs were met.

Is the service caring?

Good

The service was caring. Staff spoke about the people they

supported with kindness and compassion. People told us they thought staff were caring.

People's religious beliefs and cultural backgrounds were respected by the service and people were supported to attend religious services if they wished.

Although not formally recorded, staff provided sensitive and appropriate support to people around their sexual and gender identity.

People felt they were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always effective. Record keeping was inconsistent and it was not always clear that people received the support they needed. Care plans were not updated in response to changes in people's needs or support.

People knew how to make complaints and records showed the service responded to complaints in line with their policy.

The service operated a keyworking system and people's care was reviewed regularly.

Is the service well-led?

Requires Improvement

The service was not always well-led. Although there were various systems of quality assurance audits, and these had identified some of the issues found on inspection, the actions to address concerns had not been effective and issues with the quality and safety of the service remained.

People and staff spoke highly of the management team at the service and told us they felt well supported by them and the provider.

The provider had a strategic plan for the development of the service.

There were systems in place to seek and act on feedback from people and staff.

Precious Homes East London

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 inspection took place on 13 and 16 February 2018 and was announced. We gave the provider 48 hours' notice as the service is a supported living service across two addresses and we needed to be sure someone would be in. The inspection was completed by one adult social care inspector.

We used information the provider sent us in the 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 also reviewed feedback received from the local authority where the service is located.

During the inspection we spoke with five people who used the service and seven staff. The staff included the registered manager, the deputy manager, a senior support worker and four support workers. We reviewed three people's care files including needs assessments, care plans, risk assessments, reviews and records of care. We reviewed five staff files including recruitment, induction, supervision and appraisal records. We also reviewed other documents including training records, meeting minutes, incident records, various quality audits and other policies and documents relevant to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured the proper and safe management of medicines. The provider had taken action to address these concerns and people were supported to manage their medicines safely.

People's medicines were stored in locked cabinets in their flats, with controlled drugs being stored in appropriate and secure cupboards in a communal area of the building. Controlled drugs are medicines which have specific rules around storage, administration and record keeping as they have a higher potential for abuse. People's care plans contained clear information about the support people needed to take their medicines. There was clear information about what each medicine was for, it's appearance, side effects and the specific dosage instructions for each person. Where people had been prescribed medicines on an 'as needed' basis there were clear instructions to inform staff when to offer and administer these medicines. Records were clear regarding when people had taken their medicines including any refusals. When people had taken their 'as needed' medicines the reason why was documented in line with good practice.

The provider completed regular audits and checks of medicines stocks. This included a daily count at shift handover by shift leaders as well as monthly checks by senior staff members. The daily count of medicines was an effective mechanism to ensure medicines were managed safely. This was demonstrated as the daily count had identified an administration error within hours of it occurring. Records showed the provider had taken prompt action to seek medical advice when the error was discovered during routine auditing. We checked the audits and balance of medicines in stock and found they matched. This meant peoples medicines were managed in a safe way.

People told us they were involved in creating their risk assessments. One person said, "We talk about the risks, I don't always take their advice. They do have a risk assessment. There are things they have to do." Care files contained a variety of risk assessments in relation to aspects of people's care and key risks were identified on people's "One Page Profile" documents. For example, if people were at risk of absconding, or presenting with behaviour which could harm themselves or others this was highlighted in their profile.

However, measures in place to mitigate risk were not always clear, and risk assessments had not always been kept up to date. For example, one person's risk assessment identified a specific supermarket they shopped at and advised staff to support them at times it was quieter to reduce risk. However, a review document showed this person had been banned from the supermarket. The risk assessment had not been updated to reflect this. In addition, many of this person's risks within their home were mitigated by the provision of one-to-one staff. Their risk assessment regarding vulnerability to abuse stated, "[Person] has 1:1 support throughout his waking hours." However, there was a file note which stated that from May 2017 their support hours had been reduced and they no longer had 1:1 support after 6pm. This meant the risk assessment had not been updated with new measures to mitigate the risks. The provider updated this person's risk assessments during the inspection.

Some of the people receiving support presented with behaviours that could pose an infection risk. Although staff were provided with appropriate personal protective equipment to ensure the risk of infection and cross contamination was mitigated, they were not given specific information about how to manage these risks other than being instructed to prompt people to use the toilet. Records showed that one person had behaved in a way that posed an infection risk the week before the inspection. However, their care plan and risk assessment contained no information about this behaviour and did not inform staff how to respond to it.

Observations showed that a risk assessment was not being followed. For example, one person's smoking risk assessment stated they should be encouraged to use a lighter, being given one where necessary, rather than matches to mitigate the risk of fire. During the inspection this person was seen with matches and staff did not encourage the use of a lighter. As well as individual risk assessments there were general risk assessments that applied to all people living in the home. These had not been reviewed or updated as required. For example, the risk assessment regarding the use of the shared trampoline in the garden had been due for review in November 2017 and the risk assessment regarding contractors on site had been due for review in June 2017. After the inspection the provider submitted general risk assessments which had been updated as scheduled.

The above issues with risk assessments are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with staff. One person said, "The staff know how to keep me safe, I know they worry about me a lot." Another person told us, "I feel safe here. The staff help me if I have problems." The provider had a clear policy regarding safeguarding adults which included detailed instructions for staff on how to respond to and appropriately escalate disclosures. The contact details for local safeguarding teams were also included.

The provider's policy stated staff should receive training in safeguarding adults annually. However, the training matrix for the service showed that 41% of staff did not have in date safeguarding training. Twelve of these staff had previously completed the training but it was not within date. The registered manager and deputy manager had not completed the training since 2012. Despite this, staff we spoke with were knowledgeable about the types of abuse people might be vulnerable to and told us they would escalate any concerns or disclosures to their managers. Records showed the registered manager and deputy manager escalated concerns to local safeguarding authorities appropriately. This meant, despite the lack of training in safeguarding adults, people were safeguarded from abuse.

Staffing levels were set according to people's individual funding agreements from their funding authorities. People told us they thought there were enough staff available to them. They also told us they could change the staff supporting them if they wished. One person said, "There's enough staff, and I can choose who I work with." Staff confirmed there were enough staff on duty. One staff member said, "There are enough staff, they always cover sickness. I will do extras if they need, they call for cover but only rarely."

The provider held recruitment days facilitated by a central team where candidates completed a range of group tasks before being selected to be interviewed. We found records of the interviews were brief and did not clearly demonstrate how the provider had established candidates were suitable for the role. The deputy manager explained that by the point of interview multiple assessments had been made and this was why interview records were brief. After completing the assessment day the service collected employment and character references as well as checking candidates' identity and right to work in the UK. The provider completed criminal records checks to ensure staff were of a suitable character to work in the home. This

meant the service ensured staff were suitable to work in the service.

Incident records were reviewed. These showed staff provided support to people following incidents and took action to resolve any issues. For example, one person had caused damage to a neighbour's property and the provider had liaised with the neighbour and paid for repairs. However, the sections of the incident forms where management action was meant to be recorded was blank in the records viewed and it was not clear that risk assessments were routinely reviewed and updated following incidents. Records showed that incidents involving people who received a service were discussed at staff meetings which meant lessons were shared across the staff team.

Requires Improvement

Is the service effective?

Our findings

The provider had recently changed their training provider. The deputy manager explained staff attended core training required by all staff working for the provider and then additional bespoke training required to work with people in this specific service. The training matrix showed staff were expected to repeat some courses regularly as courses that were completed more than two years ago were coloured orange to indicate they were considered out of date.

The training matrix showed significant gaps in both the core and additional training completed by staff. For example, only three out of 34 staff had in date training in record keeping and only five had in date training in food hygiene. Despite one person's care plan emphasising the need for them to be supported by staff with a good understanding of autism only 14 staff had ever completed this course, and 11 of these staffs' records showed the training was out of date. In addition, people receiving support were diagnosed with mental health difficulties and other health conditions including diabetes. None of the staff had received training in diabetes and there was no mental health awareness training on the matrix submitted. This meant staff had not received the training they needed to meet people's needs.

The above issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us, and records confirmed, they received a comprehensive induction to the service. Staff attended a two day induction to the provider and then completed a local induction where they were introduced to the people they supported and the building. Staff signed to indicate they had read care plans and various policies and procedures. Records showed staff received regular supervision from their line managers where their performance was discussed and any opportunities for development and training were considered.

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 interest 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. The application procedures for this in the community are via the Court of Protection. Two people received support that amounted to a deprivation of their liberty as they required support at all times, and were not able to access the community without staff support. One of these people's files contained an appropriate authorisation from the Court of Protection. The other file contained records that the service had initiated the process of getting the Court's approval. However, this process had only been initiated in October 2017 despite having been identified as required through an audit in March 2017. In March 2017 the registered manager had responded to the audit by stating authorisation was not required as the service was not a care home. This meant there had been a significant delay in seeking appropriate authorisation for the restrictions placed on this person..

In addition, this person had received extensive medical interventions and it was clear from medical correspondence and other information within the care file they lacked capacity to consent to this treatment. Although the provider was not the decision maker for the treatment, they had no records to show they had pursued best practice in the application of the MCA 2005 in this case. We asked the deputy manager what processes had been followed ahead of the intervention. They said, "We spoke about it internally, we could see [person] was in pain. It was decided internally. When we were with [medical professionals] we explained we'd spoken to the social worker involved. I don't know if there were any meetings." This meant the service had not demonstrated a robust understanding of the MCA 2005.

Each care file contained a document called a decision making profile. This explained how to support people to make day-to-day decisions. There was information about when was the best time to ask them to make decisions. For example, one person should not be asked to make decisions until after they had a cigarette. Care files also contained local capacity assessments regarding aspects of people's care that could be considered restrictive. For example, locking food cupboards within their flats. Records showed that one person had capacity and consented to having their food cupboards locked, another person lacked capacity to make this decision but the service decided it was in his best interests to lock food away as they were at risk of over-eating and making themselves unwell.

People were referred to the service by their funding authorities and the provider's business team completed initial screening before a manager from within the service completed a full needs assessment to determine if the service was suitable for the person. One person told us they had been involved in their needs assessment, they said, "They came to see me first, I really appreciated that. Then I came to visit before I moved in."

The provider's assessment considered people's history and goals for the future. For example, one assessment included that the person aspired to go to college, wanted to keep in touch with their family and move house. The assessment considered the support people needed to achieve their goals, and identified the support people needed to have a good day, and to avoid having bad days. People's relationships, religious beliefs and cultural background were considered alongside an assessment of support needs in various areas of daily living skills. Records showed that people, and their relatives where appropriate, were asked their views on the assessment process and information as also gathered from other professionals involved in people's support. This meant people's needs were assessed in a holistic way to inform their initial support plan.

Care plans reviewed included information about people's support goals. However, there was limited information for staff to inform them how to support people to achieve their goals. For example, one person's stated goal was to learn how to make a cup of tea. The information for staff about how to support this person stated, "For staff to teach [person] the steps to make a cup of tea." There was no further information about how to teach them. This person's care plan also stated, "I need prompting and assistance with all my personal care needs, such as cleaning my teeth, cleaning myself, brushing and washing my hair." There was no guidance about how to prompt or assist this person.

We discussed the lack of detailed guidance with staff who provided support to people in the service. In conversation they were able to describe in detail how they provided this support. Staff had also told us they had learned how to provide support to people by shadowing more experienced colleagues or by receiving a verbal handover from senior staff. On the second day of the inspection the service had updated care plans to include more detail of the nature of the support staff should provide. For example, staff were now given step by step guidance about how to ensure one person cooperated with personal care. However, the plan still lacked details of the person's preferences. For example, staff were instructed to adjust the water

temperature if needed, but were not informed what temperature the person liked. Likewise, they were not informed of the nature of the person's preferences for personal care products such as shower gel or shampoo. This meant care was not always planned in a personalised way as people's preferences for care delivery and support had not been clearly captured.

People told us staff supported them to prepare their meals. One person said, "I like pasta and chicken. [Support worker] does the cooking." Another person said, "They prompt me with cooking." Care files contained a section regarding people's dietary needs. However, the information about people's dietary needs and preferences was limited. For example, one person's care plan stated, "Staff to support me to prepare healthy balanced meals" and "Staff will need to assist cooking." However there was no information regarding the person's preferences or details of the nature of assistance to be provided. Another person's care file stated they needed support to follow a diet due to a health condition, however, there was no information regarding the types of food that would be beneficial. This person's care file contained a menu plan which stated they would have "soup and sandwich" each day for dinner. Daily records of care delivered included a section where staff were meant to record what and how much people ate. However, the record keeping varied and while it was possible to see that some people had been supported to eat a varied diet as described in their care plan, records did not show this for other people. As preferences were not recorded it was not possible to tell if people had been supported to eat food they liked.

The above issues regarding the lack of detail and personalisation of care plans are a breach of Regulation 9(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff supported them to access healthcare services when they needed them. One person said, "Staff help me to stay well." People had separate files regarding their health needs. These included health action plans and hospital passports. Health action plans and hospital passports are considered best practice in supporting adults with learning disabilities as they ensure that all health related information is in one place and available to relevant health professionals when needed. Staff recorded the advice given by healthcare professionals at healthcare appointments and these were stored in people's health files.

However, health information within the care files was incomplete and unclear. For example, one person had recently had extensive dental work completed but other than stating he should be supported to attend routine dentist appointments there was no information about dental care in either his care plan or health file. This person was also undergoing investigations due to concerns about their digestive health but there was no information about this within the care file or health action plan. The only information about this person's physical health recommended a low fat diet, and referred to routine age related monitoring. Another person's health file stated they needed support regarding their diet and weight management. Their records referred to an ongoing medical condition that was awaiting surgical intervention but this was not referred to in either their hospital passport or health action plan. Although the staff we spoke with were able to answer questions about people's health needs and were familiar with their medical history, there was a risk that this information would not be shared with appropriate medical or healthcare professionals as it was not captured in the health documentation.

Good

Is the service caring?

Our findings

People told us they though staff were caring and compassionate. One person said, "They are really kind, they care." Another person told us, "They know how to cheer me up if I'm feeling glum." A third person said, "There are staff here who I really like, who feel are like family. They are very caring." When staff spoke about people and the support they needed it was framed in terms of supporting them to be happy and content. One staff member said, "A good day is when he's happy, when you respond to his communications and follow his instructions."

Care files contained information about people's religious beliefs and cultural background. People were supported to attend their places of worship if they wished. One person's care plan was very clear they wished to attend their place of worship independently and included details of key people to contact if there was a need to talk about any issues.

Both people and staff working in the service had completed a one page profile which contained a high level summary about their character and any specific activities they enjoyed. This facilitated matching staff with people. In addition, care files contained a page regarding significant relationships in people's lives. This ensured staff had information about people who were important to the person and supported them to stay in touch with them where this was their wish. One person was supported to remember their family members and there was clear information within their file about how they indicated they wished to be supported to remember their relative.

We noted that each care file contained a sheet regarding what was, and what was not, within the remit of the staff support. Each copy stated that it was not a staff role to support people with family relationships or finding a partner. This was discussed with staff and management as it was clear from other information within care files that some people were supported to maintain their relationships with family members, and other people may need support around forming other relationships. Staff explained that the phrasing was intended to mean that staff would not directly facilitate romantic relationships, for example, by setting up profiles on dating websites for people, but they would provide emotional support to people around relationship issues. The deputy manager recognised that the phrasing of the existing paperwork suggested a blanket policy that people were not supported with relationships.

Needs assessments and care plans did not contain any information about people's sexual or gender identity. Nor did care plans contain any information about how to ensure people were supported regarding any sexual needs. Support workers demonstrated a sensitivity regarding people's expression of their sexual needs and described how they would always knock on people's doors and respected that people had the right to express their sexuality and sexual needs. The deputy manager explained that although it was not directly explored within care plans and assessments, people living in the service had expressed when they wished to receive support to develop different types of relationship. They explained that one person was currently exploring their sexual and gender identity and the staff were facilitating this person to access appropriate support networks.

People told us staff respected their privacy and we saw staff were polite and respectful in their interactions with people throughout the inspection. People were supported to be as independent as possible. One person said, "I go out when I want. The staff don't control me." A support worker told us, "[Person I support] is very independent, so if we're going somewhere he does all the talking, I'm just there for a bit of reassurance for him."

Requires Improvement

Is the service responsive?

Our findings

People told us they were supported with activities. One person said, "I'm going [to sports ground]. I'm looking forward to it." However, they continued, "I can get a bit bored, they [staff] don't always help me find things to do." This mixed feedback was also reflected by staff, who told us they took individual action to support people to try new things and engage with activities. One staff member said, "It's up to them [people who receive a service] to be involved in activities. They can choose but everyone needs a bit of encouragement and they don't always get that, so they end up staying indoors."

Care files contained timetables and schedules for activities. However, the records of care delivered varied and did not always show that people were supported with activities in line with their schedules. For example, one person's care plan stated they should be supported and encouraged to leave the service on a daily basis. Their care records showed that from the 29 January to 15 February 2018 they had stayed indoors for 12 days and on one further day "Was taken to the garden to breath some fresh air." However, another person's notes provided details about their mood, the choices offered, meals and activities. This meant it was not always clear that people had received personalised care as the quality of record keeping varied.

The service operated a keyworking system where people were allocated a group of named keyworkers to lead on providing them with support. Keyworkers were required to complete a weekly summary about the support people had received and note anything that had worked particularly well or anything that had not worked. At the end of each month keyworkers completed a "four plus one" review which summarised the previous month and made recommendations for any changes to support. People told us they met with their keyworkers regularly. One person said, "I can meet with her and tell her any problems."

Although there was regular monitoring of people's support it was not clear information contained within the keyworker summaries and monthly reviews was used to update care plans and risk assessments. For example, one person's weekly and monthly reviews made reference to the person's continence care but there was no record that any continence referrals had been made and no information within the person's care plan or risk assessments regarding this behaviour. Another person's reviews referred to supporting them to try more activities but there was no further information to inform staff of what activities might be suitable. Likewise, despite a change in this person's care hours being made in May 2017 their care plan had not been updated to reflect this and it was not clear how they were supported with their evening routine as they no longer had allocated 1:1 staff after 6pm. This meant that despite regular reviews, it was not clear that this information was being used to develop support plans to ensure they provided personalised care.

The above issues with ensuring care plans and records of care reflected people's needs are a breach of Regulation 9(1)(b) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

One person had established a relationship with a local café and went there most days of the week. It was clearly recorded that it was important to this person do to this independently although they were unable to manage their finances to pay for their meals. Staff from the service worked with the café to come to an arrangement where they attended weekly to settle the bill. This showed the service had worked with other

organisations to deliver effective support to this person.

We attended a coffee morning for people who lived in one of the services during the inspection. During this meeting people were reminded how to make complaints, and records showed this was a regular topic at meetings for people who lived in the service. People told us they would tell staff if they were unhappy about anything. One person said, "I'd tell [registered manager] or [deputy manager] and they'd sort it out." The provider had a clear policy regarding complaints which included timescales for response and how to escalate concerns if complainants were not happy with the initial response. We reviewed the complaints made, most of these related to members of the public complaining about the behaviour of people receiving a service. Records showed the provider responded appropriately and took action to minimise the impact on others where possible.

None of the people receiving support were approaching the end of their lives. Care files contained a section regarding end of life wishes, but none of the people had wished to complete this.

Requires Improvement

Is the service well-led?

Our findings

The provider had a robust system of quality audits. There were three strands to the quality assurance systems, an external audit which resembled a mock inspection by an independent consultancy, a peer audit completed by a registered manager from another service within the provider's portfolio and a quality audit completed by a regional manager. Each of these audits considered similar areas aligned to CQC's key lines of enquiry and involved reviewing care files, staff files, other records and seeking feedback from people and staff.

The three audits led to a quality improvement plan for the service. The audits had identified shortfalls with the level of detail in the care plans and risk assessments, as well as the issues we found with the application of the Mental Capacity Act 2005 and training levels. In addition, the quality audit identified that the registered manager had failed to add actions from the audits to the service improvement plan and so had not completed them in a timely way. Although some of the issues found on inspection had been identified by the provider through their audits, they remained at the point of inspection, so actions taken to address them had not been effective. Both care files and staff files contained sheets which showed they were checked by a manager each month. However, as these checks had not identified issues with the quality of the content of care files and details of records made they were not operating effectively to monitor and improve the quality of the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us they liked the registered manager. One person said, "[Registered manager] is good, even though he supports [opposing sports team]!" Another person told us, "I think they [registered manager and deputy manager] are brilliant managers. They are very welcoming. The deputy manager makes time to see me each week. They're really good with me." Staff told us they found the management team approachable and supportive. One support worker said, "They're really amazing. They make sure you are well equipped to support the individual, and keep you informed. The communications is really good." We saw people and staff approached the management team easily throughout the inspection and they were both knowledgeable about people and their needs.

The provider had a strategic plan in place based on the core values of the organisation. These were focussed on ensuring person centred care that was outcome focussed, treating people with dignity and respect, offering people choice, independence and control as well as being a financially viable provider. The plan had key aims which included increasing occupancy rates in their services, developing the workforce and business development with clear actions allocated to directors and senior managers within the organisation.

Staff told us they felt part of the wider organisation and spoke highly of the annual empowerment day they attended. A staff member told us, "It was really positive and proactive, someone came and gave us a talk, it focussed on reflective practice. We even did fire walking which was really good." The deputy manager told

us there were monthly meetings for managers across the organisation where they could meet and share good practice.

Records showed the service held regular meetings for people and separate meetings for staff. Both sets of meetings were used to provide updates on the service and any key information that people needed to know. The provider completed surveys of people and relatives. These showed people were happy with the support they received. The analysis of these surveys showed any dissatisfaction was linked to individual support needs and was addressed through individual support sessions. There was also a staff survey which recognised there was room for improvement regarding some communications. This meant people and staff were given the opportunity to feedback to the provider about their experience of the organisation.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans lacked detail about people's needs and preferences and were not updated following changes in people's circumstances. Regulation 9(1)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always robust, did not address all identified risks and were not updated following changes to people's needs. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not operated effectively to address issues with the quality and safety of the service. Regulation 17(1)(2)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training they needed to perform their roles. Regulations 18(2)(a)