

Sanctuary Home Care Limited

# Sanctuary Supported Living (Bromley Care Services)

## Inspection report

17/17a Park Road  
Bromley  
BR1 3HJ

Tel: 02084668177

Date of inspection visit:

14 July 2022

20 July 2022

26 July 2022

Date of publication:

07 October 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

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

Sanctuary Supported Living (Bromley Care Services) provides personal care to up to 15 people with a learning disability and/or autism in two supported living settings. Most people using the service also have a physical disability.

People using the service lived in one of two houses with shared communal facilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our visit, the service supported ten people on one site and five people at the other site.

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

#### Right Support:

Arrangements to support people to make decisions did not follow best practice in decision-making in relation to their support. The model of care and setting did not always support people's choice, control and independence. Although one site had wheelchair accessible cooking facilities, these were not utilised to foster people's independence and skills.

The service did not support people consistently to have the maximum choice, control or to be as independent as they could be. Arrangements to support people to make decisions did not follow best practice in decision-making in relation to their support.

There were sufficient numbers of suitably skilled staff to meet people's assessed needs. Staff knew people well and understood their communication needs.

#### Right Care:

The service at both sites was run more as a care home with group-based activity and planning, rather than a model of care that was fully person centred.

Some decisions in relation to activities, routines and food choices were made with staff as a group rather than supporting people with person centred planning and choices in these areas, to increase choice and meet their preferences in these areas.

People's human rights were not always promoted as their diverse needs were not assessed and there was

an absence of records to show how these were effectively supported.

People's care was not planned in line with best practice guidance; people were not supported to identify goals.

Staff knew how to keep people safe but risk assessments records did not always include risk management plans.

We have made a recommendation around the assessment and management of risks.

People and their families told us they thought people were safe and well looked after. Staff understood how to recognise and report any signs of abuse or neglect.

Medicines were safely administered and managed.

Staff enabled people to access health and social care support from health professionals. The service worked with people to plan for when they experienced periods of distress or anxiety. People were provided with information about the service in an accessible format.

Right Culture:

Staff were kind and considerate to people and interacted with warmth. However, the ethos of the service and staff behaviours did not always proactively consider aspects of people's support needs with a view to increasing their autonomy and empowering them to lead fuller lives in the community.

There was a system for monitoring the quality and safety of the service but this was not always effective and had not identified many of the issues we found.

The provider did not ensure staff training needs were fully monitored or that staff fully understood the training and were able to put it into practice.

The provider had an Equality Diversity and Inclusion Strategy and shared information about some campaigns and developments with staff. However, we found there was an absence of proactive provider leadership in terms of ensuring staff were supported to fully embed best practice in relation to people with learning disabilities.

Following the inspection the provider sent us information to show how they had recently developed resources for staff they were introducing to promote community involvement and person-centred planning.

Overall people and their families were positive about the management and staff at the service. People's views about the service were sought through tenants' meetings and key worker sessions.

Staff were positive about the support they received from the management team and the provider. They told us they worked well together as a team.

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

Rating at last inspection and update

The last rating for the service was at a different address and the name of the service has changed since the

last inspection. It was previously known as Sanctuary Home Care Ltd – Bromley. The last rating for this service was good, (Report published 9 July 2019.)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and to check if the service was applying the principles of 'Right support right care right culture.'

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

You can see what action we have asked the provider to take at the end of this full report.

The registered manager has taken action to start to address the issues we found.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sanctuary Home Care Ltd – Bromley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sanctuary Supported Living (Bromley Care Services)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

An inspector and two Experts by Experience carried out the inspection.

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 two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

The Inspection activity started on 14 July 2022 and ended on 26 July 2022. We visited one site and the location's office on 14 and 26 July 2022 and the other site on 20 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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

We used all this information to plan our inspection.

During the inspection

We visited the two sites where the regulated activity was provided and spoke with seven people across both sites about the support they received. Some people were not able to express their views fully to us and so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people using the service at one site and two people at the other site.

An expert by experience made phone calls to six relatives of people using the service to gain their views about the support provided.

We spoke with staff including the registered manager and deputy managers of both sites and five care workers across both sites.

We reviewed a range of records. This included five people's care records and five medication records. We looked at three staff files in relation to recruitment and training. We reviewed a variety of records relating to the management of the service, including audits and meeting minutes.

# 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 requires improvement. At this inspection the rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

- Risk assessment records did not always evidence that some risks were effectively assessed. Risk management plans were not always in place to guide staff on how to safely reduce risk. We were made aware of a possible risk from one person's distressed behaviour which was a known concern. There was a plan for staff to safely support them, but, there was no assessment of this risk or guidance for staff to follow to minimise the risk of harm to other people. There was guidance about falls risks in people's care plans but falls risk assessments had not been completed to provide a robust risk management plan.
- Risks in relation to lose or missing radiator covers had not been identified and reported to the landlord. This were acted on and addressed during the inspection.

We recommend the provider seek appropriate guidance on embedding best practice risk assessment and risk management.

- Other risks to people were fully identified and had clear risk management plans. For example, people had moving and positioning risk assessments, nutritional risk assessments and risk assessment in relation to specific health conditions such as epilepsy.
- Other risks in relation to fire, the premises and equipment were monitored and there were risk management plans in place to help ensure people's safety.

### Using medicines safely

- Staff followed safe systems to administer, record and store medicines. At our last inspection we identified gaps in the recording of prescribed creams. We found no gaps in people's medicines records at this inspection. Relatives told us they thought people received their medicines as prescribed. One relative said, "They know all about the medication they take and what to do if there is an emergency."
- Medicines were stored securely and safely. Staff were trained in medicines administration and management. Their competency to administer medicines had been checked through supervision to ensure they continued to follow safe procedures.
- Regular medicines audits were completed to help ensure medicines were administered and any errors identified and acted on.

### Preventing and controlling infection



- Infection prevention measures were mostly in place. However, we identified the stair bannister at one site posed an infection risk due to peeling paint and woodwork and kitchen flooring at one site also required replacement which had not been identified by the provider. One staff member was not wearing appropriate personal protective equipment (PPE) when we arrived at the inspection. These issues were acted on at the inspection.
- Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection. People said they were supported where possible to understand infection risks. They had access to easy read material in relation to COVID-19 and infection risk.
- Staff tested regularly for COVID-19. There were COVID-19 risk assessments and appropriate guidance for staff to follow to keep people safe.
- People and relatives told us that staff wore appropriate PPE and that the service was clean when they visited. Staff had supported people to remain as safe as possible during the pandemic. One relative remarked, "They wear masks and have good hygiene."
- Staff told us they mostly carried out the cleaning at both sites and there was a weekly deep clean carried out by a housekeeper.

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

- Staff protected people from neglect or avoidable harm. People using the service told us they felt safe living there and with the staff who supported them. We observed people felt at ease with staff and enjoyed their company throughout the day. People sought their advice or support freely.
- Relatives said they thought their family members were safe at the service. One relative remarked, "Yes [my family member] is very safe, when they come home, they are always quite happy to go back."
- Staff received safeguarding training and understood the signs of possible abuse and how to raise any concerns. The registered manager knew how to raise alerts with the local authority if needed and to notify CQC.
- Lessons were learnt from safeguarding and other incidents to improve safety. The provider and manager reviewed incidents and accidents and analysed them for any learning or patterns and trends. The registered manager said that learning was also shared across all the provider's services where it was relevant. We saw how action had been taken following a safeguarding concern raised with the local authority to reduce the risk of reoccurrence and learning was shared with staff.

Staffing and recruitment

- There were enough staff to meet people's current assessed needs. We observed there were enough staff to support people with their daily living tasks and meals and attend appointments at both sites on the day of the inspection. Two relatives told us they did not think there were always enough staff. One relative said, "I have found them short staffed." Another relative remarked, "Some activities have been cancelled because of lack of staff." We spoke to the registered manager who told us there had been difficulties with staffing and covering sickness. However, they had taken steps to recruit new staff and bank staff were now in place to ensure cover arrangements.
- Staff told us there were enough of them to meet people's needs, but there had been difficulties with staff sickness and vacancies and new staff had recently been recruited.
- The provider followed appropriate recruitment practices. Pre-employment checks were completed before new staff began working at the service. This ensured staff were suitable for their roles.

# Is the service effective?

## Our findings

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

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The principles of MCA were not consistently followed. Assessments of people's capacity to make specific decisions, for example in relation to their finances or medicines, had not always been completed and best interests' meetings had not been arranged in line with MCA principles.
- Staff told us they had received MCA training. However, they were not always able to explain their role where people lacked capacity to make a specific decision.
- The principles of MCA had not been followed to establish if there was a need to consider applications to the Court of Protection to authorise any deprivation of liberty for people's own safety.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Following the inspection, the registered manager sent us information to confirm they had started addressing this issue.
- People confirmed staff asked for their consent before they provided them with care or support, and we observed this to be the case. One staff member commented, "I always ask people how they feel about any support first and check for any signs they are not happy."

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

- People's needs were not fully assessed. There was no exploration of people's needs in relation to their protected characteristics such as their culture, sexuality or sexual orientation to aid staff to support them fully and equally in accordance with their human rights. There was no assessment of how to support their cultural identity, sexual orientation or heritage in line with their needs and preferences. Their support plans did not show that links to contact or support groups in the community had been actively explored. Their dietary needs in respect of their culture had not been assessed.
- Some general information in relation to protection from discrimination was found in one person's care plan but this did not guide staff on how best to support them when they encountered discrimination or racism or what their views or experience were.

This failure to have due regard to people's equality characteristics was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to start to address these issues during the inspection.
- Other areas of people's needs were assessed and care plans included assessments of the support they required with personal care, health, communication and emotional needs, as well as their preferences.
- Staff reviewed people's support and health care plans on a regular basis. These reviews took place with the involvement of people, their families and professionals.

Staff support: induction, training, skills and experience

- Some improvements were needed to ensure staff consistently had the skills, training and experience to support people with their needs. Staff received a range of training including specific training on learning disabilities and autism. However, we found some gaps in refresher training and training for new staff in relation to specific areas such as the administration of some emergency medicines and the use of evacuation equipment. This was addressed at the inspection and relevant training was booked.
- Training on the use of a new device to reduce choking risk had been introduced by the provider. However, staff we spoke with were not all confident in its use following the training. The registered manager told us they were arranging additional practical training via the local authority.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. Staff told us they received regular supervision and support to carry out their roles.

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

- People were supported to have enough to eat and drink. We saw people were offered food and drinks throughout the day.
- We observed the lunch time experience and saw people were given a choice about when and what they ate and drank. Staff encouraged people to eat independently through the use of adapted crockery. Staff engaged people in conversation while they ate and the atmosphere was relaxed. Staff were knowledgeable about people's likes and dislikes.
- Staff told us they encouraged people to eat a healthy balanced diet. Where people required modified diets, staff were knowledgeable about their allergies, needs, dietary requirements and any choking risks. Peoples' weights were monitored to alert staff to any sudden weight loss or gain.

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

- People were supported to maintain good health. People and their relatives told us they were supported to attend a range of health appointments which was reflected in their records. Recommendations from health

professionals were recorded and followed.

- People had health care plans which included important information about their health and a hospital passport which included key information about their medicines as well as their health and communication needs. This is used to ensure staff have relevant information about people when they go into hospital.
- Staff shared information appropriately with each other through handovers and with relevant services so that people's needs were met in a consistent and effective way.

# Is the service caring?

## Our findings

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

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

This meant people were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Improvement was needed to ensure staff consistently promoted people's independence. Some people's care plans referred to staff supporting people to carry out aspects of their own care such as food preparation, or cleaning or their laundry. However, we observed staff at both sites and staff told us they completed some of these aspects of their support for them rather than with them. One person told us they were recovering from a medical condition but their care plan did not demonstrate how they were being supported to increase their independence, autonomy and confidence in a planned way.
- We observed staff did support people to manage some tasks for themselves such as making a sandwich and at one site people made drinks for themselves. The registered manager told us they were hoping to convert an unused room at one site into a laundry room to increase people's ability to do their own laundry.
- People and their relatives told us they were treated respectfully. Staff gave examples of how they supported people with their personal care and ensured their dignity by covering them up as much as possible.
- We observed that staff treated people with dignity and respect in the way they interacted with them and sought their consent before they provided support. At one site the provider had appointed a dignity champion who spoke with us about their role and how they had advocated successfully with the landlord to improve the ensuite facilities at the premises to better support people's dignity.

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

- Improvements were needed to ensure staff consistently respected and supported people's equality and diversity needs. As these needs had not always been assessed, records lacked evidence that people's diverse needs were consistently planned for and considered.
- Staff had equality and diversity training and told us they supported people's equality characteristics. However, because these needs had not been fully assessed as we identified in the Effective key question, these were not consistently supported. For example, where people were from different cultures staff told us they sometimes provided culturally relevant meals. This was confirmed by the people we spoke with. However two people said this was not as often as they would like.
- People and their relatives commented positively on the care and support staff provided. Staff spoke warmly and respectfully about the people they supported. People had been living at the service for many years and were supported by long standing members of staff. Staff clearly knew people well and could describe their characters, preferences and dislikes, and interpret their body language.

- Where people needed the support of technology to communicate this had been identified and detailed communication care plans with relevant equipment were in place.

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

- People told us they were supported in making daily decisions about their lives and felt listened to by staff. We observed people were able to make choices about their lives, for example, where and how they spent their time.
- People had an identified key worker who they met with on a regular basis. The key worker's role was to build a more meaningful relationship with them, to understand better their needs and wishes.
- Regular tenants' meetings were held to encourage people to express any concerns or views about the service.

# Is the service responsive?

## Our findings

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

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

This meant people's needs were not always met.

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

- People had individual support plans but these did not always address all their needs. Staff were not guided to follow the principles of 'Right support right care right culture' and current best practice to empower people to live the best life possible and according to their preferences. Our observations were that people's support needs were often planned on a group basis. For example, in relation to meal planning and activities these were mostly group based. Staff said shopping for meals was planned at tenants' meetings and each person chose a meal they preferred. This meant that people's dietary preferences in a service with ten people were met every ten days rather than people developing individual weekly menus and being supported to budget and plan for these.
- People's care plans lacked information about their background and life experiences. Information about people's personal history could help staff to provide people with person-centred care and support that respects their individual wishes, needs and preferences.
- People had no recorded assessed goals or ambitions to work towards. One person told us they wanted to return to a job they had before COVID-19, but this had not been acted on.
- Records of care did not show how people were empowered to develop skills across aspects of their care and support, such as managing their finances or travelling independently. Records of key worker meetings were produced in an accessible format but did not demonstrate how people were supported to develop goals or be actively involved in some areas of their daily life, such as meal choosing and planning, or doing their laundry.

These issues were a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise people and their relatives told us they received individualised support that met their needs. One relative commented, "My family member is treated the way that makes them very happy." People had a care plan that addressed their support needs. Staff were aware of people's preferences about their support needs which were detailed in their support plan.
- People were supported with distressed behaviour through recognised models of support for people with a learning disability or autistic people. For example, where needed, positive behaviour support planning was used to support staff in their roles. This is a recognised approach to support people's distressed or anxious behaviour in a person-centred and least restrictive way.

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's autonomy and involvement in the community was not always actively or consistently considered. People had personal activity schedules but these were all similar, with 'in house group activity' a repeated theme, rather than individual programmes of activity based on people's preferences and strengths and aimed at social inclusion.
- Where people had their own vehicles there was no recorded assessment of how best to support them to utilise these to increase their independence and involvement in the community. One person had a part time job but there was no clear focus on supporting everybody to be actively engaged members of the community.
- People were not always supported to explore or enjoy a full range of activities. One person enjoyed music concerts but staff had not explored attendance at local concerts as a regular part of their lives in their local community. Another person liked to cook but only did this at the day centre.
- People attended day centres and where people were supported to go into the wider community this was mainly to shop, or go to the park, or for a walk rather than join a local club or take part in community or cultural activities relevant to their interests or needs.

These issues were a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had developed pen pal links with another service during the pandemic to help reduce social isolation.
- Staff supported people to maintain contact with family and people that were important to them. Families told us they were able to visit when they wished.

Improving care quality in response to complaints or concerns

- The provider had a system to manage and respond to complaints and people had information about complaints in accessible formats. Improvement as needed to ensure complaints were effectively responded to.
- Most relatives told us they had not needed to complain, but knew how to do so if needed. Where relatives had complained they mostly felt their concerns had been acted on. However, one relative said they had complained about poor communication and felt that things had not really improved subsequently.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were identified in their support plans. People were supported to gain access to equipment where this would help to enhance their communication skills.
- Information about the service was available to people in accessible formats such as easy read. There was information in accessible formats in relation to other areas such as support with job seeking, interviews and COVID-19
- The registered manager told us that if people required information in different formats such as Braille and large prints, they could organise this for them.



## End of life care and support

- There were arrangements to support people at this stage in their lives when this was needed.
- People's care plans included information on how they would like to be supported at the end of their lives, where people were willing to discuss this.
- The registered manager told us no one currently using the service required support with end of life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death in line with their wishes.

# 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.

Continuous learning and improving care

- The system for monitoring the quality of the service had not identified the issues and breaches of regulations we found at this inspection. Senior staff carried out regular audits of records, but the provider's quality team only audited the registered office site and not the other site where regulated activity was also carried out. Where they identified issues these were not always acted on in a timely way.
- The provider did not have a system to monitor service specific training to ensure staff had all the training they required to safely meet people's needs. The provider had not identified the gaps we found in some staff training. Records of this training were not always available which meant it was unclear how the provider was able to robustly monitor staff training requirements.
- The provider did not ensure that training provided to staff was embedded, for example in relation to the choking prevention device. Where the provider had identified gaps in staff knowledge during an audit, this had not led to any consideration around training needs. Some staff commented although they had equality and diversity training, they lacked confidence and guidance on how to support people with their diverse needs, particularly in relation to their sexuality.
- Health and Safety audits had not identified the issues with loose radiator covers and did not always accurately reflect issues that staff identified and raised with the landlord. Infection control audits had not identified issues we identified with infection prevention and control. We found some infection control issues with the stair bannister and flooring at one site which had not been reported to the landlord. Audits had not highlighted that some night staff had not taken part in a fire drill; this was acted on at the inspection.
- Accurate records of care were not in place as care plan records, key worker records and records of support did not reflect how people's needs in respect of their culture, religion sexuality were met.

The above issues are a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and management team were open to feedback and responded to the issues we raised and started to address them.
- The provider had a system aimed to improve care through audits and regional quality visits. Some audits did identify areas for improvement and support the monitoring of the quality of the service. Medicines audits were carried out regularly and there were regular checks on equipment and fire safety measures.
- The provider tried to encourage improvement through looking for innovation and nominating staff for awards.

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

- Improvement was required because the provider's ethos was not evidently based around the 'Right support right care right culture' principles or current best practice for people with learning disabilities or autism. People were not being supported or empowered to achieve the best possible outcomes. The service at both sites ran along the lines of group living and a care home rather than offering person-centred care that empowered people, encouraged their independence and ensured they were a part of the community. For example, at one site there were kitchens with wheelchair accessible worksurfaces to support people's skills in food preparation and cooking. However, these were not in use and staff cooked for people in one kitchen that was not adapted for wheelchair use.
- There was an absence of clear outcomes or goals to empower people and no records to evidence people's progress or achievement.
- People were involved in tenants' meetings and surveys where their views about the service were sought. Minutes evidenced where feedback from people was acted on. For example, in relation to suggested group activities. Survey feedback was positive and was discussed in tenants' meetings and any actions identified. However, relatives said they could not recall being asked formally for their views about how the service was run. The registered manager told us relatives were able to feedback their views at reviews.
- Workshops had been held with people in relation to areas like internet safety, job preparation or COVID-19 to help encourage awareness. However, there were no detailed records to show how these themes were explored with people and whether they needed individual follow up in key worker meetings.
- A staff member had been nominated and recognised as highly commended at the National Learning Disability Awards 2022 for the work they had done supporting people with holidays and one person to find employment prior to the pandemic.
- Following the inspection the provider sent us information to show how they had recently developed resources for staff they were introducing to promote community involvement and person-centred planning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager understood their role, the requirement to notify CQC of significant events and their responsibilities under the duty of candour.
- We had mixed feedback about the way the service was run. People and their relatives were mostly happy with the way the service was managed. One relative commented, "It is well managed on the whole although communication is lacking at times." Another relative said, "I would give them 10 out of 10."
- Staff were positive about the registered manager and management team. They told us they were approachable, responsive and would help directly with people's support if needed. One staff member said, "The manager and the deputy are very supportive, you can go to them with any questions. They update us with anything we need to know."
- Regular staff meetings were held to ensure staff were confident about their roles and responsibilities. Staff told us they worked well as a team and there was good communication between them. They commented that they had been well supported by the management team and provider during the pandemic, and felt valued by the service.

Working in partnership with others

- The service worked in partnership with health professionals and local authorities to support people's needs.
- There was regular liaison with day centres by phone. Where people were unable to express their views

verbally the registered manager said that communication books had been in use and they were looking to reintroduce these to give staff a better understanding of how people had spent their day and day centre staff an up to date picture of people.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person centred care that was appropriate to meet their needs and reflect their preferences. Regulation 9 (1)(a)(b)(c)</p>
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not always treated with dignity and respect as their independence autonomy, involvement in the community and their protected characteristics were not always promoted. Regulation 10(1)(2)(a)(b)(c)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Staff did not always act in accordance with the MCA 2005 to protect people's rights and best interests. Regulation 11(1)(3)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor the quality and safety of the service were not always effectively operated.</p>

