

Creative Support Limited

# Creative Support - Bedfordshire Service

## Inspection report

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Date of inspection visit:

03 June 2019

04 June 2019

07 June 2019

Date of publication:

25 June 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Creative Support Bedfordshire Service provides personal care to people living in specialist 'extra care' housing across three schemes in the Bedfordshire area. The service supports younger and older adults who may be living with a physical disability, a mental health condition or dementia.

People's experience of using this service: People were not always kept safe from harm. Incidents and accidents did not receive adequate oversight to ensure that lessons were learned to help keep people safe.

People's risk assessments and care plans were lacking in information, both to keep people safe and to identify people's likes, dislikes and preferences. Care plans and risk assessments were not being regularly reviewed.

Staff were not receiving supervision and competency checks in line with the provider's policy. This meant that the management team did not have an oversight as to whether staff had the skills, training and knowledge to be competent in their roles.

Staff recruitment checks were not being robustly completed and areas such as references from previous employers and gaps in employment history were not evidenced in staff files.

Audits and systems in place to monitor the quality of the service were not effective in identifying areas where the service could improve. There had not been oversight of the service at senior management level for an extended period of time.

People and their relatives were positive about the service and the care they receive. One person told us, "I am well looked after here, and I am very happy. The staff are very good and very helpful."

People were supported with kindness, respect and compassion. The core staff team were passionate about providing person-centred care to people.

There were enough staff to meet people's needs. People received their care visits on time and for the correct duration of time. The service was currently using a high percentage of agency staff and were in the middle of recruiting new permanent members of staff.

People were supported safely with their medicines. We have made a recommendation to the service about completing stock checks of medicines.

People had access to healthcare professionals and staff were flexible with their visit times to ensure people could attend health appointments.

People had not been supported to put plans in place for the end of their life. We have made a

recommendation to the service about supporting people to do this if they choose to do so.

There was a detailed complaints policy and procedure in place for people to use.

The management and staff teams worked well with outside agencies to provide people with opportunities to take part in different activities.

People and their relatives were positive about the management of the service.

The manager and area manager acknowledged that improvements needed to be made at the service.  
Rating at last inspection: At the last inspection the service was rated as Good (report published 02/12/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence which means that the service is now rated as Requires Improvement. Full details are in the report below.

Enforcement: We identified three breaches of the Health and Social care Act (Regulated Activities) Regulations 2014. Details of actions we have asked the provider to take can be found at the end of this report.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

## 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 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** ●

# Creative Support - Bedfordshire Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector and one 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:** Creative Support Bedfordshire service provides personal care to people living in specialist 'extra care' housing. Extra care housing is a purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

People using the service were supported in their own flats in three schemes across Bedfordshire. At the time of our inspection 54 people were being supported with personal care by the service.

The service had a manager who had not yet registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because we needed to let people know that we would be visiting them in their own homes.

**What we did:** Inspection site visit activity started on 3 June 2019 and ended on 4 June 2019. The inspector

and expert by experience visited the office location at one of the schemes on 3 June 2019 to see the people who used the service, the manager and the staff team; and to review care records and policies and procedures. The inspector visited the two other schemes on 4 June 2019 to see the people who use the service, the staff team; and to review care records, policies and procedures.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service. We discussed the recent visits conducted by the local authority with them before this inspection.

During the inspection we spoke with eleven people using the service, four relatives, four care staff, two team leaders, the care coordinator, a visiting health care professional, the manager, the housing manager and the area manager.

We gathered information from five care files which included all aspects of care and risk to people's health and wellbeing. We looked at four staff files including all aspects of recruitment, supervisions, and training records. We also looked at records of accidents, incidents and complaints, audits, surveys and minutes of staff and professional meetings and policies and procedures relating to the management of the service.

Following the inspection on 7 June 2019 we received further evidence from the registered manager regarding policies and procedures and audits which were completed at the service.

# Is the service safe?

## Our findings

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

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. Some regulations were not met.

### Staffing and recruitment

- Recruitment checks were carried out before staff started at the service. However, staff files we reviewed had several key pieces of documentation missing. One staff file did not have a reference from a previous employer. Other staff files were missing employment history or had proof of identification and criminal records checks that had expired.

The recruitment process for new staff did not ensure people's safety was promoted through robust practices. People were at risk of receiving poor care as effective background checks were not always carried out. This is a breach of Regulation 19 HSCA 2008 RA Regulations 2014; Fit and proper persons employed.

- There were currently several staffing vacancies at the services and agency staff were being used to cover shifts.
- Agency staff received an induction at the service before starting work. This consisted of a tick list which covered all areas of working at the service such as people's needs, fire arrangements and the communication system. We raised a concern with the area manager that this was a lot of information to cover in a short time frame before a shift. The area manager assured us that agency staff were not left to work alone until they were competent.
- We saw that regular agency staff had received supervision and competency assessments to complete tasks such as medicines.
- We received mixed feedback from people about staffing. Some people said, "There are enough staff. They are all nice and I see the same carers most of the time." and, "There are a lot of carers around and I never have problems finding a carer."
- However, some people were not as confident in agency staff. People told us, "Agency staff can be a problem. They do not know what they are doing. I have to tell them what to do and they do not always stay the agreed time." and, "I know some of the staff but some agency are a waste of time. They do not know me. It is a bit thin on the ground with regular staff now. I am lucky if I can remember some people's names!"
- Some staff told us that working with agency staff could be challenging, especially if they were new to the service.
- We spoke to the manager and area manager about these concerns. The area manager and manager showed us that they were currently recruiting to fill vacancies and had a system to monitor this.
- Allocation sheets showed that people received their care visits on time and stayed for the full duration of the visit. Allocation sheets were devised so that people's needs were met in time and there was scope to deal with emergency situations if this was required.

- Rotas we reviewed showed that shifts were covered with the correct amounts of staff. In one service there had been several occasions where agency staff had not arrived on shift. However, this had been covered by senior and management staff.

#### Assessing risk, safety monitoring and management

- Risks to people had been assessed, however risk assessments in areas such as moving and handling were lacking details to reduce the risk of harm to people.
- One person who required the support of two staff members to use a hoist had a risk assessment that identified the tasks to be completed. For the first task the risk assessment stated that two staff were to support the person using the equipment in place. This was the only information in the care plan which meant that staff were not given enough information to safely support the person. We discussed our concern with the area manager who said that they would complete the risk assessment thoroughly on the second day of our inspection.
- Another person had a falls prevention risk assessment completed, however this had very limited specific information available for staff. The risk assessment said that two staff are to support the person using a rota stand, however no more information was available. This meant that staff who may be unfamiliar with the person's needs such as agency staff, may not know how to support a person at risk of falls.
- Other risk assessments we reviewed were generic for tasks such as bathing or showering. These generic risk assessments detailed how to keep people safe with regards to safe water temperatures and environment. However, there was no information about how to support each individual with their specific needs. Some risk assessments did not contain the person's name or had the wrong person's name on them. This meant that staff, unfamiliar with supporting people would not know how to support people with their individual care needs to keep them safe.
- Although risk assessments were not completed thoroughly, people told us that staff knew how to support them. People said, "The staff know what they are doing. They help to hoist me." and, "Do I feel safe? Oh yes, the staff treat me as an individual." However, we could not be sure that unfamiliar staff would be able to support people safely based on the information in people's risk assessments.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Incidents and accidents were not reviewed in a timely or thorough manner by the management team at two of the services. One example we saw included a person falling from their chair. The incident form indicated that a review from an equipment service had been organised following the incident. However, the management team had not reviewed to ensure that this had happened. This incident had happened two weeks prior to our inspection. The person had the review noted on the incident however the person's care plan had not been updated to reflect this appointment.
- Another incident form identified that a person had a small injury to their right leg. Paramedics were called to see the person and the action to take was recorded as 'no further action'. There had been no attempts to investigate the reasons why this happened.
- One person had an incident which meant that they choked on a piece of food. The GP was contacted who suggested an action to the staff on the day of the incident. However again no further action was taken to ensure that this person was safe and would not choke again.
- We raised our concerns regarding incidents and accidents not being reviewed thoroughly with the management team. The manager and area manager said that improvements were needed in this area and that they would be reviewing incidents more thoroughly in the future.
- At one scheme we saw that incidents and accidents were responded to thoroughly and changes to people's support needs were documented and followed through by staff and the team leader.
- Despite our findings people told us they felt safe. People told us, "Yes, I feel safe. I go out a lot and the staff always make sure they know where I am." and, "Yes, I am safe. I have my own flat with my own key."



- A relative told us, "Yes, [person] is safe. Person walks about a lot, so there is an alarm fitted to their flat door, so staff know immediately if they have left the flat. [Staff] are always quick to come and see what is going on."
- People told us that they had emergency pendants they could use to call for staff support. We saw that staff responded to these promptly during our inspection.
- Staff received training in safeguarding and had a good understanding of what abuse may look like and how to report this. Information about how to report abuse and details of the local authority safeguarding team was available to staff.

#### Using medicines safely

- People felt safe being supported with their medicines. One person said, "[Staff] are great with medicines. They give me the tablets and sign the paper work."
- We observed a staff member supporting a person with their medicines and saw that this was done competently.
- Staff received training in medicines administration and had a good understanding of how to safely support people with this.
- People who were prescribed 'as and when required' medicines had protocols in place to guide staff when to support people with these.
- Audits of medicines and medication administration record (MAR) charts were in place. However, there was currently no system for counting the stock of medicines that were still in their original packaging. We recommend that the service consider updating its medicines practice with regards to medicines that are kept in their original packaging, based on current guidance and best practice.

#### Preventing and controlling infection

- One person told us, "The staff are always well presented and help me keep my flat clean. Oh yes, definitely."
- People's rooms and communal areas were visibly clean and odour-free.
- Staff received training in infection control and told us that they had access to equipment such as gloves and aprons to complete cleaning tasks.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations had not been met.

Staff support: induction, training, skills and experience

- Staff were not receiving frequent supervision or competency checks to support them in their job role and to make sure that they were still performing well.
- Records we reviewed showed that some staff had not received supervisions or competency checks for extended periods of time. This varied from scheme to scheme however most staff were not receiving support in line with the provider's policies. This meant that there were not assurances about staff's skills, training and experience whilst working with people.
- Staff members at one scheme told us they were not receiving regular supervision. One staff member said, "I don't have supervision often. My last one was six months ago." Another staff member told us, "I had a supervision last week, but it was only about safeguarding. Some people have not had supervisions for over a year. I have had one spot check."
- Staff received an induction when they started at the service. However, we saw that these inductions were tick lists to say that staff understood various aspects of the service. Induction records we reviewed had not been signed by staff to say that they were happy with their induction. This meant that there were not assurances that staff received, and had understood a thorough induction at the service.
- Staff told us, and records confirmed that they received training in areas such as safeguarding, moving and handling and the administration of medicines. Some staff training had expired, and we saw that refresher training had been organised.
- Despite our findings people told us that staff had the skills and knowledge to support them. People told us, "[Staff] understand my needs well. They are well trained. They help me shower, cut up my food and organise my prescriptions." and, "I am well looked after. [Staff] thoroughly understand me and do the job very well."
- However, the management team were not consistently monitoring the skills, knowledge and experience of the staff team.

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

- People's needs had been assessed before they started using the service. Assessments identified support that people needed and the time and duration of their care visits.
- We spoke to a relative of a person who had moved in to the service on the day of our inspection. The relative told us, "We have been made to feel very welcome. We have been here a few times to visit and [family member] has seen their flat. Everyone has been very helpful and supportive."
- People were involved in the assessment process and were encouraged to speak to the housing officer and staff team about their support needs.
- People had access to technology such as call alarm pendants to support them to contact staff if they

needed any support.

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

- People who needed support to prepare meals were positive about the support they received. People told us, "The food is fine." and, "I like to have a sandwich in the evening but if I want another meal then [staff] would help me."
- Staff knew who needed support at meal times and how to support people. Staff told us about how one person liked their meal cut in to small pieces and we saw that staff completed this task for the person.
- Staff told us how they supported people to maintain adequate fluid intake. One staff member said, "We make sure fluids are available for people all the time. We always document that we have prompted people to have more fluids."
- Staff and management worked with outside agencies who provided hot meals to people if this was their choice. People who ate meals prepared by the service chose from menus which were clearly displayed for people.

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

- People told us they were supported to access health professionals. One person told us, "[Staff] will always arrange for a doctor to visit if I need one."
- A staff member told us, "We ask the GP to come in if we need to or we help people to speak over the phone. We photocopy appointment letters for people and we have a diary. We change people's care visit times or come in early to make sure people can get to appointments."
- Records showed that people received support from GP's district nurses, physiotherapists, chiropodists and occupational therapists depending on their support needs.
- A visiting health professional told us that the service worked well with them and followed their advice to support a person using the service.

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

- People were encouraged to personalise and decorate their own flats by the staff and management team.
- Areas of the service that staff supported people to use such as adapted bathrooms, games rooms and libraries were large and spacious for people who needed space with their moving and handling needs.

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. We checked whether the service was working within the principles of the MCA and found that it was.
- People told us, "[Staff] always ask if there is anything else that needs doing and they always ask for consent." and, "[Staff] always ask for consent if it is something new."
- We observed staff asking for people's consent before supporting them with daily living skills.
- People had consented to their care plans and had signed to say that they were happy with the way that their support was delivered. If the person lacked capacity to do this, then this was clearly documented, and the person's representative had signed this for them.
- Staff and the management team had a good understanding of the MCA and how this impacted on their roles when supporting people.

# 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

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 were positive about the care they received. People told us, "The carers are very polite. We have a bit of banter. I get on really well with the carers and we have a good laugh and a joke." and, "I am so happy here. They treat me with absolute perfection and if I'm feeling down they stay with me to cheer me up."
- Relatives were equally positive about the care at the service. A relative said, "They are so patient and good with [family member]. [Staff] really try to communicate with [family member] and [family member] gets on well with all the carers."
- Core staff members knew people well and were passionate about caring for people. One staff member said, "The best part of care is getting to know people. You sit and talk about their past and get to know what people like. People's opinions are so important."
- We saw staff members interacting with people in a kind and caring manner. Staff knew people well and communicated to them using preferred phrases which meant a lot to people.
- Daily notes were written in a kind and respectful manner by the staff team.

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

- People told us they could make choices about their care. People said, "[Staff] do give me choices." and, "Of course, [Staff] respect all my choices."
- Staff supported people to choose between a bath or a shower and the services had adapted bathrooms for people to use. We saw that people had choices in areas such as meals and social activities provided by outside agencies.
- Some people told us that they were involved in reviews of their care plan. One person said, "Yes, I think we review it regularly. My family and social worker come along." However, other people were not sure about whether they had been involved in creating and updating their care plans and people's care plans did not clearly indicate that people were involved in reviewing and updating these. The area manager told us that they would be working on making this clearer in people's care plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported to keep their independence. People told us, "[Staff] encourage me to be as independent as possible. For example, they prompt me do the washing up because I can do this myself." and, "To encourage my independence [staff] always ask me to do something myself before they help me."
- People told us their privacy and dignity was respected. One person said, "I am undoubtedly treated with dignity and respect. [Staff] always knock on my door and maintain my privacy."
- We observed staff supporting people to complete tasks such as walking or taking medicines at their own pace to promote people's independence. We observed staff respecting people's privacy and dignity, for example, by knocking on people's doors before entering their flats.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans did not contain detailed information about how their care needs may impact on their lives. Care plans noted that people were living with dementia or other conditions. However, there was no further information about how this impacted people's lives or how staff might support them with these care needs.
- People's care plans contained limited information about their likes, dislikes, preferences and life histories. Some of this information was out of date. For example, one care plan indicated that a person was looking forward to a wedding that had happened in 2017.
- People's care plans had not been reviewed regularly in two of the schemes. This meant that people's changing care needs, or new interests were not being picked up on and shared with the staff team.
- Despite this people told us that staff knew their likes and dislikes and supported them according to their needs. One person said, "I am definitely treated as an individual. [Staff] know me well." We saw that core staff members knew people well and were able to tell us how they supported individual people.
- However, care plans not containing information meant that new staff or agency staff may not know how to support people with their specific care needs or their preferences.
- Some people told us that agency staff being used by the service did not always know their needs well. One person said, "There are a lot of agency staff which can be a problem. Amongst the permanent staff I usually see the same people."
- The area manager told us, and records confirmed that people received care from the same staff as much as possible. People's preferences with regards to the gender of the staff member supporting them was recorded and met.
- Information was available to people in different communication styles such as Braille or large print depending on their specific communication needs.
- People were encouraged and supported by the staff team to take part in activities provided by outside companies such as exercise classes, church and communion services and using the services of a visiting hairdresser.
- In one scheme, the team leader and staff had made extra effort to include and support people in various theme days. These included celebrating occasion such as the Queen's birthday and the royal wedding. There had also been a themed day where the garden of the service was made to look like the seaside. Staff organised for sand to be bought in and for amusements such as a puppet show to be shown to people. People were very positive about this and gave good feedback about this support.

End of life care and support

- The service did not have end of life plans in place for people using the service. The manager and staff team told us that they were not supporting people at the end of their life. However, some people using the service had previously been receiving palliative care, before improving in health and staff members told us that they

had supported people at this stage of their life in the past.

- Staff had not received training in end of life support, however staff did have a good understanding of how to support people at this time.

We recommend that the service research how best to support people to plan for the end of their life, in line with current legislation and best practice.

- A relative told us, "Despite my [family member's] dementia getting worse, the manager has told us that [family member] will be supported to stay at the service as long as they can safely." A team leader said, "We try and keep people here as long as we can. It is much better for people to be where they are comfortable."
- Following the inspection, the area manager sent us evidence to show that the service was moving forward to improve in the area of end of life care for people. This included a 'my perfect send off' document which people could choose to use.

Improving care quality in response to complaints or concerns

- One person told us, "I have never had to make a complaint, but I know what to do. There is a complaints procedure and a Safeguarding team to contact if there are any concerns."
- The service had a complaints procedure in place and this was available to people in different formats depending on their communication needs.
- There had been very few recorded complaints. Historical complaints had been dealt with promptly and to the complainant's satisfaction.
- The service had received and recorded many compliments from people and their relatives.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations were not met.

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

- There was a manager in post at the time of our inspection who was new in their job role. Four managers had been at the service in the space of fifteen months. The last manager to register with the Care Quality Commission (CQC) had left the service in February 2018.
- The current manager had not registered with the CQC. The manager started this process during our inspection. However, the provider had not ensured that there had been a registered manager at the service when it was required to have one.

The provider had not ensured a manager is registered with the Care Quality Commission as required. This was a breach of Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition.

- Systems and audits in place were not effective at identifying where improvements were required. Audits had not picked up on missing or out of date information in people's care plans and risk assessments. People's risk assessments and care plans were not being reviewed in line with the provider's policies.
- There was limited management oversight of incidents and accidents. Incidents did not then trigger a review of people's care or ensure that actions were followed up.
- Accurate records about people's care and support needs were not maintained.
- Staff were not being consistently supported with supervisions and competency checks in line with the providers policies. Systems and audits in place had not identified that these had not been happening. Spot checks and observations that were completed did not clearly show how a staff members competency had been assessed. Most of these were completed as tick boxes or answered with 'yes' or 'no'. This made it difficult to see how the management team were assuring themselves of staff members competencies.
- There had not been any senior management level audits completed at the service for over twelve months. This meant that the provider had not ensured the quality of the service being provided to people was safe and of high quality.
- These issues meant that we could not be sure that the management team understood their roles and responsibilities or the importance of quality performance.

Governance systems were not effectively used to ensure the quality of care provided was assessed, monitored and improved when needed. Clear up to date records of people's care were not maintained. This is a breach of Regulation 17 HSCA RA Regulations 2014; Good Governance.

- In one scheme we saw that staff competency checks and supervisions were being completed.

- Some audits such as those for medicines were being completed regularly by team leaders at the service.
- Plans were in place for emergency situations such as bad weather or staff shortages and these were shared with staff.

#### Continuous learning and improving care

- Lack of consistent management oversight of staff skills and experience, meant that development opportunities for staff to learn and improve people's care were being missed.
- We addressed our concerns with the manager and area manager. They agreed that improvements needed to be made in the areas we identified.
- The service had recently employed a care co-ordinator at one of the schemes to focus on improvements in areas such as auditing and staff supervision.
- During our inspection the area manager said that they were going to recruit an administration staff to focus on the improvements that were needed to the governance and auditing systems at the service.

#### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about the management of the service. People told us, "I think [staff] are well organised because of the team leader here." and, "Absolutely and definitely it is well managed here. The team leader makes me smile every time they come to see me." A relative said, "The management is brilliant. Any issues and they sort it out."
- Staff gave mixed feedback about the management of the service and how supported they felt in their role. At one of the services there had not been a team leader for some time. Staff also told us that there had been a lot of changes in management, so it was difficult to know what the plans for the service was.
- Some staff told us that there was sometimes a problem getting support from management out of hours. The service operated an on-call system however staff told us that this was sometimes not answered or was unable to support for direct front line issues such as an agency staff member not turning up.
- Staff and team leaders, we spoke to were passionate about supporting people and putting them at the centre of their care.

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

- People and their relatives told us that they were asked for feedback about the service. One person said, "Yes, I am asked for feedback from time to time and I am always able to be honest."
- Records showed that formal feedback about the service had not been collected until recently. Feedback from people on the recent records was mostly positive however it was unclear how this feedback was going to be used to inform the service.
- Staff meetings were organised however were not attended by many staff members. This, as well as the lack of supervision which staff were receiving meant that staff members may not be involved in engaging and developing the service.
- The area manager told us that they were going to implement more regular and effective methods of collecting feedback from people.

#### Working in partnership with others

- The management and staff team worked well with the housing officer at two of the services. The housing officer told us, "We and the management team have a close relationship and work side by side to give the best care to people. We have weekly and monthly meetings. The staff here would do anything to support the people who live here."
- Meetings took place between the housing officer, the kitchen company who supplies meals to people



using the service and the management team to share information and ensure good outcomes for people.

- The service linked with other external agencies to supply activities to take part in if they chose to do so.

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 5 HSCA RA Regulations 2014 Fit and proper persons: directors</p> <p>The provider had not ensured a manager is registered with the Care Quality Commission as required.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not effectively used to ensure the quality of care provided was assessed, monitored and improved when needed. Clear up to date records of people's care were not maintained.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The recruitment process for new staff did not ensure people's safety was promoted through robust practices. People were at risk of receiving poor care as effective background checks were not always carried out.</p>