

Royal Mencap Society

Royal Mencap Society - Domiciliary Care Services - North London

Inspection report

Enfield Domiciliary Care Service
Unit 16 East Lodge Village, East Lodge Lane
London
EN2 8AS

Date of inspection visit:

18 May 2022

19 May 2022

20 May 2022

24 May 2022

25 May 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

Royal Mencap Society - Domiciliary Care Services - North London is a supported living service providing personal care to people with a learning disability and autistic people. This service provides care and support to twenty-seven people living in eight 'supported living' settings so that they can live in their own home 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. 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

Right support:

There were some risks for people with dysphagia (swallowing difficulties) as staff were not consistently following expert guidelines on supporting some people with eating and drinking. When we raised this concern the provider responded by requesting new assessments for the people concerned to ensure they were supported safely.

The service worked well with health and care professionals to meet people's care needs. Medicines were generally managed safely but we identified a few areas for improvement.

The care two people needed at night time was not written clearly so there was a risk they may have unmet needs during the night.

People were given choice and control in a supported way. Staff supported people to follow their individual interests and to develop their independence. The service provided a clear and positive ethos to guide staff in how to support people to maximise their choices and independence. Staff supported people with accessing the health services they needed to achieve the best health outcomes.

People had support to follow their own chosen lifestyles and daily routines. Staff supported them with their personal care needs and their independence.

Staff were trained to meet the needs of the people they were supporting. We observed staff interacting with people. People were comfortable around staff and staff were aware of people's individual personalities and preferences. People were treated with respect and dignity and supported to be involved in meaningful activities.

Right care:

There were some safety concerns where two people had not been protected from the risk of avoidable harm. In both cases people had been at risk of harm from a person they lived with.

People's relatives were satisfied that people received good care and were happy with how the service supported people to lead fulfilling lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a strong commitment to delivering person-centred care and in practice people led individual lifestyles where staff respected their individuality and rights to dignity and privacy. Staff had good knowledge of people's individual communication needs and treated people with kindness and respect while providing care.

Right culture:

Staff formed relationships with people they supported and encouraged them to make decisions for themselves. The provider had implemented new initiatives to improve the culture within services. This had not yet been implemented in this service but staff were preparing for it. Systems were in place to promote continuous improvement. People's families were involved in their care and support and people benefitted from a stable staff team who were committed to providing them with the best care.

The provider had a quality assurance system in place to check that the service was running safely and meeting people's needs. The registered manager was committed to continuous learning, aware of improvements needing to be made and had planned to ensure these improvements were made. There was an open culture in the service where staff enjoyed working and relatives generally felt involved.

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 this service was good (published 17/07/2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of risk and safeguarding people from abuse. This inspection examined those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led key question sections of this full report.

The provider has taken some action to mitigate the risks.

Enforcement and recommendations

We have identified breaches in relation to keeping people safe, safeguarding people from risk of abuse and the management of the service at this inspection.

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

We have made a recommendation about regular monitoring of people's weight to help monitor their health.

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 local authority to monitor progress. 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 consistently well-led. Details are in our well-led findings below.

Requires Improvement ●

Royal Mencap Society - Domiciliary Care Services - North London

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors. One inspector spoke to relatives of people using the service on the telephone. The other inspector visited the office and three of the supported living services as well as speaking to people using the service, staff and relatives on the telephone.

Service and service type

This service provides care and support to people living in eight 'supported living' settings so that they can live as independently as possible. The accommodation is 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 supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. A registered manager 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 notice of the inspection. This was because we wanted to be sure the registered manager

would be available at the office and to arrange to visit people in their homes.

Inspection activity started on 18 May 2022 and ended on 31 May 2022. We visited the office location on 18 May and three of the supported living houses on 24 May. On other days we reviewed records, spoke with relatives, people using the service and staff in telephone and video calls.

What we did before the inspection

We reviewed information we held about the service including notifications, safeguarding incidents and contacts with the service over the last year. The provider completed a provider information return in 2019. 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. We used all this information to plan our inspection.

During the inspection

We met nine people who used the service. We spent time observing staff interacting with these people and supporting them. We spoke with four other people about their experience of the care provided. We spoke with the relatives of 17 people who used the service.

We spoke with 17 members of staff, including the registered manager, regional manager, three service managers, two assistant service managers and ten support workers. We sought feedback from the local authority and professionals who work with the service.

We reviewed a range of records. This included five people's risk assessments, support plans, care records, eating and drinking records, medicines records, three staff recruitment files, quality assurance records and staff training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of abuse.
- There had been incidents where the service had failed to protect a person from the risk of abuse by another person in the service where they lived. The service had also not responded in the quickest and most appropriate way to these incidents to protect people.
- We found for two people insufficient action had been taken to protect them from the risk of being assaulted by another person who lived with them.
- Records showed one person was at risk of being physically assaulted by a person they lived with and no risk assessment had been undertaken to minimise this risk. The person's representative had not been informed and there were no records of any action taken to support this person.
- When we brought this concern to the attention of a senior manager, they took action to raise a safeguarding alert and a person's risk assessment was updated but this did not mention the specific risk of the person physically assaulting the other person. This risk was not included in either person's risk assessment despite staff knowing about this risk.
- One person raised a concern which was about possible psychological abuse which we passed to the registered manager to investigate. This was being investigated at the time of writing this report and the outcome not yet known.

Failure to safeguard people from risk of abuse left people at risk of harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took immediate steps to safeguard a person following this inspection.
- The provider had taken steps to review and improve the management of people's finances following an incident of financial abuse to minimise the risk of this happening again.
 - Despite the above concerns in three supported living houses, staff were trained to understand how to keep people safe and report any concerns and knew how to identify and report abuse within the service and to external bodies. They were familiar with the provider's whistleblowing procedure and said they felt confident approaching their manager with any concerns and knew who else they could contact for advice.
- Relatives felt assured their relative was safe and treated well. One relative told us; "They cater for his safeguarding very well" and "They always let us know of any incidents."

Assessing risk, safety monitoring and management

- People were not consistently protected against known risks to their safety.

- People had individual risk assessments which included guidance for staff on supporting people to stay safe, however we identified some risks to people's safety.
- Records showed that there was only one member of staff on duty sleeping in one service at night. The risk of fire and how one staff member could safely evacuate the home had not been appropriately assessed. There was no clear night-time fire procedure. Staff had no guidance on how to support people outside the service safely once evacuated. The fire risk assessment and fire procedure did not address the specific risks. People had personal emergency evacuation plans (PEEP) but these were online only and therefore not available for staff to quickly refer to and share with the fire brigade in the event of a fire at night. Staff were not clear about how to evacuate people safely if there was a fire at night.
- The service had requested reviews from the local authority for the people living in that house but had not taken any action to reduce the risks associated with fire at night. When we raised this concern with senior managers, they took action to ensure PEEPs were printed and that there was a fire procedure to follow, retraining of staff and their internal fire safety team became involved but did not provide assurance that one staff member could manage a fire evacuation safely.
- For two people there was a lack of written guidance on what support they needed at night.
- One person was checked on every hour during the night, but their support plan stated they should be checked three times during the night. There was no evidence to suggest this person was not supported safely but practice and guidance did not match so there was a risk that staff on duty at night may not follow current guidelines.
- One person's risk assessment stated they should be monitored half hourly due to a risk of choking, but their support plan gave different information, to visually check three times a night plus epilepsy and audio monitor all night but did not specify what staff should be checking. Night care records did not specify at what time staff checked on the person.
- Both people were supported with continence and changing position regularly during the day but did not have a night support plan stating whether they needed the same support during the night. One person's pressure care support plan said they were not repositioned at night as there was only funding for one waking night staff but did not state whether the person needed any support for their safety or comfort at night.
- Some people had dysphagia (swallowing difficulties) and had written guidelines from Speech and Language Therapists on how to support them to eat and drink safely following an assessment of their swallowing. The guidelines were clearly displayed in the kitchens of each house for staff to follow. The guidelines and eating and drinking support plans in place were accessible and mostly very detailed but practice did not always match guidelines.
- We looked at the food records for four people and observed a mealtime with three people. Staff were not following the guidelines for the four people.
- One person's guidelines stated that meat needed to be minced or pureed and meals with mixed textures were not recommended. Records of food eaten and discussion with staff showed this person was regularly being served meals with mixed textures and meat which was not minced or pureed.
- Staff were trained in supporting people to eat and drink safely and their competence was assessed by a manager who would observe them supporting a person at a mealtime. We noted that a staff member had been assessed as competent when supporting this person to eat a high-risk food which it was not clear they could eat safely.
- A second person had written guidelines stating that they should eat soft and bitesize foods cut into 1.5-centimetre pieces. We observed this person eating a meal that did not comply with these guidelines.
- A third person had specific guidance for two staff to support them in a specific way at mealtimes. We observed that this support did not take place. Although the eating and drinking support plan had been recently reviewed staff were not following the guidance and it was not clear whether the guidance reflected

the person's current needs which staff said had changed. A staff member told us there were specific foods this person could not eat as they caused coughing, but we noted all these foods were on the menu for that week and there was no accessible list of these foods available to refer to so there was a risk staff may give the person one of these foods.

- Although people did not experience harm and we did not see anyone struggling with their meal, there was a risk staff did not fully understand the speech and language therapy eating and drinking guidelines and therefore may have been giving unsafe meals. This meant there was a risk of staff not supporting people safely with eating and drinking due to discrepancy between records and practice.

The provider failed to accurately assess and mitigate risks to people's safety. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were generally managed safely but there were some risks not addressed.
- One person's medicines administration record (MAR) stated there were no known allergies but another document stated that the person should not be given a specific medicine as they might be allergic to it.
- Where two people had prescribed topical medicines (patches, creams etc) the MAR did not specify the part of the body where staff should apply creams.
- One person's MAR was signed twice a day when the medicine was prescribed for once a day. This appeared to be an administrative error.
- Two people's "how to support at home" support plans stated that medicines should be placed in pot then on top of food but another document said to mix the medicine with thickener 2.5 spoons to 160ml medicines. As neither person took 160ml of medicine there was a lack of clear written guidance how staff should support people with their medicines.
- One person's MAR indicated they were given a "when needed" medicine every morning. There was no clear protocol for when this person should have this medicine.
- Where a medicine was prescribed as a variable dose (i.e. give one or two) staff didn't record whether they had given one or two tablets.

Whilst we found no evidence that people had been harmed, the provider failed to manage some people's medicines safely. This placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a well thought out approach to risk management and risk taking which aimed to protect people's safety whilst not compromising their rights.
- Staff had a good understanding of the main risks for the people they supported.
- After the inspection the registered manager advised us that they were making immediate improvements to support staff in how to evacuate people safely at night.
- The registered manager advised us that they had consulted the speech and language therapist immediately for two people who arranged to visit and assess people's eating again to ensure they were being supported safely.
- Staff were trained in administering medicines and their competence was assessed before they were allowed to do so. Medicines were stored safely and securely and staff knowledge about managing people's medicines was good.
- Policies and procedures were in place to ensure people received their medicines safely and as prescribed.
- We checked medicines records in three services and found the records were up to date indicating that people had received their medicines as prescribed.

Learning lessons when things go wrong

- There was an effective system in place to learn from incidents.
- There was evidence of some lessons learned from incidents e.g. a plan to improve assessment process after a serious safety incident and evidence of reflective practice at senior level. When improvements were made in a service this was shared with the managers of other services.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff wore appropriate personal protective equipment (PPE) such as masks, plus aprons and gloves when supporting people with personal care.
- Staff received training in infection prevention and control practices and were provided with regular updates, specifically in relation to COVID-19.
- The staff team followed the recommended testing regime and cleaning practices in the houses.

Staffing and recruitment

- Staffing levels at night in two of the supported living services are addressed above under Assessing risk.
- There was evidence of safe recruitment practices which included obtaining proof of identification, references from previous employment and criminal records checks.
- Relatives told us they thought there were enough staff to support their relative.
- Staff told us they thought there were enough staff employed to ensure people could lead the life they wanted.
- Relatives described staff as; "Great", "Excellent" and, "Really good" for the way they supported people.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was provided to people with dysphagia (swallowing difficulties). We identified concerns regarding the support provided to people with dysphagia and have further reported on these concerns within the 'safe section' of this report.
- Staff supported people with eating and drinking.
- One relative told us their relative appeared hungry and staff where the person lived also had noted this. They had approached a healthcare professional for advice on how to improve this person's diet. Staff told us that people's weight was taken monthly to ensure action could be taken in response to any weight loss or gain but this person had a six month gap in their records of their weight although this had not caused harm to the person.

We recommend that weight monitoring is carried out in accordance with good practice to support people with maintaining a healthy weight.

- Staff prepared menus with people by supporting them to choose what meals they would like to eat on a weekly basis. The service encouraged staff to go shopping with people to buy their food. One person told us that they went shopping on the same day each week and a staff member went with them to help them.
- One person told us they cooked all their own food. They said staff had supported them in learning to cook and helping them become more confident. Another person told us they were able to make a sandwich for their lunch. Staff had good knowledge of which foods people they supported liked to eat. Where people were unable to take part in preparing their food, staff made the meals and supported people with eating where they needed help.
- Staff kept records of what food people ate. Staff supported people to make choices about what they wanted to eat.
- There was evidence some meals from people's cultural background were on their planned menu. Staff ensured people had regular drinks and snacks where they could not help themselves or ask for drinks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The ethos of the service was to encourage people to make their own decisions. We observed staff seeking people's consent and explaining to them what was going to happen next. Where people could not express their consent, staff observed them for their facial expressions and body language to see if they were happy and were able to tell us whether the person wanted to do the proposed activity. One example of this was when we asked a person if they wanted to come with us to look at their medicines in their room. A staff member was able to tell us that the person's body language indicated they did not want to leave their activity. Staff respected people's decisions.
- Mental capacity assessments were carried out to confirm whether a person could make a specific decision. Staff involved professionals, relatives and advocates to support people and make decisions in a person's best interests where they lacked capacity to decide for themselves.
- There were several people who did not have a deprivation of liberty safeguard (DoLS) in place who were deprived of their liberty. The registered manager told us that they had applied for community DoLS via the local authority for four years, but these had not been progressed. This was being followed up.

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

- Care was delivered in line with good practice standards.
- The service assessed people's needs and incorporated information from other professionals and relatives who knew people well.
- The provider had identified improvements needed to the assessment carried out with people who wanted to move into one of the supported living services. The registered manager told us they were working on the area for improvement to ensure the initial assessment was more comprehensive.
- People's care and support plans contained detailed information about their support needs and their likes and dislikes. These were comprehensive and gave staff enough information to be able to support the person with their day to day life.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience for the job.
- Staff received training suitable for their role. Staff told us their training was of a good standard and that they had a range of training topics. Their competence was assessed in topics such as supporting people with medicines, use of moving and handling equipment and supporting people to eat and drink. One member of staff said the training was, "brilliant."
- The provider ensured staff working with autistic people completed training in understanding autism and how it affected people. All staff told us they had completed some training in autism.
- One staff member told us, "The training is brilliant" and another said, "When I started I had to complete more than 20 trainings."
- Staff told us they felt well supported. They said they had regular supervision and received good support from the service manager in the house where they worked. Staff also said they worked well as a team and two staff described the team as "like a family."

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

- The service supported people to arrange and attend healthcare appointments including their annual health checks, dentist, GP and consultant appointments.
- People had hospital passports in place. These are documents that people take with them if they go to hospital to advise hospital staff on their health and communication needs. Staff supported people during hospital stays including on a one to one basis if required.
- People's oral health needs were met by staff having clear guidance on how best to support people with cleaning their teeth and addressing their individual needs, for example risk of choking.
- The service made referrals to specialist healthcare professionals where needed and supported people by following the professional's advice. They worked with physiotherapists, speech and language therapists and occupational therapists. The provider also had their own internal specialist teams to support people and advise staff on how best to meet people's needs. Staff were able to access expert advice about how to interpret people's behaviour and support them better.
- The registered manager was able to check that people's health needs were being addressed and hospital passports were in place via their online manager's assurance tool where staff recorded the information and the registered manager checked it.
- The provider ensured staff had training about health conditions of the people they supported, for example epilepsy.
- Staff supported people with weight loss programmes where a person wanted or needed to lose weight for health reasons. One person had been supported to attend a weight loss group where they had been very successful in losing weight.
- Relatives told us they thought people's health was well looked after.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

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 were supported to lead their lives how they wished. The protected characteristics of the Equality Act 2010 were considered by the service when planning care and staffing requirements.
- Women who needed support with personal care always had this support from female staff.
- Staff supported people to attend places of worship where they liked to do this to meet their religious needs. One person was supported to attend religious events and had been on pilgrimages and holidays with their religious group.
- We observed staff interact well with people and we saw people felt comfortable with staff they knew. Those people who could speak to us told us they liked staff and made positive comments about the staff who supported them such as, "They help me a lot." Other people smiled and responded positively to staff who were able to communicate well with people by interpreting their sounds, facial expressions and body language.
- In one video call with three staff and three people they supported there was a lovely friendly and respectful relationship between people and their staff. One person and their keyworker told us of an example where the staff member had given the person emotional support and helped them in a person-centred way to deal with a difficult situation.
- One person told us they thought they had not been treated well by specific staff and the registered manager was dealing with this appropriately. Relatives of people who could not talk to us told us that staff were supportive and kind.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The service had a culture of listening to people and respecting their rights to privacy, dignity and independence.
- Support plans recorded that staff had shown people pictures and explained their support plan to them.
- Staff told us how they supported people to maintain their privacy and dignity. They supported people with personal care discreetly and with doors closed. They respected some people's need for private time alone.
- Where people were unable to express their views, the service sought information from people who knew them well to ensure they were providing support that met people's wishes. Some relatives told us they had been fully involved in planning their relative's care. Their comments included; "My daughter is very happy and content," "They involve me in everything, I am completely involved. The staff are absolutely excellent." And, ""I can't speak highly enough of staff. They care for my son as well as I do."

- Staff told us how they encouraged people in developing more independence and making choices. Three people told us how they led as independent a life as they were able to. One person told us they went to the shop alone every day and made their own lunch. Another person told us they went to cafes on their own and to visit friends. One person said, "They help me clean. I try my best." We saw staff encouraging people to be as independent as they could in day to day tasks.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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 respected people's individual needs and preferences and supported them to make their own choices.
- Staff offered people choices of food, activity and clothing each day. Where a person did not want to have a shower, take their medicines etc a gentle approach of encouragement, and a different member of staff offering support was followed.
- Staffing in the service was planned to meet people's preferred lifestyles, for example there were more staff on duty at times of the day where people wanted to go out to planned activities.

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 led ordinary lives doing things they wanted. People went out to eat, shopping, to the zoo, social clubs, for walks and to places they enjoyed. Some people attended day services or education. As well as individual activities staff supported people with group social activities and holidays. During the inspection four people went to the theatre and an overnight stay in a London hotel. The service tried to ensure people had interesting lives. At home people had support to do what they liked for example watch television, art, cooking, games etc.
- People's care and support plans described their support needs in all areas of their lives.
- People maintained relationships with family and friends and staff supported them well with this. One person told us they visited a friend regularly. Relatives told us that staff supported their relative to come and see them and that they were welcomed to visit people at any time. Two relatives told us they visited unannounced regularly and were always welcomed.
- It was not clear whether the service effectively considered compatibility when they received a new referral for a person to move into a supported living tenancy house. One person told us their needs were incompatible with other people they lived with. Records showed another person who had left the service had needs not compatible with the people they lived with. The registered manager said they were addressing this issue.
- People who were able to talk told us they received good support. With other people we observed staff knew their needs well and they had positive relationships. All the interaction we observed in three houses was very positive and mindful of people's individual needs and personalities. One service manager told us; "Staff are very responsive to the people we support."
- Relatives gave us positive feedback about the service. Comments included: "He's been there 25-30 years and he's very happy there, I don't think we would fault it at all", "The care is excellent", "Staff are very good" and "He is always happy to go back there."

Meeting people's communication needs

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

- People's communication needs were recorded in their care plans. As some people did not communicate verbally, the communication care plans included guidance for staff on how to interpret certain behaviours as a means of communication and whether the person understood or used any sign language or pictorial communication methods. We saw staff communicating effectively with people.
- Staff had training in positive behaviour support to understand what people's behaviour was trying to communicate.
- The provider's written procedures were available in easy read and pictorial forms to help people understand them.

Improving care quality in response to complaints or concerns

- There was an effective system for recording and responding to complaints.
- There was a clear complaints procedure in place. Relatives of people using the service told us they would approach either the service manager or key worker with any complaint or concerns. They said they felt confident that any concerns would be addressed. Some relatives told us of concerns or suggestions they had raised, and these were acted on. One relative said, "Yes they have dealt with issues raised. We went over the manager and it was sorted out quickly. Good at that. We can go direct to Royal Mencap if we want."
- Staff also said they felt comfortable in raising any concerns and making suggestions for improvements.
- We saw information for people displayed telling them who they could contact if they had any concerns. This included photographs of managers and their phone numbers. One person told us they had raised a concern and that they were satisfied with the way it was dealt with.

End of life care and support

- At the time of the inspection, the service was not providing end of life care. The people in the supported living services had their wishes for the end of their lives recorded where appropriate. The service had supported them with this and with funeral plans. The service had worked with palliative care professionals to support a person at the end of their life. Staff had good understanding of how a death of a person might have affected their housemates.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- There were systems in place to monitor the quality and safety of the service. This included daily, weekly and monthly checks of finances, health and safety and medicines.
- The provider had a quality team who carried out audits in the service as well as giving advice. There were specialist teams such as fire safety and positive behaviour support. However, although the systems and tools were comprehensive, they had not identified and addressed some of the safety concerns that we found at this inspection and which are described in the safe key question section of this report.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were assured that senior managers would act on the concerns immediately.

- The registered manager held regular meetings with the service managers and spoke to them frequently in order to keep an overview on what was happening in each service.
- The registered manager and staff had a knowledge of regulatory requirements. They were supported by the provider's compliance team which ensured all required notifications were made to CQC.
- The provider had an App called "What matters most" where people's risk assessments and support plans were recorded and could be reviewed remotely by managers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider implemented a range of initiatives to promote a person-centred culture.
- The provider was working on promoting good cultures and empowering teams in services to take responsibility for the culture of the service. This had not yet been implemented in this service but there were plans to do so. Staff were aware of the initiative and preparing to implement the changes.
- There was one house where records indicated the culture might not have been as person centred as in other houses. We discussed this with managers who told us they were going to take steps to assess and improve the culture of the service with the support of the provider's quality team.
- Staff told us that people were at the centre of the service and they showed an inclusive person-centred approach to their daily work.

- Staff told us they enjoyed working for the service, they took part in regular team meetings and had regular individual supervision and worked well as a team to support people to live a good life.
- The provider sent out surveys to people using the service, families and staff to assess their satisfaction and see where they might want to make improvements.
- People had key workers and had regular individual meetings with their key worker to make plans and discuss their support needs and wellbeing.
- The majority of relatives told us that staff engaged with them often and they were satisfied with the level of communication. Most also said they would recommend the service. One relative said, "I am extremely happy with them." Others also told us they were happy with the service.
- The service worked in partnership with external professionals such as psychologists, occupational therapists and speech and language therapists to ensure best outcomes for people.

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 understood the duty of candour. There was an open culture and they listened to feedback and informed people when something went wrong, apologised and explained what the service intended to do about it.
- Despite this we were concerned that in two houses that people's families may not have been informed of issues that could affect their relative's safety or wellbeing.
- Senior managers were open, transparent and proactive about investigating incidents.

Continuous learning and improving care

- There were a commitment to continuous learning and improvements. The registered manager told us of initiatives the provider had implement to continuously improve the service for people.
- The manager's assurance tool was accessible to the registered manager and senior managers so they could continuously audit the service. They set actions for individual service managers to complete and monitored that those were completed. They also regularly visited the services to monitor the quality of care and knew all the people using the service well.
- The service analysed all incidents and debriefed staff as well as setting actions for improvement.
- Each service had an improvement plan.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not always fully assessed and action was not consistently taken to mitigate known risks.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The systems and processes in place to protect people from risk of abuse were not always effective.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems and processes in place had not identified some risk and quality issues.