

Independence Homes Limited

# Independence Homes Domiciliary Care Agency

## Inspection report

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25 November 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

### About the service

Independence Homes Domiciliary Care Agency (Independence Homes) provides support for adults with epilepsy and other neurological conditions. Some people may also have physical and learning disabilities or mental health needs. At the time of this inspection, the service was providing support within the regulated activity of personal care to 37 people across five 'supported living' settings. Support ranged from a few hours per day to 24-hour care. CQC does not regulate the premises used for supported living; this inspection only looked at people's personal care and support.

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

Since the last comprehensive inspection, Active Care Group, a large national provider had taken over the ownership of Independence Homes. As such, there was a new management team leading the operational running of the service.

The new management team had taken on board the findings of the focused inspection in March 2019 and was working through a comprehensive improvement plan to address the shortfalls. The provider had initially focused on improving Woodland Court. The outcomes for people at that setting now better reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The systems and learning trialled at Woodland Court were now being rolled out across the rest of the service.

Recent months had been a period of significant change at the service and resulted in a large turnover of staff. The ongoing recruitment of new staff coupled with the high use of temporary staff had impacted on the quality of support people received. Managers and staff were working hard to address the issues and embed new training and care planning systems which would enable people to receive a more consistent and personalised service.

The new leadership team had secured a cultural shift across the service and people now benefitted from a more open and honest approach to support. People and their representatives were slowly gaining more confidence in the both the staff and systems in place. Feedback was being listened to and people's voices were now being heard.

Comprehensive assessments and care plans were beginning to provide the basis of personalised care and ensure that staff supported people safely and in accordance with their needs and preferences. Risks to people were now identified and managed in a way that balanced their safety with their right to freedom, choice and independence.

People were encouraged and supported to lead active and healthy lifestyles. Staff were working better to facilitate opportunities for people to engage in a range of meaningful activities and work towards goals and

learn new skills that were personal to them.

Those staff who had remained with the service, had done so out of loyalty to people and demonstrated great compassion and commitment to supporting people.

A new quality assurance framework which put outcomes for people at the centre had recently been introduced and a variety of feedback systems were

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 requires improvement (published 16 May 2019). The service remains rated requires improvement. The last inspection was a focused inspection where we found five breaches of regulation. 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 and the provider was no longer in breach of regulations. Whilst this is the second consecutive inspection in which we have rated the service requires improvement, we found significant improvements to the safety and quality of care that people received and the provider demonstrated a commitment to ensuring the necessary improvements would continue to be made.

#### Why we inspected

This was a planned comprehensive inspection which was brought forward based on the change to the rating at our last focused inspection.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Independence Homes Domiciliary Care Agency

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors, one of whom was a member of the medicines team.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. These settings provided a range of small domestic-type houses and larger blocks of flats. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

The service did not have a registered manager in post at the time of this inspection. A manager had been appointed for this role and was in the process of applying to become the registered manager for the service. A registered manager, along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to meet with people living in their own homes and needed the provider to make arrangements for this to happen.

Inspection activity started on 13 November 2019 and ended on 25 November 2019. We visited the office location on 19 November 2019.

### 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 other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We visited four of the supported living settings and spoke with 17 people about their experience of the care provided. We had telephone conversations with eight relatives of people using the service. We interviewed 22 members of staff including the nominated individual, the manager, service manager, support workers and office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and the medication records for 15 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and governance were also reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority and staff at a GP service that provides primary medical care to many of the people using 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to provide sufficient numbers of suitably qualified, skilled and experienced staff. This was a breach of Regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us that they now received the support they needed because there were more staff allocated to help them. One person said, "Last time you came, I said there was not enough staff and no activities and now all that has changed." Similarly, another person informed us, "I'm much happier than when I saw you before. Things have changed and there are a lot more staff around to support us now."
- Relatives echoed that their loved ones no longer had to wait unacceptable lengths of time to receive support. One relative told us, "There are a lot more staff around the service now and I feel a lot happier that [person's name] is now getting the right support." Likewise, another family member said, "[person's name] is definitely happier now and we don't seem to be having the same problems of them not getting their support or it being late."
- Care staff told us that more staff were now allocated to services and that this meant they had more time to support people properly. For example, one care worker said, "Staffing levels are now based on people's funded hours, so we get spend more time with people which means they no longer feel rushed and they can have the support they need." Another care worker confirmed, "We've got much higher staffing levels now, it feels much safer and knowing that we can give people the right support means that staff are much less stressed too."
- We observed that people now received their support when they needed it.
- Staffing was now allocated in accordance with people's needs and the support they were contracted to receive. At the head office, we met with staff responsible for scheduling staff. One of these staff told us, "We have a new tool that calculates the staffing hours based on people's funded hours." Staff showed us the system of checking that now took place to ensure appropriate staffing levels were maintained across the service.
- New staff continued to be safely recruited. Prior to employment, the centralised Human Resources team obtained details of the applicant's previous work history, references and a check with the Disclosure & Barring Service (DBS) was completed. DBS checks help employers make safer recruitment decisions and include a criminal record check.

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

At our last inspection the provider had failed to ensure people were protected from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they now felt safe with the staff who supported them. One person said, "I really like the staff here now, they are kind to me and treat me nicely." Likewise, another person talking about staff informed us, "They make me feel safe."
- Relatives who had previously expressed concern about the way people were treated at one of the settings told us they were much happier with the service now. For example, one relative said, "It's a much happier place and I get a much better vibe when I go there now." Likewise, another relative commented, "Things have improved enough for it be comfortable to be there. I no longer worry about something bad happening when I'm not there."
- Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff at all levels repeatedly told us that the provider response to safeguarding was now focused on doing the right thing and keeping people safe. For example, one staff member said, "We can report issues to the relevant agencies directly now, there's no blocks by head office." Similarly, another staff member commented, "We can report people's concerns as they happen now. There's no longer a feeling of things being swept under the carpet by senior managers."
- The new management team were working more openly with local safeguarding teams to ensure allegations and incidents of concern were investigated thoroughly and transparently. Several investigations were still ongoing at the time of this inspection, but the provider had taken appropriate action to safeguard people whilst these continued. Notifications of allegations of abuse were now submitted to CQC without delay which ensured the service could be externally monitored and held to account.

## Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People told us they now received their medicines as prescribed. One person confirmed, "Yes staff give me my medicines on time now." Likewise, another person commented, "I get the right medicines when I need them. Things have improved a lot in that respect."
- Staff supported people with dignity and knew how people preferred to take their medicines. A new clinical team was now in place that was working with people, care staff and other professionals to develop a more personalised approach to the management of medicines.
- Staff kept written records when they administered medicines. Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.



- All medicines were available to be administered and there had been no out of stock items since the start of the current cycle.
- There was a system of reporting and recording medicines errors and action was taken to resolve individual errors.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the safe and proper management of risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People told us that they were now supported in a way that kept them safe. For example, one person said, "I feel safe with staff now. I need two female staff to support me with my personal care and I always get that now." Similarly, another person told us, "I feel safe here because I have a lot of seizures and staff know what to do when that happens."
- Staff demonstrated a much better understanding of people's needs and the risks associated with their care. For example, one staff member told us, "We have much fewer incidents of challenging behaviour now and we can just use verbal de-escalation to support people when it happens. We've got clearer guidelines and staff are better at recognising the triggers and signs to people's behaviours and frustrations."
- A new model of care planning and risk assessment had been introduced at one of the settings was working well. Staff at that service confirmed that the new system provided key information about supporting people safely in a more accessible way. The managing director confirmed that agreement had now been given by the board to roll out this new format across all settings which will provide a much more personalised and effective approach to risk management going forwards.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave their homes. People had personal emergency evacuation plans which outlined the support people would need in the event of an emergency situation.

### Preventing and controlling infection

- There continued to be appropriate systems in place to manage infection control.
- House-keeping staff were observed to be working across locations to maintain standards of cleanliness.

### Learning lessons when things go wrong

- The new management team were working hard to develop a culture of reflective practice across the service. Incidents and accidents were now routinely reviewed and areas for learning discussed both at management and staff level with a view to making improvements, rather than apportioning blame.
- Managers demonstrated that they were now sharing the learning from the settings that had been under external scrutiny with all staff to effect changes across the service.

# 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 the last comprehensive inspection this key question was rated as Outstanding. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There had been a large turnover of staff which had resulted in the use of high numbers of temporary staff and the ongoing recruitment of a new permanent team. Whilst this situation was beginning to improve, the impact on people had been significant. As one person explained, "Things have been a bit erratic here with a high turnover of staff. It's been difficult to bond with staff because they come and go so quick." This sentiment was repeated and reflected by people across the service.
- People described the competency of staff as variable. One person commented, "The staff are nice, it's just that some of them don't know how to do some of the things I need help with." Similarly, another person told us, "I get annoyed with new staff and them not knowing anything about the company, but they are trying to learn."
- Over the weeks leading up to and following the inspection, the managing director confirmed that the recruitment and induction of new staff had increased enabling a more permanent staff team to be established. We will continue to monitor this.
- A new model of staff learning had been successfully trialled at one setting was planned to be implemented across the service. One manager told us, "Mandatory training is included as part of the two-week induction and then bespoke learning in areas such as mental health and Autism is being rolled out to individual locations." The managing director was open about the need to improve staff competencies and confirmed that service managers had now been given the autonomy to arrange the specialist learning needed to effectively support the individuals living in their locations.
- Staff at one setting spoke highly of the specialist sessions they had attended in respect of mental health, learning disability and Autism. One staff member told us, "The training on Autism was really good ...it was a real eye opener and when the trainer described what life was like for people with Autism, I could immediately see the impact of staff actions on people." Similarly, people at one setting confirmed that staff skills had improved. One person told us, "Staff understand me better now" and another said, "The training for staff is really good now, so they know how to support us properly."
- Staff continued to receive specialist training in supporting people living with epilepsy. One staff member told us, "The epilepsy training is really good, and I feel confident supporting people when they have seizures." Likewise, another member of staff informed us, "We receive a lot of training on epilepsy and that is good because when I first started, I had no experience of this condition." People living with epilepsy told us staff made them feel safe when they experienced seizures.
- New staff shadowed more experienced staff and were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. One member of new staff told us, "There's lots of support. ... I did two weeks

induction at head office and then shadow shifts where I was supernumerary to staff numbers."

- Staff told us that they were now well supported by the management team who provided regular supervision and checks on their competency. Individual and group meetings with staff were used to knowledge check and develop skills in accordance with best practice. One staff member said, "I am much happier now, there's so much more support."

#### 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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff had appropriately made an application to the Court of Protection in respect of the care provided to one person. Staff had recognised the fluctuating capacity of this person and the impact this had on their ability to consent to care. The impact of this on the person's support however, had not been fully explored. For example, no best interests' discussions had taken place in respect of the use of special equipment for this person or the fact that staff held money on their behalf. This was discussed with the service manager for the location who acknowledged the shortfalls in the care planning for this person but was able to explain how care was being delivered in the least restrictive way. Assurances were given that this would be addressed through the introduction of the new care planning system and we will monitor the progress of this through the provider's action plan for the service.
- People told us that their legal rights were protected because staff involved them in their care and respected their decisions. For example, one person confirmed, "Staff talk to me about everything now." Similarly, another person confirmed, "Staff don't stop me from doing things, they talk to me about what I want to do and then I make a decision."
- Whilst staff knowledge of the MCA was variable, all staff understood the importance of gaining consent from people and supporting people to make their own decisions. Staff knew when to raise concerns about MCA to their line managers. For example, one staff member said, "It's sometimes hard to balance our duty of care and not restricting people, but the managers are great at talking things through with us and people." The management team were aware of staff knowledge gaps and were in the process of addressing this through additional training and coaching sessions. We will check this at our next inspection.

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

- People were supported to maintain a healthy and balanced diet. One person told us that the dietician had advised they lose some weight and said, "I talk to my keyworker about my and what meals I am going to have." Similarly, another person commented, "The dentist told me I needed to cut back on sugary food and drink, so staff help me plan my meals and remind me of this."
- Appropriate action had been taken in respect of concerns that had been previously been raised by relatives about people's support needs around nutrition and hydration. For example, one family member told us, "Things seem to be better with staff providing the right support at mealtimes now." Another person who had previously been considerably underweight had been effectively supported to increase their food intake. A staff member said, "[person's name] was underweight and would only eat certain foods. We tried first to seek advice from nutritionist, but she said it's more down to behaviour. When we started identifying

the triggers, this helped. [person] has started trying different foods and gained about 10kg."

- People were actively involved in the planning and preparing of their own meals. Where appropriate, pictorial aids were used to support people to make choices about their meals.
- Care records outlined people's dietary needs, detailing any health risks and cultural preferences to ensure support was appropriately tailored to the individual. One person continued to be supported to observe Ramadan with staff ensuring they maintained healthy nutritional levels during this period so as not to affect their medical condition.

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

- People's needs were assessed prior to receiving a service. One person told us they had visited the service and met staff prior to moving in and this had helped their transition.
- Whilst a central referrals team were responsible for initial assessment of people, service managers and other key staff were now involved at any early stage. This helped ensure that people moved to the most appropriate setting within the service. Staff described a recent situation where a person had moved in on an emergency support package. A staff member told us, "The service manager at the location reviewed the assessment and worked alongside our scheduling team to ensure additional staffing levels were in place prior to the person moving in."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff supported them to arrange and attend medical appointments. One person said, "Staff are really good about taking me to the doctor and optician when I need to go."
- The greater sense of openness and transparency at provider level was beginning to lead to improved team work both within and across services.
- Staff reported that changes to the clinical team had bridged the gap between staff and external professionals resulting in better support for people. One member of staff told us, "Hospital admissions have reduced. ... there has been a reduction in the number of infections due to improved monitoring of [people's] health."
- External professionals reported an improvement in the relationship between themselves and staff at the locations and greater confidence in the services being provided to their patients.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had developed good relationships with the permanent staff that supported them. Talking about staff, one person told us, "I love those guys to bits" and another said, "They are brilliant I really like them." One relative confirmed, "There are some lovely care staff here."
- We observed friendly and jovial exchanges between staff and people with jokes and compliments being shared. One person said, "They are always like that, saying nice things and telling me I look lovely."
- Despite the challenges faced by staff, those that had chosen to remain working for the company told us they had stayed out of loyalty to people. For example, one staff member commented, "15 staff left our service last year, but I chose to stay because of the people who live here. If we all went, then who would induct the new staff? I didn't want to let people down or leave them feeling disappointed." Likewise, another staff member told us, "We lost so many good staff, but personally, I really wanted the place to succeed and be a good home for the people here."
- People's religious and spiritual beliefs were known and respected. Staff supported people to practice their individual beliefs through attending church or private prayer. One person told us, "Staff support me to go to church each week." Another informed us, "Staff are helping me to find a local temple that I can go to."
- People were encouraged to celebrate their heritage with each other. At one location staff had arranged a series of social events to mark dates such as Cerebral Palsy Day, Mental Health Awareness Day and Black History Month. At another location, people had been supported to explore their culture through researching family histories and cooking culturally authentic foods.

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

- People were starting to have a greater voice within the service and their opinions were being actively sought and listened to. One person told us, "Staff talk to me about everything." People confirmed they now had weekly tenants' meetings where, "They listen to us and sort things out." One person said, "My keyworker is really good and things I've been asking for are getting arranged now."
- A service user board met regularly and provided people with a forum to share ideas across the service.
- The new care planning system implemented at one setting placed people at the heart of the process and reflected the people's choices about their support.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy. People told us staff now always sought permission before entering their space and allowed them privacy during personal care. One person said, "Their approach to my privacy is a lot better. They knock and wait before coming in to my flat now and

respect that I don't want any interruptions at certain times." Another person confirmed, "Staff always knock on my flat door, they don't just come in. If I go out, then the door is locked, and no one enters until I get back."

- Staff understood the importance of developing people's independence and there was a more cohesive approach to developing people's skills. One person told us, "I've got a voluntary job and staff taught me how to use public transport on my own, so I go to work independently." Another person was excited about using public transport for the first time and said, "Things are good. I'm going to a session this afternoon and it will be on my own for the first time. It's really exciting."

## Is the service responsive?

### Our findings

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

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People had not always received support that met their needs and preferences. People told us that they were starting to receive a more personalised approach to support, but in some cases, improvements were very recent or not consistent. One person said, "It's a lot better than it was, but I can't say that everything is perfect every day yet." Likewise, another person informed us, "Things have improved, but could still be better. I still get frustrated because some aspects of my support take longer than they should to be arranged."
- Relatives told us that they had noticed their loved ones were receiving a better service, but that they still felt the need to keep checking. One family member commented, "Things are moving in the right direction now, but there is still a way to go for me to feel confident that [person's name] is getting all the right support."
- The level of personalisation across the service was variable. Where the new care planning systems had been introduced care records provided individualised support plans. These reflected meaningful conversations with people about the way they wanted their support to be delivered. At other locations, staff were still using generic profiles and checklists that were not linked to people's personal preferences, goals or expectations. The managing director shared the corporate plan for rolling out the new system and training staff in delivering outcome focused support across the service. We will follow up the implementation of this at our next inspection.
- Access to meaningful activities and opportunities for people to develop their vocational and educational skills had been significantly affected by the staffing challenges across the service. Whilst there was evidence of recent improvement, these needed to be embedded and sustained to effect meaningful change to the quality of people's lives and enable them to reach their full potential.
- One of the key challenges to flexibly supporting people access activities was that staffing was allocated to services by a central team. Following the inspection, the managing director wrote to us to advise that this had been altered and service managers were now allocating staff at settings based on people's known routines and preferences.

Improving care quality in response to complaints or concerns

- People told us that the way their complaints were being managed was improving. One person told us, "On the ground, it's getting better, but I still think that head office need to acknowledge our concerns." Similarly, another person said, "Our manager listens to our concerns and tries to sort things out. Complaints don't take a long time now like they used to."
- The move to a more open culture was slowly beginning to change the way people viewed the process of raising concerns. Relatives expressed that until very recently, they had little confidence in the complaints

process. One family member told us, "I do seem to get a response when I raise issues now."

- A new system for the logging of complaints had been recently introduced which enabled better oversight and monitoring at provider level. One manager acknowledged, "There is still a lot of variance amongst staff and managers about what the threshold is for concerns and complaints." They went on to say that this was being regularly discussed through manager meetings and supervisions.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were observed engaging with people effectively. Where people were unable to communicate verbally, staff used alternative communication systems. For example, we observed staff saying to one person, "Touch my hand if you want a cup of tea."
- Care records included communication profiles and there were now systems in place to ensure staff had the necessary skills to communicate effectively with people.
- Information was in the process of being made available to people in a format that they could understand. For example, the new care planning system ensured information was recorded in a way that was accessible and meaningful to individuals. Key policies had been produced in a pictorial or simplified format.
- The service was developing its use of technology to improve people's communication and independence.

#### End of life care and support

- The service was not currently supporting people with end of life care. However, staff were starting to record information about people's wishes, including spiritual preferences to be observed in the event of a sudden death.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had recently introduced a new quality assurance framework. It was evident that the ongoing areas for improvement were now being identified and addressed through the auditing process. What was needed now, was a period of stability to enable improvement plans to be implemented and system changes to be embedded and sustained.
- People talked to us about the way staff and managers involved them in the running of the service. One person said, "We have monthly keyworker meetings and weekly tenants' meetings." Minutes from these meetings showed that these sessions were now happening on a regular basis and gave people the opportunity to raise their suggestions. It was positive to see that people's feedback was now moving away from historic complaints about support needs not being met and focusing on what activities and events people had enjoyed and would like to see more of. People confirmed the things they raised in these meetings were now being actioned.
- In addition to informal meetings with people within settings, the Service User Board had been re-introduced to encourage interaction and sharing of ideas with people across the service. The use of family quality checkers continued to offer another dimension of feedback.
- The provider was committed to implementing human rights principles across the service. Specially trained staff offered sex and relationship support to people. An equality impact assessment had been undertaken in respect of all documentation resulting in an equality impact statement for the service. From this, an audit on protected characteristics had been designed.

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

- The service did not have a registered manager. The previous registered manager cancelled their

registration in January 2019. The current manager was appointed in July 2019 and is now in the process of applying to be registered. It is a condition of the provider's registration to have a registered manager in post and we will be following up with the provider to ensure this process is completed.

- People and their representatives spoke positively of the management changes that had taken place across the service and felt that improvements to the safety and quality of support was attributable to the changes at provider level. One staff member told us, "Being taken over by Active Care Group is the best thing that could have happened."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. New systems had been introduced which ensured notifications were in a timely way, so we could check that appropriate action had been taken. We have noticed an increase in the number and quality of notifications which reflect a growing culture of reflective practice.

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team understood their responsibilities in respect of this.
- People told us that they felt staff were being more open with them now but wanted more acknowledgement and explanation from the provider in response to the things that had gone wrong. For example, one person said, "I wish the company had been a bit more transparent about what has been going on and why the outcome of the last inspection was so bad." Similarly, another person commented, "When I complain to head office, it's head office that I want to hear from. I don't want an apology from staff here when problems weren't caused by them in the first place."
- Conversation with staff at head office recognised that communication with people had not always been effective and demonstrated a commitment to improve this going forwards. The nominated individual reflected, "Communication is improving across the organisation, but I appreciate this may not have been sufficient for people on the frontline – especially people using the service who may not always have been given the information needed to reassure them." Managers assured us that moving forwards people would receive open and honest feedback when things went wrong.

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

- Significant change at provider level had resulted in a cultural shift across the service. Staff told us leaders now gave them a clear sense of direction which focused on the delivery of good outcomes for people. Staff repeatedly described the culture of the service has being more open and honest. For example, one staff member said, "I now feel like I work for a care company, one that actually cares about people over reputation." Likewise, another member of staff commented, "Concerns used to be swept under the carpet and many staff left because of that culture and the feeling no one was listening. Things are different now and I have confidence in the management team."

Working in partnership with others

- The new management team were now working in partnership with other professionals. For example, the clinical team were establishing links with other agencies and joining local steering groups.
- Local authority safeguarding, and commissioning teams confirmed that the provider was now proactively engaging with them and working in a more collaborative way.