

Optima Care Shine London Limited

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Inspection report

Causeway House
13 The Causeway
Teddington
Middlesex
TW11 0JR

Tel: 02085720990

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Optima Care Shine London Limited is a supported living service for autistic people and/ or people with learning disabilities and mental health needs. This service provides care and support to people living in four supported living homes but only three of these were providing a regulated activity to people. At the time of the inspection, out of a total number of 17 people, 12 people were receiving personal care.

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.

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

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

Right Support: Staff knew people well and supported them in accordance with their choices and wishes. They worked towards improving the care delivery related to nutrition, independence and choice of activities so that people could achieve the best outcomes in meetings their goals and aspirations.

Right Care: Staff attended to people's care with compassion. People's care records were in the process to be updated so that individual information about people and their behavioural support was included to ensure person-centred care delivery.

Right Culture: The management team worked towards implementing the improvement-driven culture. Actions were identified to improve low staff morale and to empower people to choose the way they wanted to live their lives.

We found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

Staff did not always followed people's medicine management procedures and there was a lack of management oversight to ensure good practice. Infection control and prevention guidance was not followed effectively, including those associated with COVID-19, to prevent people and visitors from catching and spreading infections.

Staff did not receive on-going support on the job to ensure they carried out their role responsibilities as necessary. This included lack of continuous supervision, observation and training for the staff team.

People were not always effectively supported in the decision-making process because the provider did not apply the principles of the Mental Capacity Act (2005) as necessary.

Governance systems in place to assess and monitor the quality and safety of the care people received were not always operated effectively. This is because there was a lack of continuity in monitoring the care provisions which resulted the provider failing to pick up a number of issues we identified during our inspection. Risk management issues in relation to people's finances and fire safety placed people at risk of harm.

There was a high turnover of managers in recent years which have had an impact on the care delivery. The management structure in place was not meeting the service expectations which resulted the managers leaving their posts frequently. We made a recommendation about this.

The healthcare professionals told us they worked closely with the provider to improve the care delivery but that the feedback provided was not sustained due to high turnover of managers at the service. This resulted an increased safeguarding activity at the service.

We received mixed responses from people's family members related to effectiveness of their communication with the service and staff's proactiveness when supporting their relatives which the management team looked to address as necessary.

People told us they were happy living at the supported living service we visited. For example, one person said, "I like it here... Staff are nice and let me live my own life." Staff were aware of what was important to people, including their background and cultural needs which they assisted people to meet where they wished to do so.

Staff were aware of people's communication needs and had encouraged their involvement in conversations. We observed staff interacting with people in a friendly manner and people looked at ease in presence of staff.

The provider's recruitment procedures to check the suitability and fitness of new staff were safely applied. There was enough staff to support people with their choices and where necessary, the provider used agency staff to mitigate the risks related to current staff pressure.

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

Rating at last inspection and update

The last rating for this service was good, where we undertook a focused inspection to review the key questions of Safe and Well-led only (published 19/04/2021).

Why we inspected

We received information of concern in relation to safeguarding investigations taking place. As a result, we undertook a comprehensive inspection to review all key questions.

The overall rating for the service has changed from good to requires improvement because we found evidence that the provider needs to make improvement.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified four breaches in relation to safe care, staffing, need for consent and governance systems. This was because the provider failed to ensure they always consistently managed the risks associated with people's finances, medicines, consent to care, infection control practices and staff's support. The provider did not always operate their established governance systems effectively.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 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 ●

Optima Care Shine London Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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 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. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager in post who was in the process of registering with the CQC. 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 one hour's notice of the inspection. This was because we needed to be sure that the

management team would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the three supported living homes on 27 January and 10 February 2022. We also made calls to six people's family members about their experience of the care provided. Where people did not communicate verbally, we observed their interactions with support staff. We spoke in-person with eight people who lived at the service, a visiting community-based psychologist, the services manager, two operations/deputy managers who were in day to day charge of the supported living homes we visited, 13 support workers, including agency members of staff, and the provider's head of positive support who specialised in managing behaviours considered challenging. Before and during the inspection we received feedback from six healthcare professionals.

We reviewed a range of records. This included people's electronic and paper care and risk management plans, multiple medicines management records, staff files in relation to recruitment and training data. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care records, staff employment, training and auditing systems.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- We were not assured people were always suitably protected against the risk of avoidable harm.
- In one of the supported living homes we found several fire-resistant doors inappropriately propped or wedged open, contrary to fire safety guidance. This was because many of the release mechanisms, which would enable these fire resistant doors to close automatically when the fire alarm was activated, were faulty. Records showed that fire alarm and automatic door release devices were last checked 10 months ago.
- Processes were in place to support people to manage their finances where they required assistance. Staff used a receipting and reconciliation system to monitor day-to-day spending of people's money, but the balance checked did not always reflect the records. The service manager told us that people's finances were last audited over a month ago which should have been done weekly.
- Staff did not always follow the safety measures in place to protect people from harm. The inspection team was let into the one of the supported living homes without checking their badges or asking to sign the visitors book.

We found no evidence that people had been harmed however, the provider's safety monitoring systems were either not in place or not robust enough to ensure staff effectively managed the risks associated with people's finances and the premises used by people. This placed people at risk of harm. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive support management plans that helped staff prevent or appropriately manage behaviours considered challenging were included in people's care plans however, this guidance had not been reviewed or updated for some time and therefore no longer accurately reflected the action staff needed to take to manage behaviours considered challenging.

We discussed these risk management issues with the provider's positive support manager at the time of our inspection who showed us draft versions of new plans they were in the process of developing to help staff prevent or safely manage behaviours that were considered challenging. Managers told us these new risk management plans and staff training in how to provide people with the positive support they needed to prevent or deescalate incidents of behaviours considered challenging would be fully implemented by April 2022. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Using medicines safely

- Medicines were not always safely managed.

- People who had medicines prescribed to take 'as required' had detailed protocols in place for staff noting the circumstances in which the medicine should be administered. However, staff did not always correctly follow these protocols and record why they had administered 'as required' medicines, contrary to recognised best medicines practice and the provider's own medicines recording procedures.
- Furthermore, we found a number of recording omissions errors on medicines administration records (MAR) sheets where staff had failed to sign for medicines they had handled on behalf of people using the service. This meant it was unclear if these medicines had been given on time or missed. We also found that medicine errors were not always reported by staff in good time and as necessary.
- The local authority had shared information of concern with us regarding the on-going medicine errors at the service, including the medicines being missed and not recorded when given to people. We discussed this with the management team who told us they had put measures in place to improve the medicines management practices, but records showed these had not been consistently followed. For example, the daily 'Walk around check list' included medicines checks, but this had not been completed by the management team for over a week at the time we visited one of the supported living homes.

Unsafe management of people's medicines put people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not always assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- The provider was facilitating visits for people using the service in accordance with current Government COVID-19 guidance however, we were not assured they were preventing visitors from catching and spreading infections. This was because visitors to the service were not always required to complete a symptom questionnaire and have their temperature taken before entering, as well to provide a negative Lateral Flow test for COVID-19, contrary to recognised best IPC practices and the provider's own procedures.
- We were also not assured staff were using personal protective equipment (PPE) effectively and safely in accordance with current IPC guidance. For example, we observed several incidents of staff supporting people living at the service either not wearing a face mask correctly, so it covered their nose and mouth, or not wearing one at all. Furthermore, we found that some staff were overdue for IPC training.

We found no evidence that people had been harmed as a direct result of the IPC/COVID-19 issues described above however; it did place people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were vaccinated against COVID-19 in line with government requirements. Staff and people who use the service were tested regularly for COVID-19 infection.

Systems and processes to safeguard people from the risk of abuse

- We received information of concern from the local authority regarding on- going safeguarding incidents at the service. They worked closely with the provider to support the care provision but that the improvement was not sustained due to high turnover of managers at the service. At the time of inspection, the service had a new manager in post who told us they prioritised the safeguarding activity so that lessons could be learnt and addressed. Although this inspection found that systems in place were not always implemented as necessary, we saw the manager working to improve the processes so that people were supported safely. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.
- People told us they felt safe living at the service. One person remarked, "I do feel safe at home in my flat

and I know I can call the staff if I need them." Staff knew how to recognise and respond to abuse they might encounter, including reporting it. One member of staff told us, "I wouldn't hesitate to tell the managers if I thought anyone was being abused here."

Staffing and recruitment

- There were enough staff to meet people's needs and the rota was flexible to allow people to attend appointments and activities of their choice. One person required 2:1 support while out in the community and this was provided for daily, to enable them to undertake the activities they wished. People using the service told us staff were always available to support them whenever they needed them. One person said, "I do need help cooking, so the staff come to see me in my flat every day to help me out with my meals."
- Measures were in place to mitigate the risks associated with COVID-19 related staff pressures. The provider had used agency staff to cover staff absences and was actively in the process of recruiting new permanent staff to ensure the staff team met the needs of the people who used the service. The management team told us they used a values-based recruitment process, to ensure prospective staff had the appropriate values to work with autistic people to achieve good outcomes and also meet their needs.
- The provider had carried out pre employment checks to ensure safe care delivery. Staff had to attend an interview, undertake a Disclosure and Barring Service (DBS) check and provide references before they started working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. Systems were in place to monitor when staff required to renew their visa status.

Learning lessons when things go wrong

- The management team had recently started using a new system for monitoring the accidents and incidents which facilitated prompt reporting, recording and action taken to prevent reoccurrence. We found that accidents and incidents were appropriately reported where it was identified that a person was at risk to abuse so that this could be investigated as necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Staff did not always attend relevant training and received support in the form of continual supervision, appraisal and recognition of good practice.
- At our last inspection we identified staff training gaps and this time we again saw that staff training needs were not met in line with best practice. Records showed that some staff were not up to date with training specific to the needs of the people they supported such as diabetes, epilepsy awareness, learning disabilities, Makaton and positive behaviour support.
- Records showed that not all staff had a supervision recently and an annual appraisal with their line manager, contrary to recognised best practice and in line with the provider's procedures. There were no spot checks carried out by the provider to observe staff's performance on the job. Staff induction records were not always available which meant that monitoring was not in place to help staff settle into the job.
- One family member said, "Staff are not applying what they have learnt, they are supposed to be trained. Maybe one or two are ok but on the whole they don't seem to understand [my relative]." A healthcare professional told us, "It seems [staff] are poorly trained... A staff member has admitted that he shouts at a client because as his support worker he does not know how to de-escalate/ manage [name of the person] when he displays behaviours that challenge."
- This was discussed with service manager who told us they had a dead-line for staff to complete all the training courses and those who missed it without a valid reason will be taken through the disciplinary procedure. The management team had dates arranged for staff's supervision and appraisal meetings. The provider had also booked staff to attend a training aimed at positive and safer approaches to conflict and behaviours of concern resolution.

We found no evidence that people had been harmed however, the provider had failed to ensure that staff received appropriate support, training, professional development and supervision as is necessary to carry out the duties they are employed to perform. This demonstrates a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had not always followed good practice around assessing mental capacity and supporting best interest decision-making. In one of the supported living homes we found that people's freedom of movement was restricted, but no documentation was found to suggest that the service had followed the appropriate procedure to request the local authority for an application to be made to the Court of Protection to legally authorise the deprivation of their liberty. We also saw that highly invasive visual monitoring system was used in people's bedrooms to observe their movement which was not authorised as required by the MCA.

We found no evidence that people had been harmed however, the provider had not always lawfully acted on the behalf of people and in accordance with the MCA. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received mixed feedback from family members regarding the support people received to maintain a healthy life style. Some family members told us that staff supported their relatives to have a balanced diet and involved them in food shopping, meals planning and preparation. However, other family members' comments included, "[Staff] are not giving [my relative] a good diet, they are not following the diet sheets... They are not working with [my relative] to help him understand the importance of a good diet" and "I would like [staff] to take time and start cooking with him. At the moment all he gets is [takeaway food]. When he comes home he likes to help me to cook- he has an interest in it, he helps make an omelette for his lunch."
- We discussed this with the management team who told us that people were encouraged to maintain healthy diets and exercise where they wished to do so. They also worked to improve the support for those people who required more guidance and encouragement to maintain healthy eating habits. This included staff aiming to supporting people to cook more for themselves.
- Dietary allergies were noted in people's records and staff were aware of these.

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

- Records relating to people's care and support were mostly electronic which helped staff to quickly find information when needed. The electronic care planning and recording system flagged items in need of review in red to inform staff about the required action.

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

- Family members told us that people received support to attend to their health needs when they required it. One family member said, "[My relative] sees the Doctor every month, we are very happy with the medical care he receives."
- Staff supported people to access appropriate healthcare facilities. The service was in the process of

ensuring people had up-to-date and accurate Hospital Passports and Health Action Plans and aimed to facilitate annual health checks with people's GPs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Although family members mostly told us that staff were 'kind', 'respectable' and 'professional', some family members said that sometimes staff's attitude was inappropriate. Comments included, "Some staff, the way they speak to you! One person's tone was aggressive- he was very impatient and he didn't listen to what I was saying" and "They need to get more dedicated staff. A lot of them just view it as a paid job but show no energy, enthusiasm or initiative... You want support workers to muck in – not sit on their phones." One healthcare professional said, "Some staff seem defensive."
- The provider had arranged for a 'closed culture' audit of the service a month prior to our visit. The management team had an action plan to work towards to address the issues found by the auditor which included cultural changes within the staff team. We also saw that some action had been already taken to ensure people were supported in ways that enhanced their quality of life. For example, in one of the supported living schemes people now had keys to the front door of their home.
- People had their human rights and diversity respected and were treated with compassion by staff. People typically described the staff as "friendly". For example, one person told us, "The staff are nice and treat me well...I get along really well with my new carer." Staff spoke about people they supported in a positive way. We observed staff interacting with people in a respectful manner throughout our inspection. People also looked at ease and comfortable in the presence of staff.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics. For example, due to cultural or religious preferences. One family member told us, " We are [name of the nationality] so [my relative] enjoys rice and curry dishes. [Staff] take him to a restaurant for this." Staff were knowledgeable about people's ethnical backgrounds and told us how they met their diverse needs in practice, including helping a person to access music influenced by their culture which they enjoyed listening to very much.

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

- People told us they could choose how they lived their lives at the service and staff accommodated their wishes. One person said, "It's great that I've got my own flat which has a kitchen and shower, so I can choose when and what I eat, take a shower, go to bed, and go out. The staff do respect my wishes." Another person told us, "I like it here...Staff are nice and let me live my own life."
- Staff knew the people they supported well and what was important to them. People had individual support to discuss their preferences and choices which staff helped them to action as necessary. The management team told us that moving forward they planned to carry out residents meetings so that people could be consulted regarding the changes they wanted to make, for example to the décor and furniture in the communal spaces.

Respecting and promoting people's privacy, dignity and independence

- People told us staff helped them do as much for themselves as they were willing and able to do. For example, one person said, "I can look after my own medicines, which I keep in my flat, and I sometimes go out on my own." Staff gave us examples of how they actively supported people to maintain and develop their independent living skills including, encouraging people who were capable of doing so safely, to complete the household chores and travel independently in the wider community.
- Staff knew when people needed their space and privacy and respected this. One person told us, "I've been given a key to my flat, which I can lock whenever I want to be alone. Staff do respect my right to be on my own sometimes." A second person remarked, "Staff are pretty good at knocking and always ask me if it's alright if they come in and see me in my flat."
- Support plans reflected the enabling approach that the service was following and set out people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were now met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Family members told us that permanent staff knew their relatives' care and support needs well. Comments included, "The regular staff do know [my relative]. A couple have been there for a while, so they know [my relative] well" and "I actually think they are doing a good job overall. Broadly staff seem to know [my relative] quite well. They do a good job which is very exacting."
- Each person using the service had an electronic support plan that staff could easily access on a secure handheld device. These plans were person-centred and contained information about people's unique strengths, likes and dislikes, and how people preferred staff to support them with their personal, social and health care needs.
- However, although we found that staff were knowledgeable about people and what was important to them, some support plans had to be reviewed to ensure that all information about people's care and support needs were up to date and reflected for example, their spiritual and cultural needs. This was discussed with the service manager who told us they were in the process updating people's support plans. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

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

- People's information and communication needs and preferences had been identified and were met. A family member told us, "[Staff] encourage [my relative] to say the odd word and use Makaton and pictures."
- We observed that staff knew people well and communicated with them effectively, being able to respond quickly to people when needed. A staff member told us they observed people who did not have verbal communication to understand their food choices. For example, if a person finished their meal quickly this meant they liked it but if the person didn't enjoy the food, they pushed it away. Where people were not able to get involved in menu planning, staff planned their meals based on what they liked and their cultural heritage.
- People's communication needs were identified, recorded and highlighted in their support plans.

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

- Staff supported people to participate in leisure and educational activities that reflected their social

interests and needs. One person said, "I like walking and sometimes I go to our local park, which is a great place." A second person remarked, "I love going out with staff to play my music at the studio, to watch a film at the cinema and buy food I like from the shops." A family member told us, "[Staff] encourage [my relative] to be as independent as is possible given his difficulties. [My relative] goes to college, plays football, goes shopping and plays on his tablet. [Staff] take him out to the park as well."

- During our inspection we observed staff support people to participate in a range of activities in the wider community including, attending vocational classes at a local college.
- The service manager told us that work was in progress to improve people's social circles and engagement in activities by looking at the activities they enjoyed participating in the past and encouraging them to try new things.
- The service ensured people they supported maintained positive relationships with people that were important to them. People told us their family and friends could visit them whenever they wished.

Improving care quality in response to complaints or concerns

- We viewed results of a survey completed by people in February 2021 which showed that people were mainly happy with the care delivery, food provision and the staff team. However, some actions identified from the survey, were not acted upon in good time but the service manager reassured us these were on their list to be completed soon, including purchasing some garden furniture so that people could have an outside seating area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Working in partnership with others

- The provider did not always operate their governance systems effectively. We found that quality assurance processes were in place but these were not always followed up through to ensure that on-going checks were carried out to identify where the improvement was required so that action could be taken in good time as necessary. This resulted in the provider failing to identify and/or take appropriate action to address a number of issues we found during this inspection that related to people's medicines and finances management, staff training and support, infection prevention and control, fire safety and Deprivation of Liberty Safeguards.
- The healthcare professionals told us the provider had not always effectively used the feedback provided to embrace change and deliver improvement in care. Their comments included, "[The service] do not use constructive feedback to take action. They do for a few weeks but do not seem to maintain the agreements" and "There have been many changes in management and staff at a rapid pace, making it difficult to provide feedback or seek any positive improvements in the service delivery."

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, their governance systems were not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service has experienced high rates of manager turnover in recent years. In the last three years they had three managers registered with the CQC. At the time of inspection, one of the supported living homes had a manager who started recently, but prior to that had been without a specific manager for more than a year. This was evident during our visit as some maintenance issues had not been addressed for a long time. For example, there were two broken windows that had been boarded up for two years, which left people living in an unpleasant environment. The manager had taken swift action to address these issues with the landlord once they had started. However, the management team had a very long, comprehensive to-do list to address the issues that had been left while the homes was without a specific manager.
- Family members expressed their anxiety regarding the high turnover of managers and how disruptive this

was to the care being delivered for their relatives. Comments included, "There is a rapid turnover of managers. They don't stay long. The service is not well run overall. I feel they take on too much, make a lot of promises but nothing gets done" and "There have been six or seven managers over the last four years... They never tell you when people are leaving or keep you in the loop so you have to start all over again every time."

- We found that the management structure at the service had not always ensured the managers had enough time to meet their role expectations. A healthcare professional told us, "The service seems to be managed mainly by one over-worked acting manager [name of the manager]... The management model of the service does not seem to meet the needs and demands of the clients and of the service." One manager told us, "It can be overwhelming as I am given a lot of deadlines and I am not keeping up... We basically need more staff, one person cannot manage this office. I want to make changes but in some ways it's gone too far... I go home feeling I haven't done enough, and I have given all I had. My working life here is chaotic and frightening." A staff member remarked, "When I came to work to this place, there was a manager, deputy and two senior staff members. One manager cannot run this place, it's just not manageable."

Although issues related to high turnover of management and support structure were identified during our last inspection, we saw little progress made by the provider to address this concern. We recommend the provider to review the management structure in place making sure there was enough managers to overview safe care delivery.

- The service had a new manager in post who was planning to register with the CQC. The new manager was confident they could provide the service with some much-needed stability moving forward if the provider had ensured sufficient management structure in place.

- Staff told us they hadn't felt very well supported by the provider while the service was without the managers, however they could see changes taking place with the new manager in post. A staff member told us, "It is a nice place to work, but the turnover of management is spoiling it for me. Every time someone else comes in, its new rules and different ways of working. The current manage is people friendly, they find time for staff and have interest in us." A manager told us that staff morale had been low, and about their plans to facilitate a "happy culture" within the staff team and to "simplify how everything works" to support staff to more clearly focus on people's quality of life.

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

- Communication between the service and the family members was not always effective. Family members told us, "[The service's] communication needs improvement... I want more information on day to day stuff as well as if there is an emergency or if [my relative] is not well" and "[the service] don't always answer the phone- [staff] have given me an emergency number but they don't always answer that either."

- We saw the service manager taking action to address this concern and gradually building a rapport with the family members via introducing themselves and/ or taking action to involve family members so that the care delivery could be improved for their relatives as and when necessary.

- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection we found the management team openly sharing the information of concern with us regarding the difficulties they were facing, including issues relating to high turnover of managers, staff support and safe care delivery. We saw some safeguarding concerns being raised retrospectively where the service manager identified this was not followed-up as necessary before they started working for the provider.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>People who use the service were not protected against the risk of receiving poor care because their consent to care was not always sought. Regulation 11(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service had been placed at risk of harm because the provider had failed to ensure staff always followed best infection prevention, detection and control practice, including those associated with COVID-19. The provider had failed to ensure the proper and safe management of people's medicines. Regulation 12(2)(g)(h)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(2)(a)(b)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not always protected against the</p>

risk of receiving unsafe care because the provider had failed to ensure they provided on going and consistent training and support for the staff team. Regulation 18(2)(a)