

PCAS Kent Ltd

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Inspection report

Unit 5
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08 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

PCAS Kent Ltd is a domiciliary care service providing personal care to people with a learning disability and autistic people in their own homes and in supported living. At the time of the inspection the service was supporting 56 people.

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

Right Support

The service was not always following good infection control practice. People and relatives and staff told us staff did not always wear personal protective equipment (PPE) to keep themselves and people safe. Staff supported people to have the maximum possible choice, control and independence. People had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People received support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff enabled people to access specialist health and social care support in the community. Staff communicated with people in ways that met their needs.

Right Care

New staff were not always adequately checked to ensure they were suitable to work with people to keep them safe. We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate staff recruitment was effectively managed. The provider's auditing systems had not identified the recruitment issues and other areas for improvement.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff

supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well.

Staff were responsive, supporting people's aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous location was good (published 29 September 2018).

Why we inspected

This is the service's first inspection since registering with the CQC as a new service on 14 January 2021.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe recruitment practice. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

PCAS Kent Ltd

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 was carried out by three 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 houses and flats. This service provides care and support to people living in 15 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This 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 a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 August 2022 and ended on 08 September 2022. We visited the location's

office service on 31 August 2022 and visited four supported living houses on 01 September 2022.

What we did before the inspection

We reviewed information we had received about the service. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns. 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 used all this information to plan our inspection.

During the inspection

We spoke with 13 people and one relative about their experience of the care provided. We observed care and support in communal areas at the supported living premises we visited. Some of the people we gained feedback from were spoken with over the telephone. We spoke with 23 members of staff including the registered manager, a director, the manager responsible for training, area managers, senior support workers and support workers.

We reviewed a range of records. This included eight people's care records and medicines records. We looked at six staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people. The provider had not always carried out checks to explore staff members' employment history. We reviewed six recruitment files for staff who had been employed in the last five months. Two of the six staff application forms had gaps in the employment history that had not been accounted for. Interview records did not evidence that this had been identified and discussed. The provider could not be assured that all staff were suitable for their roles.

The failure to ensure staff were recruited safely is a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference 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.
- People had been involved in the interview process of staff; they had set questions that were important to them as part of the formal interview. One of the directors told us the provider had just recruited a chief operating officer, people and support workers were involved in recruitment process.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. The registered manager shared how they were continually recruiting to posts to ensure that staffing levels were maintained. Some agency staff had been used to fill sickness and vacancies.
- Some staff reported that there were often less staff at the weekends in some supported living properties. We were unable to evidence any impact of this on people receiving care and support. People told us, "There is enough [staff]"; "There is a team of three or four regular staff that come all the time"; "They know me very well, they know all my favourite types of cake, where to take me, how to look after me" and "I have support from staff to go out because of my health needs." A relative said, "They know Mum very well, they know exactly what she needs."

Assessing risk, safety monitoring and management

- The provider had not always checked the safety of the living environment in it through checks and action to minimise risk. The provider was responsible for working with people and their landlords to ensure the living environments were safe. The provider had not risk assessed dangers of falls from height as windows in one of the supported living premises did not have window restrictors in place. We raised this with an area

manager who reported this to the registered manager and head office. We received confirmation that window restrictors had been ordered for urgent delivery and had confirmation that these would be fitted immediately.

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. People were encouraged to take positive risks and risk assessments recognised that people had the right and choice to make unwise risks, such as drinking alcohol to excess.
- Staff could easily access people's care records which helped people get the support they needed. Some risk assessments were more detailed than others. The management team were aware of this and were in the process of updating these to make risk assessments clearer. Some risk assessments were updated and amended during the inspection. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Using medicines safely

- People received support to make their own decisions about medicines wherever possible. People told us medicines were given safely. One person said, "I pick up the medicines myself and I order it through the doctors. Staff remind me to take it. I take strongest painkillers for my knee I have to have something to eat with them." Another person told us, "Staff give me my medications, they always do it at the right time."
- Medicines were well managed. Some people required support with their medicines and where this was the case medicines administration records (MAR) were in place. These showed people had received their medicines as prescribed.
- Medicines audits did not include checks of medicines expiry dates including as and when required medicines (PRN). One person's medicine storage had a tube of prescribed cream which had not been dated on opening. Staff could not be assured of how long it had been opened for. The prescription label stated it need to be discarded after four weeks of opening. This meant that the medicine may not be safe or lose some or all of their effectiveness. Medicines audits showed that expiry dates and dates of opening had not been checked. This is an area for improvement.
- Staff had received medicines administration training. Staff had received competency checks following the training.

Preventing and controlling infection

- The service was not always following good infection control practice. People and relatives and staff told us staff did not always wear personal protective equipment (PPE) to keep themselves and people safe. We reported this to the registered manager as an area for improvement. We observed staff wearing appropriate PPE in the supported living premises we visited.
- Staff had access to enough PPE. The provider followed government guidance on COVID-19 staff testing in community social care settings.
- The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People told us, "I feel very safe because the staff are so wonderful" and "I feel safe here, I get on well with all the staff."
- Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt that concerns were taken seriously and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse.

Safeguarding concerns had been reported to the local authority.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt. Area managers shared how lessons learnt were reviewed from accidents/incidents. One area manager said, "Risk assessments are updated following any accidents and incidents, we review accidents and incidents in team meetings and see what we could have done better and what may have stopped it from happening in the first place."
- It was clear from the records what actions had been taken to address the incidents. Staff told us accidents and incidents are discussed in handover meetings and in staff meetings to see what could have been done better and what may have stopped it from happening in the first place.
- Staff recorded any use of restrictions on people's freedoms and reviewed them to find ways to reduce them. The training manager told us staff received training in working with people who communicate emotional distress through behaviour, records evidenced this training had taken place. People had clear support strategies in place which helped staff to recognise their individual triggers for distress and provided clear information on how to support people in crisis.

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 (at the previous registered address), we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. People told us they visited the supported living houses before moving there. One person said, "Before I moved in, I came to visit first and met with [another person] and I visited a few times to make sure I liked it."
- Staff completed functional assessments of how people were showing their needs and emotions for people who needed them and took the time to understand people's behaviours. Care and support plans were created from these assessments. People's oral care had been assessed. The assessments were very clear on what people could do for themselves.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One person told us, "I like making different food that I have not done before, staff help me learn how to cook it. I do my food planner with the carers."
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. We observed staff supporting people in supported living houses to achieve their goals to help them be as independent as possible. For example, staff worked with people to cook food, bake cakes, complete laundry and cleaning. Staff provided prompts and encouragement, offered praise and only offered help if a person needed it.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training around learning disability and or autism, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and use of restrictive interventions. The service checked staff's competency to ensure they understood and applied training and best practice.
- Updated training and refresher courses helped staff continuously apply best practice. Staff confirmed they had training to meet people's needs which was completed before they started and during induction and then on a rolling basis to refresh their knowledge and skills. Staff supporting people with additional needs such as moving and handling and diabetes had received training in these areas. The provider had plans in place to review and change the induction program and enhance this further, based on feedback received from leavers and from current staff who completed the staff survey.
- The provider had processes in place to ensure staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff in different supported living services fed back there were

some inconsistencies around regular supervision and support. Comments included, "Supervision is usually every three months, but I can't remember when my last supervision was. I don't feel well supported"; "Only had one supervision in the past two years. I believe it should be every three to six months"; "I have only just started so haven't receive any supervision. I feel comfortable to contact [area manager], my line manager" and "I absolutely feel confident in my role. If I wasn't sure about anything, I know they would support me and give further training."

- Staff received an induction into the service which included shadowing experienced staff. Records showed staff had received supervisions and spot checks, this enabled staff and the management team to discuss future training needs and review performance as well as discussing support required from the management team. Where there had been inconsistencies with supervision practice, the management team had identified this and had developed an action plan to resolve this.

- Staff were given the opportunity to develop and achieve work based vocational qualifications in health and social care. Staff received an induction into the service which was linked to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member said, "I have done my care certificate and I am doing my NVQ level three."

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

- Some people received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. One person told us that people they lived with all cooked together. They said, "We all choose a night to cook and eat together. We have a weekly discussion about what will be cooked and then shopping to buy. Staff support me with the chopping and staff help get the things out the oven because of my eyesight and it [oven] is too hot. Staff help me check dates on food and make sure that there is no mould."

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People said, "Staff help me make my lunch my favourite is scampi and chips and then cake"; "I can have anything I like to eat, I have a menu, I choose off the menu" and "I love chicken curry and puddings, I love them, staff help me make them."

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A staff member told us, "We do meal planning with people and write a shopping list. Involve people in questions, we encourage people to have healthy choices, and add vegetables."

- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- The provider worked with landlords of supported living houses to make sure adaptations and changes met people's needs.

- People told us they were involved in choosing the colour schemes and furnishings in their bedrooms and in communal areas of their homes. One person told us, "They asked me what I wanted." We observed supported living properties were nicely decorated, homely and furnished well. People had pictures and ornaments in their own rooms and also in display in communal areas.

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

- People played an active role in maintaining their own health and wellbeing. We observed one person actively being involved in checking their blood sugar levels and recording what the outcome was. They told us, "I have seen the diabetic nurse recently with my mum."

- People were supported to attend annual health checks, screening and primary care services. People had

health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.

- People were referred to health care professionals to support their wellbeing and mental health, and help them to live healthy lives. People were supported with opticians, dentist, chiropody appointments and were supported to see specialists when required. One person told us, "I am going to the hospital on 15 November about my knee and the doctors next week for ear syringing. If I am not very well, they (staff) will call the doctors. Sometimes I can't understand what the doctor tells me."

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.

- Staff empowered people to make their own decisions about their care and support. People told us they made choices and day to day decisions about their lives. Comments from people and relatives included, "They always ask Mum and talk to her whilst they are doing things, like washing her"; "I get up when I want to and go to bed when I want to" and "I get up at six and go to bed at 10, it's what I want."
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. People's care records evidenced staff respected people's choices and decisions including unwise ones.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. For example, several people lacked capacity to administer their own medicines. An MCA had been carried out with them and showed they lacked the capacity to administer their own medicines, lacked the understanding to what medication to take, as well as what times and what the medicine is for and the importance of taking them.
- Some people had court of protection authorisations to be deprived of their liberty. The provider worked with the local authorities to keep these under review.

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 (at the previous registered address), we rated this key question good. At this inspection the rating for 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff helped people to interact with inspector and knew people well enough to know when people no longer wanted to engage and interact.
- Staff members showed warmth and respect when interacting with people. There was plenty of laughter in the supported living houses we visited. Staff and people shared jokes and had good rapports.
- Staff referred to people by their preferred names. Care records reflected this. We observed staff knew people well, there was positive interaction between staff and people. People told us the staff employed by PCAS Kent Ltd were kind and friendly.

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

- People felt listened to and valued by staff. Comments included, "[Staff name] is my keyworker, I like all staff"; "I like living here, I get on with all the staff and I get on with everyone"; "They know me very well they know all my favourite types of cake, where to take me, how to look after me"; "The staff are lovely"; "The staff are very kind, sympathetic and patient"; "Staff are very nice and kind" and "They are always asking me what would I like help with"
- Staff supported people to express their views using their preferred method of communication. One person who was unable to communicate verbally showed us their photo album which showed their achievements, activities, involvement in day to day life. They smiled and pointed to each picture and communicated that they were happy with their life.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Most supported living services held a regular 'tenants meeting' where people were encouraged to participate, feedback and discuss important information. People had meetings with their key workers to review what was going well for them and how they were achieving their goals. People's care records showed they had both short term and long-term goals such as going out food shopping and also saving, planning and booking a holiday.
- Staff respected people's choices and wherever possible, accommodated their wishes. Staff told us how they had supported one person to go on holiday, the person did not like the holiday and wanted to return home, staff supported them with this. People, and those important to them, took part in making decisions and planning of their care and risk assessments. One person told us, "I am involved in planning my care."

- People were supported to access independent, good quality advocacy. Advocacy information was available to people in the supported living houses and in the office.
- Staff supported people to maintain links with those that are important to them. People told us about friends and relatives visiting them in their home and support to visit and maintain contact with important people to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported people to be as independent as possible. Staff knew when people needed their space and privacy and respected this. One person told us, "Staff let me chill out in my own room when I need time to myself. They knock on the door first before coming in." Another person said, "They always knock." A relative told us, "They always shut the door when she is on the toilet and always knock on the door before they go into her room."
- Staff told us how they maintained people's dignity when providing personal care. One staff member said, "When I support [person] with personal support, I make sure doors and curtains closed. If he is in the shower, I support him from top to the bottom, cover his private parts. I encourage him to clean his private parts by himself." A person told us, "I do all the bath myself, staff just help with my hair wash. They wait outside the door until I call them in."
- Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. Applications on mobile phones were password protected, so that only staff who had been authorised to access the information could do so.

Is the service responsive?

Our findings

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

At our last inspection (at the previous registered address), we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included details about likes, dislikes and preferences.
- People had goal plans in place and staff had reviewed goals and actions regularly in key worker meetings with people to review what had been achieved and what additional support the person may need.
- Daily records evidenced that care and support plans were followed. For example, one person's records evidenced staff had supported them to meet their assessed personal care needs. Staff had recorded they were prompting and encouraging the person and only doing things for the person when the person was unable. Care records also showed people were supported to have a varied life and supported inside and outside the home.
- PCAS Kent Ltd had taken over the support of some people living in supported living houses in one area of the county because their previous support provider had ceased trading. People were supported by staff they knew well as PCAS Kent Ltd had taken over the employment of the staff. This meant people received consistent care and support from staff they knew well. The staff were then able to share information about people's likes, preferences, goals and lives with new staff and the PCAS management team.

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.

- Information in the service was available in a variety of formats to meet people's communication needs. Documentation including care plans, information about safeguarding, healthy eating, advocacy and complaints in were provided in alternative formats, such as in a larger font and easy to read.

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 maintain relationships with friends and family and to do what they liked. People were positive about the support they received and proudly showed photos during the visits of the

things they enjoyed doing in their lives such as parties, theatre trips, nature walks, growing plants and vegetables and holidays.

- We observed people independently accessing their community to take part in activities as well as people being supported to go out to appointments or shopping. One person told us, "I try to get out and about during the day and walk along the prom. I am going to start at Freeways soon, I go to Pathways on a Friday in the town, where I get to see friends." Another person said, "I go to work with dad sometimes and sometimes goes to college."
- During the inspection, we heard the person ask to go to the shop to buy a drink. Staff immediately responded and supported the person to the shop. They offered lots of praise and encouragement.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People told us, "I would tell staff if I was unhappy about things. They would listen"; "I have [staff member's] number and the office number if I have any concerns. I have never ever had any worries or concerns" and "If I have a worry I talk to the staff."
- The service treated all concerns and complaints seriously, investigated them and learnt lessons from the results, sharing the learning with the whole team and the wider service. Where people and relatives had made formal complaints, these had been logged and investigated in line with PCAS Kent Ltd.'s policy. Letters of apologies had been sent when required.

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

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

- Governance processes were not always effective and helped to keep people safe, protect people's rights and provide good quality care and support. The provider's auditing processes had not detected the issues found during inspection in relation to staff recruitment and had not identified the risks of using medicines beyond their in-use shelf life. The provider's auditing processes had also not identified that risks relating to window restrictors had not been fully explored in one supported living property. This is an area for improvement.
- The provider's other audits had identified areas of improvements, action plans showed that actions had been completed in a timely manner and other actions were in progress. Audits were in place in relation to, people's health and wellbeing, documentation, staffing, care plans, risk assessments, health and safety and choice and involvement. The monitoring of the service was continual.
- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. Senior staff understood and demonstrated compliance with regulatory and legislative requirements. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their rating in the service and on their website.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. □
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents in the service such as abuse, serious injuries and deaths. The provider and registered manager understood their role and responsibilities and had notified CQC about all important events that had occurred.

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

- Managers promoted equality and diversity in all aspects of the running of the service, from supporting people to be part of the recruitment process to empowering people to order, collect and manage their own medicines (where they were able to).
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Management and staff put people's needs and wishes at the heart of everything they did. Compliments had been received by the service. One read 'I highly recommend the company to anyone as they are helpful and respectful and the company is the best I ever been with out of the ones in the past. Staff at PCAS where I live are the best and they truly understand me and help me be the best version of myself.'

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 provider and management team understood their responsibilities under the duty of candour. They apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider engaged with staff and involved them. Staff told us they were able to share their ideas. Some staff did not always feel listened to. Some staff told us staff meetings had taken place regularly, other staff said they didn't happen very often if at all. We reported to the provider that there was inconsistent practice in relation to this across the staff team.
- Staff gave us mixed feedback about communication, the culture and the feeling of the service. Comments included, "The culture is inclusive, we can speak up. [Management] door is always open. They do share information quickly about the people supported"; "I do feel comfortable to speak to [name], my senior. She is very approachable. Whenever I speak to her about something I am not happy with she always sorts it out"; "I love the actual work, love the people I work with. I have been frustrated in the past with the company. I flagged a couple of things I felt weren't quite right. One of the things was sorted but it took a while" and "To be honest, I don't feel confident enough, as when you report anything it gets swept under the carpet. I don't feel well supported."
- The provider had sent out surveys to staff to gain feedback about the service since the last inspection. The survey results from staff showed a number of areas where the provider needed to improve. The provider had formally responded to staff and set out how this would be achieved. Training and induction changes were made as a result of the staff survey feedback.
- The provider had sent out surveys to people, the survey results were still being collated. Surveys were easy to read and accessible. We viewed some of the responses received so far. Comments documented in the surveys included, 'Staff help me do things'; 'Staff respect me'; 'Staff help me cook and go shopping they help me put my creams in and give my tablets to me, sometimes staff make me laugh'; 'Always happy with my support, I like all the staff helping me' and 'Staff are very good, they are very helpful.' For those people that were unable to engage in surveys or that lacked capacity, their experiences of the service were gained through observations, activities, house meetings and from role play.

Working in partnership with others

- The provider and the registered manager had kept up to date with the local and national developments within health and social care. They had taken opportunities to update their skills and knowledge to benefit the experience of people using the service. The provider was involved in the Kent Integrated Care Alliance (KICA) and attended local authority and Skills for Care forums and events.

- The provider and registered manager had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- The provider and registered manager had worked closely with health care professionals such as community nurses and people's GP's, as well as people's social workers and specialists.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate a robust approach to recruitment to make sure only suitable staff were employed to provide care. Regulation 19 (1)(2)(3)</p>