

Disablement Association of Barking and Dagenham

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Inspection report

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Date of inspection visit:
28 September 2023

Date of publication:
26 March 2024

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Disablement Association of Barking and Dagenham is registered as a domiciliary care agency based in the London Borough of Barking & Dagenham.

The service provides personal care to adults in their own homes and also in a supported living setting. People who were supported in a supported living setting had their own flats and a communal lounge. At the time of the inspection the service provided support to older people, people with a learning disability and autistic people.

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.

At the time of the inspection, the service was supporting 8 people with personal care.

People's experience of the service and what we found:

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support:

The provider did not always assess the risks people were exposed to. This meant there were no plans to manage these risks and to help keep people safe. Staff received safeguarding training but were not always knowledgeable about the action to take if they witnessed or came across allegations or suspicions of abuse or neglect. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff were safely recruited and received training and an induction. Staff told us they were supported by the provider and received supervision to discuss their performance.

Right Care:

People did not always receive kind and compassionate care. Some relatives of people using the service raised concerns about people not being safe. The concerns included staff shouting at people and handling people rough when supporting them with personal care. There were concerns of people being woken up early in the morning to be showered, which was not always according to their preferences. The provider did

not always ensure sufficient numbers of suitable staff were deployed to care for and support people using the service. People did not always receive personalised care which met their needs. Staff received training in a range of areas to help equip them with the skills and knowledge required to meet the needs of the people using the service. However, some staff did not always implement best practice from their learning.

Right culture:

People were not empowered to make decisions and achieve their aspirations. They did not always receive good quality care and support because some staff did not understand, or did not want to deliver a personalised service which reflected best practice for people with learning disabilities and autistic people. Staff told us they had good relationships with people, however, the support they provided focused on basic tasks and not on promoting individuality and independence. There was a risk of a closed culture because staff did not always act in an open and transparent way and did not always accept the view of others, including people who used the service, which challenged the way they wanted to work.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Why we inspected

The inspection was prompted in part due to concerns received about unsafe care, care plans, staffing and safeguarding concerns. A decision was made for us to inspect and examine those risks.

Enforcement and recommendations

We have identified breaches in relation to person-centred care, consent to care, safeguarding people from the risk of abuse, safe care and treatment, good governance, dignity and respect and staffing at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation for the provider to carry out medicines competency assessments for the staff who support people with their medicines.

Follow Up

We will work alongside the provider and local authority to monitor progress with making improvements at the service.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Disablement Association of Barking and Dagenham

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.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service also provides care and support to people living in a supported living setting, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been recently

appointed for the service.

Notice of inspection

The inspection was unannounced

The inspection activity started on 28 September 2023 and ended on 16 October 2023. We visited the office location on 28 September 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service. This included information received from the local authority following their unannounced visit on 4 September 2023. We used all of this information to plan our inspection.

During the inspection

We spoke with the head of finance who was acting up in the absence of the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider, on the day of the inspection we also spoke with the service lead. We reviewed documents and records that related to people's care and the management of the service. We reviewed 8 care plans, which included risk assessments and 6 staff files, which included pre-employment checks. We looked at other documents such as training, medicines and quality monitoring records.

After the inspection we spoke with the nominated individual, 2 people, family members of 5 people who use the service and 5 members of staff.

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 good. At this inspection, this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not always safeguarded from abuse and avoidable harm. ☐
- There had been multiple safeguarding concerns raised by a whistle blower which when assessed by the local authority were substantiated. These included examples of poor care, out of date care plans and risk assessments. Care plans and support did not reflect people's preferences. At the time of our inspection the provider had not made improvements yet to address the concerns raised.
- Staff received safeguarding training but were not always knowledgeable about the action to take if they witnessed or came across allegations or suspicions of abuse or neglect. One staff member we spoke to was unable to tell us what types of abuse to look out for and who to report them to. Another member of staff told us they were unaware of the whistleblowing policy. We raised this with the provider at the time of our inspection.
- Five out of 7 relatives of people using the service raised concerns about not feeling safe. Staff had not realised that some of the care practices they were involved in or had witnessed could have been neglect or abuse. Some of the comments people's relatives told us were, "I was told that the care workers were shouting at people and leaving them in bed 24 hours. I asked [my relative] about this, and they agreed that that was what was happening." Another family member told us, "I have seen the staff handle [person] roughly when putting on their clothes, pulling them around in bed and shouting at them. The staff have been rude to [my relative], then say, 'We have other people to see to'." We have reported these concerns and comments to the local authority.
- Staff told us that the lead care worker had instructed evening staff to get people up and out of bed around 5am to ensure people were washed and dressed before the day staff start their shift at 7am. This was not detailed in people's care plans to evidence that this was people's preference. These concerns were also raised during the local authority's quality visit. At the time of our inspection the provider had not made any improvements yet to address the concerns raised.

Failure to safeguard people from the risk of abuse and improper treatment 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.

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe.
- Risk assessments had not been completed in relation to people's health conditions and circumstances. For example, 5 out of 6 care plans stated a person was either at risk of choking or required modified texture food. There were no risk assessments or management plans in place for choking or to advise staff what to do if a person was choking. A person had a speech and language therapist (SALT) assessment done but there was very little reference to this or on the outcome of the assessment in their care plan or risk plans.

This meant that people were not being adequately protected from the risk of choking.

- Some people had health conditions, including diabetes and asthma. There were no risk assessments or plans to guide staff on how to support people with these conditions and if they became unwell. Similarly, there were no risk management plans for people who had mental health needs. It was noted in a person's care plan that they could be verbally aggressive however there was not a risk assessment or management plan in place to support the person and ensure their safety or that of staff.
- There were no pressure area or skin integrity risk assessments and plans for people to help protect them from the risk of developing pressure ulcers. It was recorded in 1 person's care plan that the person had wounds on their back. The person's care plan stated that they required to be re-positioned however there was not enough detail to state how often they needed to be repositioned and how the repositioning was going to be monitored. This meant people were not always protected from the risk of developing pressure ulcers or for these to deteriorate where people already had wounds or pressure ulcers.
- Some people had allergies recorded in their care plans. There were no risk assessments or management plans in place to help prevent the person from developing an allergic reaction or how to manage this should it happen.

We found no evidence people had been harmed however, risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not always ensure sufficient numbers of suitable staff were deployed to care for and support people using the service.
- Only 2 staff were on duty to support 8 people who lived in a supported living scheme. Six people required the support of 2 staff for personal care and moving safely. This meant that when a person requiring two staff was being supported there were no other staff to support people. Therefore, there were not enough staff to safely support everyone living at the scheme.
- Some staff told us that they felt that there were not enough staff members. One staff member told us "Before COVID 19 there were more staff on each shift and this worked well." Meeting minutes of a staff meeting on the 29 June 2023 recorded 'Staff felt that the need for three people on shift every day and night because of the client to staff ratio. Staff expressed that two staff members may be hoisting a client and then the emergency phone rings or Care Line.'
- A relative told us, "I think the problems started about 1 year ago. It stemmed from when DABD cut the staff ratio in lockdown. There used to be 4 staff all the time, now there are only 2 staff. I worry if there was an emergency, 2 staff wouldn't be enough to deal with it."

The above shows that staff were not always deployed appropriately to meet people's needs was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our site visit the provider told us they were working according to arrangements with the commissioning authority regarding the staffing provided for individual people. They said they would also review the number of care and social hours required for each person.
- The provider operated safe recruitment processes. Staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People within the supported living services received their medicines as prescribed. One person said, "The staff give [my family member] their meds. Sometimes [my family member] refuses them to begin with, but will then take them. I don't think it is a big issue. The staff would document it if [my family member] didn't take them."
- There was an up to date medicines policy in place. There was guidance in people's care plans instructing staff how people preferred to take their medicines.
- Staff had received training in how to administer and record medicines . Staff told us they were confident with supporting people with medicines. However, we noted that the provider had not regularly assessed staff competency to support people with their medicines.

We recommend that the provider carry out regular medicines competency assessments for staff who support people with their medicines in line with national guidance.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- There were systems for preventing and controlling infection and staff understood these.
- Staff had access to and wore full personal protective equipment (PPE), such as gloves, aprons and masks, where this was required.

Learning lessons when things go wrong

- At the time of our investigation the provider was working towards learning from the concerns identified on the local authority's recent visit however no improvements had been made yet.
- There was an appointed health and safety officer who investigated all accidents and incidents. Records showed accidents were thoroughly investigated when things went wrong. The provider shared learning with staff during team meetings.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- Care plans and risk assessments did not contain information that people had consented to their care and that where they could not give consent to their care, a mental capacity assessment had been carried out
- There were no consent to care agreements on record, and there were no records to show that people and/or their relatives had been involved in making best interests decisions about people's care .

The provider's failure to demonstrate that people were always cared for and supported according to the MCA Code of Practice was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed before they began using the service however care and support was not always delivered in line with current standards.
- Guidance in people's care plans was not detailed and not always in line with best practice guidance. For example, one person had been assessed as expressing distress and frustration on occasions. There was no information for staff on the factors that would cause the person to become distressed and upset, how they expressed their feelings and what normally helped them so appropriate care plans could be produced to help care for and support them.

Failure to assess and plan for people's needs was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support however despite this training they were not always providing safe, appropriate or personalised care.
- Staff completed an induction when joining the service. This comprised of a combination of e-learning and shadowing experienced support workers.
- Staff were provided with specific training to meet the needs of the people using the service . This included mental health awareness, learning disabilities and dysphagia training.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's nutritional needs had been assessed and recorded in care plans.

Care plans included if people required support with their meals. Records showed that people were given meals of their choice.

- Staff maintained a record of what people ate and drank in a daily communication log. This was to monitor that people's needs were being met. ● A relative told us "I have seen that they give [my family member] choices. They offer [my family member] 2 or 3 different meal choices, farm foods ready meals. [My family member] can tell them which one [they] want."

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

- People were supported to live healthier lives, access healthcare services and support.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- When people had become unwell the staff had acted appropriately, informing medical professionals if needed and liaising with people's relatives to make sure they received the right care and support.
- One person's relative told us "The carers organise all [my family member's] healthcare. [My family member] saw the dentist. Another family member told us "The carers would contact the doctor if [my relative] was ill... Someone takes [my family member] to the dentist." Another relative told us "The staff that really know [my family member] are wonderful. [My family member] kept being unwell and needed an ambulance. The staff would let me know what was happening. It turns out [my family member] has a food allergy. The staff troubleshooted [my family member's] diet, and they are fine now."

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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity, supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- People were not always well supported and treated with respect by some staff.
- Some people and relatives told us that staff shouted at people and were rough. A relative told us, "[My family member] told me that the residents were scared to call the carer if they had soiled themselves after they have been changed, as the carer shouts at them." Another comment was "[My family member] was afraid of one member of staff." This demonstrates an uncaring approach from some staff.
- Some staff members said that people had reported that another staff member shouted at them.
- Some staff did not always treat people with dignity and they were not supported to make decisions about their care. Arrangements in the supported living service around the delivery of care was made to suit the way the service operated as opposed to meeting people's individual needs. For example, people were supported with personal care at times that suited staff as opposed to when they needed personal care to be delivered. Personal care was delivered by night staff when people were still sleeping, without their agreement, so the day staff would have less work to do. This was not a person centred approach to delivering personal care.
- People's independence was not always promoted, and their care records did not always have a personal development plan or information about supporting them to develop individual living skills and to become more independent.

Failure to treat people with dignity and respect was a breach of Regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We have informed the local authority about the concerns raised by people and the staff.
- Some people living with the supported living services were happy about the support they received and how they were treated. One person told us, "I have observed the staff support [my family member], and they are respectful with them. They spend as much time as they need with them, until the job is done. Another person told us "I think the care [my family member] gets is good. I was with [my family member] last Friday, and the carers were doing the exercises with [them] that the physiotherapist had given [them] for their hand and wrist. They try to be as nice as possible."
- Following our site visits the provider wrote to us to provide their assurance they had started to take action to address the culture at the service and to improve the practice of the few staff who did not treat service users appropriately.

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 good. At this inspection the rating has changed 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's care was not always planned and delivered in line with their needs and preferences.
- Care plans were not person centred and lacked information about people's needs and the risks to them. For example care plans did not contain individual information about the time people preferred to go to bed or got up. A relative told us "There is an institutional feel about the house [supported living scheme], regimented. [My relative] goes to bed between 5 and 6pm. What sort of time is that? The sun is still up."
- Care records did not also address people's diverse and cultural backgrounds. This meant staff might not have all the necessary information to care for people appropriately.
- Care plans had not been completed or reviewed with people's involvement or that of their relatives. We saw that care plans had not been signed by people or their relatives and there was no evidence of their involvement in the care planning process.

Failure to plan and meet people's needs in a personalised way was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the site visits the provider wrote to us to tell they had taken action to make sure people's were not being woken up early in the morning or going to bed early in the evening and that they were in the process of updating people's care plans according to their wishes and preferences.

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's communication needs were not always understood, and people were not always supported with their preferred way to communicate.
- There were no communication plans or guidance to support staff to understand people's communication and sensory needs. One person had a speech impairment, and another was hard of hearing. Care plans did not provide staff with guidance on how to communicate with people to ensure their needs were appropriately understood and met.

Failure to plan and meet people's communication needs was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our site visits the provider wrote to us to tell us that they were in the process of updating people's care plans to include their communication care needs and to ensure information was available to people in format suitable to their needs.

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 access some activities and to pursue their interests, however their care plans did not comprehensively address their needs and preferences in this regard.
- Staff told us that prior to the COVID-19 pandemic they were better at supporting people with their social activities and that there used to be a number of events held at the supported living service.
- Although people were assigned a number of hours daily for staff to support them with activities, there was no individual activity plan to encourage people to engage with others or the local community and to avoid social isolation.

The fact that people were not always appropriately supported to meet their social and recreational needs was a further breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service has a complaints process so people and relatives could make complaints.
- We did not see any recorded complaints. The nominated individual told us they took complaints seriously and would work with all relevant agencies to make the necessary improvements at the service, where this was identified.

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a high turnover of staff within the management team which lead to inconsistencies in leadership. As an impact the provider was not following their quality assurance processes. We found that there had been a lack of quality assurance checks since 2022. For example at the time of our inspection, MAR chart audits and spot checks had not taken place since 2022.
- At the time of the inspection the service did not have a registered manager. The nominated individual was the last registered manager of the service until 2021, however continues to act up as the registered manager. The provider has since appointed a new manager and has stated that the manager will be registered in due course.
- The provider did not have effective systems to assess, monitor and mitigate risks to people, staff and others. We found that the shortfalls around the lack of robust risk assessments and management plans had not been identified or if they had been identified, action has not been taken to make the necessary improvements.
- The provider's arrangements to check and review care records have not identified that care plans were not up to date and they did not reflect people's needs, preferences and wishes in a comprehensive way. They had also not identified through their checks that people or their relatives had not been involved in the care planning process so they could make the necessary improvements.
- The quality monitoring systems had also not identified that the provider were not robustly complying and meeting the MCA Code of Practice in that people's consent to care were not always recorded and there were inadequate arrangements to demonstrate that appropriate best interests decisions had been made for people using the service.

The above shows that the provider did not have robust systems to assess, monitor, improve the quality of the service or assess, monitor and mitigate risks to people's and other's health and safety. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above 4 out of 7 relatives we spoke to thought highly of the staff. They said, "I am so glad we found this place. The staff are always there when you need them. They are friendly and caring. They seem to enjoy working there. They have the time they need to spend with [person]." and "I can't put into words how wonderful the staff are. They love and know their clients. They are wonderful people. The new staff are taught by the old ones, so follow their example."

- Some staff told us that they had worked for the service for many years and liked working for the service and that the provider was supportive.

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

- There was not always a positive and open culture at the service that promoted the delivery of person centred care. The provider's values were not evident in the way the service was provided. People were not always treated well and with dignity and respect and the culture within the service did not promote this.
- There was a lack of oversight on the part of the provider to monitor the way care was being delivered to people and the culture within which people were being cared for and supported. Our findings during the inspection suggested that the provider had not given enough attention to the implementation of the CQC guidance for people with a learning disability or autistic people: Right Support, Right Care and Right culture. This meant people did not always experience good outcomes and quality care.
- The culture at the service was not enabling. People's risk assessments and care plans had not been completed appropriately nor were they person centred. The fact that there was little information about people's backgrounds, preferences and the risks to them, meant that staff might not have had all the necessary information to ensure people were supported to their full their potential.

The above shows that the culture at the service was not person centred, open and empowering. This meant that there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 nominated individual understood their responsibility to keep people informed when incidents happened in line with the duty of candour. Records evidenced that relatives had been informed when incidents had occurred.

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

- People using the service and their relatives' feedback were captured via meetings with the management team. A relative told us "There is an annual review, sometimes on video call." The nominated individual advised that people's feedback was also captured by surveys, however this was last requested in 2021. They advised that they planned to re-introduce people surveys this year.
- Staff meetings took place regularly. We reviewed the minutes of these meetings and could see key topics such as feedback from staff to improve care had been discussed with recorded action plans. Staff feedback was also captured annually by staff surveys.
- Staff meetings were used by the management team to share important information and discuss any issues. Staff surveys were completed annually. Staff told us they felt staff meetings were useful.
- The newly appointed service lead informed us that since they started the role they were regularly visiting people and meet with their relatives while they were visiting their family members at the supported living service, to get to know them and get feedback about their care. They advised that they planned to make that an ongoing process. One family member told us "There is a new manager, [the service lead] is very nice, very approachable."
- A family member of a service user living at the supported living service told us "The manager is [name of manager]. I have their phone number. I tend to text them, it works well, they always get back to me."

Working in partnership with others

- The provider worked in partnership with others. The nominated individual told us they would work in partnership with other agencies such as health professionals if people were not well, commissioner groups and, adult safeguarding group, to help to make sure people had the right care to meet their health needs. They have also given their commitment in writing that they were intent on improving the quality and safety of the service.
- The service worked with other agencies to develop practice. For example, with the professionals to carry out reviews on people's care to ensure their needs and preferences were maintained.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The registered person had not ensured that service users were always treated with dignity and respect.</p> <p>Regulation 10(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not have effective arrangements to ensure that care to service users was always provided with their consent or in their best interests.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not have robust arrangements to ensure that service users were always protected from the risk of abuse and neglect.</p> <p>Regulation 13 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

The registered person had not ensured that appropriate number of trained, skilled and experienced staff were always deployed to meet service users' needs.

Regulation 18(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not ensured that care and support was always planned and provided to service users according to their assessed needs and preferences and with their involvement or that of their relatives.</p> <p>Regulation 9(1)(3)</p>

The enforcement action we took:

We have served a Warning Notice on the provider for a breach of Regulation 9.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured that risks to service users were appropriately assessed and had not done all that was reasonably practicable to mitigate identified risks.</p> <p>Regulation 12(1)</p>

The enforcement action we took:

We have served a Warning Notice on the provider for a failure to meet Regulation 12

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks to service users.</p> <p>Regulation 17(1)(2)</p>

The enforcement action we took:

We have served a Warning Notice on the provider for a failure to meet Regulation 17