

Flourishgate Care Services Ltd

Flouishgate Care Services Barking

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Flourishgate Care Services Ltd provides personal care to people with learning disabilities or mental health needs in a supported living service. The service can support up to five people and at the time of the inspection, three people were using the service. People lived in shared flats in a residential area.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and the environment was not suitable for all people because the service did not fully consider if their needs could be met and if it was safe for them to be placed in the service.

We found that staff were kind and supported people to maintain their independence. Staff respected people's privacy and supported them to avoid social isolation. However, the attitudes and behaviours of leaders and staff required further reflection to ensure the service was safe and suitable for all people that used it. Managers did not always follow best practice to collaborate with health and social care professionals when making decisions about people's support requirements. The provider told us they would work to improve the culture and standards of the service so that people received the right care and right support.

The service was not safe because it was registered to support children and young people but there were no child protection procedures to help protect them from abuse. There were procedures for safeguarding adults and staff were aware of these.

Staff did not have sufficient training to ensure they had the right skills to support people whose behaviour could challenge. People were not assessed appropriately prior to them receiving support from the service to ensure their needs could be met. This meant their safety was being put at risk.

There were significant shortfalls in the management of the service to assess, monitor and mitigate risks to people. The provider did not follow procedures adequately enough to ensure the service was safe. Risks to people were not assessed and monitored effectively. Systems in the service did not enable suitable

assessments of people's needs to be carried out when they were referred to the service at short notice. Incidents and accidents in the service were not appropriately reviewed and analysed to prevent reoccurrence. The provider had delayed notifying the Care Quality Commission of a serious incident that occurred in the service. Providers are required to notify the CQC of incidents without delay but the provider sent their notification after a two week delay.

Staff followed infection control procedures and people were protected from the risk of infections such as Covid-19. There were suitable numbers of staff in the service and they were recruited safely. Staff told us they were supported by the registered manager but they had not received formal supervision to discuss their performance and any concerns they had.

People maintained their health and nutrition with food and drink of their choice. They were supported to take their medicines. People's communication needs were assessed. People were supported to avoid social isolation and follow their interests. There was a complaints procedure for people to use. There were systems to obtain people's feedback about the service.

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

Rating at last inspection

This service was registered with us on 15/01/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service may have been harmed. 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 risks to people in the service and the level of staff training. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Flouishgate Care Services Barking

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

The inspection team consisted of two inspectors.

Service and service type

This service provides care and support to people living in one 'supported living' setting, 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.

The service had a manager registered with the Care Quality Commission, who was also the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 25 January 2021 and was announced. We gave the provider 24 hours' notice because we wanted to be sure that a member of the management team was available to support us with the inspection. Inspection activity started on 25 January 2021 and ended on 1 February 2021. We visited the office location on 25 January 2021.

What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. 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 spoke with the registered manager. We reviewed three people's care records and risk assessments. We looked at medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service by telephone and with two members of staff. We contacted social care professionals for their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. The provider is registered to support children and young people under the age of 17, as well as adults. However, there were no child protection or child safeguarding procedures to help protect them from abuse. This meant staff did not have the necessary guidance informing them of how and where to report allegations of child abuse and access child protection services. This could put younger people using the service at risk.
- Records showed staff had received training in child protection. After the inspection, the provider confirmed child protection training was provided to more staff. However, we were concerned the provider had accepted young people to be referred to the service without having child safeguarding systems in place. We were also concerned the registered manager, who was also the director, told us they had many years' experience of working in the care sector, however, their experience of working with children was limited. They said, "I want to help young people as much as I can when they are in trouble or having difficulties at home. So we take on emergency placements."
- A recent incident in the service involving a young person led to concerns from local child safeguarding teams that the service was putting young people at risk. The registered manager told us they would develop a child protection policy for the service and seek advice and guidance from suitable statutory agencies about supporting children safely.
- We found issues similar to the concerns of the local authority safeguarding team. Young people had been inappropriately accepted by the provider and placed in supported living accommodation, where another person presented specific risks to other people in the service.

We did not find evidence of people being harmed but systems were either not in place to demonstrate all people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider provided us a copy of their child protection policy, which had been developed in partnership with a care management consultant.

- There was a system for safeguarding adults and staff told us they knew the process for reporting abuse. A member of staff said, "I would report abuse to the local authority or the police. Abuse can be physical or financial."
- People in the service told us they felt safe. One person said, "Yes I feel safe. The staff are good and caring."

Assessing risk, safety monitoring and management

- Not all risks to people were assessed effectively. People placed in the service in an emergency did not have sufficient risk management plans in place, particularly to meet their psychological or mental health needs. For example, for one person, the management team relied mostly on assessments carried out by the local authority.
- The registered manager consulted with relevant professionals to help determine how to support the person and ensured they received 1:1 support from staff, meaning a staff member was with them at all times. However, the provider had not carried out their own assessment of their risks for when the person first started using the service, thereby failing to take measures to help keep staff and the person safe.
- After our inspection, the registered manager sent us a copy of a risk assessment and management plan for the same person. It was dated 22 December 2020, which was two weeks after the person was first referred to the service and four days after they were involved in a serious incident in the service. This meant the provider was not effectively monitoring risks.

Systems were not in place or robust enough to demonstrate all risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection, the provider told us they had amended their policy in respect of emergency placements and they would now complete full assessments of people within 24 – 48 hours after they had been referred to the service.

- For other people, risk assessments were included as part of their support plans and were carried out by the provider. These included risks around people's behaviour, nutrition, medicines, personal care, mobility and health conditions they may have.
- Guidance was in place for staff to reduce these risks. If people had conditions such as diabetes or were at risk of falls, staff were provided information on action they should take to prevent people coming to harm. For example, staff supported one person to manage their medicines for their health conditions by making sure medicine records were accurately completed.
- Staff told us the risk assessments provided them with enough information about people to help keep them safe. A staff member said, "Yes the assessments are very good and help me understand what I need to do to manage risks."

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents, but they were not being used effectively.
- There were procedures for recording incidents and accidents and drawing lessons to minimise a repeat of similar incidents. We viewed these records but they showed they had not fully utilised what lessons they could have learned when things went wrong. Incident forms contained a section for detailing the 'remedial action taken to prevent a recurrence to remove the original hazard or danger.' We found these were nearly all blank or incomplete, which meant procedures for recording incidents were not being followed.
- Please see the Well-Led section of the report for action we have asked the provider to take in this area.

Preventing and controlling infection

- The service had procedures to prevent and control infections, including Covid-19. The provider ensured people using the service were aware of government guidelines such as social distancing, wearing face masks and regular hand washing to help avoid the risk of catching infections. People and staff were tested regularly to check if they had the Covid-19 virus and there were procedures in the event they tested positive to minimise the spread.

- Staff used personal protective equipment (PPE) such as disposable gloves, masks and aprons when providing personal care to people. Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

Staffing and recruitment

- Staff told us staffing levels in the service were suitable for them to be able to do their jobs well. A staff member said, "We have enough staff to cover each other."
- People told us they were supported by enough staff. One person told us, "Yes, there is always someone around to talk to." Some people in the service required more intensive support. They required one to one or two to one support meaning they had one or two staff with them for certain times of the day, due to their needs. Records showed the service was able to maintain this level of support and ensure the right levels of staff were in place for people.
- Staff were recruited safely. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. Staff completed application forms, provided references and proof of their identity.

Using medicines safely

- People were supported by staff to take their medicines. There was a procedure for the administration of medicines and protocols for 'as and when required' also known as PRN medicines, such as pain killers. Information about people's medicines and what medical conditions they were used to treat were included in people's care plans. This helped staff understand how to support people with their medicines. One person told us, "The staff are helpful and support me to take my medicines on time."
- Staff completed medicine administration records (MAR) to show that people's prescribed medicines had been given to them. Staff had received training in medicine administration. We saw that people's medicine records were completed accurately. A staff member said, "I received training in medicines and know how to help people take their medicines. We record them in MAR sheets."

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

This is the first inspection for this newly registered service. This key question has been rated 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 were not fully supported with the appropriate training to enable them to carry out their roles. The training programme did not include specific training to support people whose behaviour could challenge or positive behaviour support.
- We had been made aware that staff did not always respond appropriately when people in the service displayed challenging behaviour. Records showed people entered into a 'behaviour contract' with the service to encourage them to refrain from anti social behaviour. There was a policy in place relating to behaviour that could be violent or aggressive but staff had limited training in this area.
- There was a policy on restraint for the service. Restraint is a physical intervention against a person and is used to restrict their movement to prevent them harming themselves or others. We found staff had used restraint in an emergency but they had not had the training on how to use restraint safely and appropriately. This could cause physical harm to people.
- Staff were not supported with regular supervision. They discussed their work and concerns in informal chats with the registered manager.
- Not all staff had received a formal supervision in line with the provider's supervision policy, despite the supervision policy stating it was required every three to four months. The registered manager told us providing staff with one to one supervision and sourcing certain training had been difficult due to the coronavirus pandemic. They said they would improve upon this in the coming year.

Whilst we understand the pressures providers are under at this time, we were concerned the provider had still accepted people into the service when staff were not fully prepared with the skills, training and experience to support them. These concerns were a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager showed us they had booked staff to complete specific training on challenging behaviour and physical intervention.

- Staff training included topics such as safeguarding adults, child protection, risk awareness, infection control, learning disabilities and autism awareness. The induction included meeting the registered manager to discuss policies, protocols and areas of responsibility.
- We viewed a training log which detailed when training was completed and when the training qualification was due to expire. The registered manager told us staff would receive refresher training after their training had expired.

- People and relatives felt staff were knowledgeable and understanding of their needs. One person said, "Yes the staff are very good and know what they are doing." A member of staff told us, "The training was good and helped me learn."
- Staff told us they were supported by the registered manager. One staff member said, "[Registered manager] is very good and helpful."

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

- Before most people used the service, an assessment of their needs was carried out to determine if the service was suitable for them to be supported. Assessments of their needs and circumstances, such as their health conditions, behaviour patterns and levels of independence were undertaken.
- Some people were placed in the service in an emergency but their needs were not fully assessed to determine if the service was suitable and if staff had the skills to meet their needs. For example, the service had supported one person with specific health conditions such as Attention Deficit Hyperactivity Disorder (ADHD) and profound learning disabilities. It was not clear from their assessment how they would be supported to ensure some of their specific needs could be met. There was not a suitable risk assessment or admission assessment for managing behaviour that could challenge for this person, which could put staff and people at risk of harm.

The provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider told us they had amended their policy in respect of emergency placements and they would now complete full assessments of people within 24 – 48 hours after they had been referred to the service.

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

- People were supported to live healthier lives. One person told us, "Yes, I try to eat well and make and buy the food I like. The staff assist me with this."
- People were supported to prepare meals and eat as healthily as possible. For example, one person's care plan stated they would be supported to plan, purchase and prepare healthy nutritious meals that was appropriate to their health needs. Staff confirmed they supported the person this way.
- Records showed people had access to health professionals such as GPs, dentists and social workers for additional support and to ensure they had regular checks on their health.

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.

- Staff were aware of the principles of the MCA and had received training. Staff told us they always requested people's consent before doing any tasks. A staff member said, "I encourage clients to make choices and decisions for themselves and support them. For example, what they want to eat or what clothes to wear."
- Records showed that people's consent had been sought prior to receiving care from the service.
- An MCA policy was in place. People's ability to make decisions had been assessed and was included in their support plans. The registered manager told us they were aware of the procedures to follow should an MCA assessment be required. A person told us, "They discuss my needs with me, they support me with everything, they listen and help."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were mostly involved in the decisions made about their care and support. Their choices and preferences were understood by staff.
- Care and support plans showed most people had been involved with the support they received. One person said, "Yes I have seen my support plan. I agreed it."
- However, one person was hastily moved to another property without due regard for process and whether it would be suitable and safe for them to move. The person agreed to the move but it did not appear they were given sufficient time to think about it. The registered manager had also not consulted external partners and care teams to check if it was safe to move the person to another accommodation.

The provider did not always collaborate appropriately with people when carrying out an assessment of their needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; equality and diversity

- Staff told us they understood how to treat people well and with respect, making sure they felt comfortable and safe. However, an incident in the service showed that further work was required in this area. Staff did not have the necessary information, experience or the sufficient amount of training to ensure they treated people with an understanding of their needs or supported them with their health and wellbeing. This demonstrated there was not an overall caring culture in the service. We have highlighted the need for appropriate staff training and needs assessments in the Effective section of this report.
- People told us staff were respectful and caring. One person told us, "I think the staff are very caring. They treat me very well. I am treated with respect." A staff member told us, "I have got to know the clients well as I support them regularly."
- Staff were aware of people's protected characteristics such as race, disability, religion and sexual orientation. Most people were supported to make their own choices and live a private life. The registered manager said, "We value people's right to live their lives. If people want to pursue a relationship with anyone, we will happily support this."
- People's cultural and religious needs were understood. A staff member said, "I have an understanding of equality and diversity. I treat people equally and respect their beliefs. For example, one person is Muslim and eats halal food. I respect this and support them to buy halal food."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff and their independence was encouraged. One person said, "My privacy is respected by staff. I get on well with them. They support me in my flat and are there when I need them." A staff member said, "We prompt and encourage people to do their own personal care. People's independence is important and we help them with anything they need. We respect their privacy by making sure doors are closed."
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This is the first inspection for this newly registered service. This key question has been rated 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 did not always receive care and support according to their needs. There was not a system for planning personalised care for people who had been placed in the service in an emergency or at short notice. Their full range of needs had not been assessed. For one person, the registered manager said, "We could not carry out a usual assessment but relied on the information provide by brokerage (local authority)." We looked at this assessment and while it contained important information, it did not set out the person's specific personal preferences and choices and how these could be met by staff. This meant care was not always person-centred.

This meant people's preferences and choices for their care and support were not being adequately reflected. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For other people, individual care and support plans were in place that included details of their histories and preferences. They also included details of people's cultural or religious beliefs. Care and support plans were produced to help people achieve positive outcomes, for example good physical health, mental health and personal skills, learning and development. For example, one person wanted to 'better manage their finances, participate in more leisure activities and have more regular contact with their relatives.' Records showed staff supported them with this.

- People's support was reviewed when needed and involved the person so that any changes in their needs were known and understood. One person told us, "Yes I feel involved with my support. The staff and managers always talk to me."

- Staff told us they updated each other during shift handovers and shared important information to ensure actions were followed up or taken in relation to each person's care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain relationships and pursue their interests which helped avoid social isolation. People had access to the internet in their own homes to help them in their daily lives. One person said, "I get to do some of the things I enjoy."

- The registered manager told us the pandemic had reduced the number of outdoor activities people could pursue and staff supported them with activities indoors to help with their stimulation and maintain their independence.

- Staff accompanied people outside if this was appropriate and part of their support needs. For example, to appointments, professional meetings, shopping and visits to family where it was permissible to do so.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff communicated with them well. One person said, "We understand each other well. The staff communicate with me nicely."
- People received easy read versions of information about the service. Their communication needs were described in their care plans. At the time of our inspection, people in the service did not have problems communicating with staff verbally. Staff told us they were able to communicate with people by using calm and reassuring language.

End of life care and support

- At the time of inspection, the service did not support people with end of life care. The registered manager told us that should they support people with end of life care in future, an end of life care plan would be put in place and they would seek advice from relevant professionals.
- Staff would be trained to deliver end of life care and would follow an end of life policy to ensure people were treated with dignity and respect.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints in a timely manner. There was a complaints policy and people told us they had access to the policy and knew how to make a complaint.
- At the time of inspection, no complaints had been received by the service. The registered manager told us they would deal with complaints appropriately and take action to investigate them should they arise in future.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- A serious incident took place in the service in December 2020, which led to police being called. At the time of our inspection, the case was under investigation. Providers are legally required to notify the Care Quality Commission without delay, of serious incidents that have taken place in the service, including matters involving the police.
- The provider sent us a delayed notification of the incident. This was of considerable concern due to the nature and seriousness of the incident. The registered manager told us it was an oversight and they would notify us of incidents or safeguarding concerns without delay, in future.

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

- The provider had not ensured systems in the service were adequate or robust enough to keep people safe. Young people had been placed in the service without full regard for their safety. There were no child protection procedures in place for staff to follow, which could put them at increased risk of abuse.
- Young people had been inappropriately placed because potential risks to them from other service users had not been fully assessed.
- Processes for people referred to the service in an emergency were not sufficient to ensure specific behaviours could be assessed and managed by staff. After the inspection, the registered manager sent us documentation to show some assessments had been carried out some weeks after the person was placed in this service.
- Staff told us they were clear about their roles and responsibilities to keep people safe and support them to live as independently as possible. They felt supported by the management team. However, they had not been sufficiently trained in key areas to ensure they had the skills to support people safely. This could put people at risk of unsafe care.
- Records showed the registered manager monitored the service by carrying out quality checks on care records and visiting people and staff on a daily basis to confirm people were safe. However, they had not identified the significant shortfalls we found in the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively assessed and managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was also the director of the service. They were supported by a service manager to help run the service.

Working in partnership with others

- The provider did not always work effectively with health and social care professionals. In response to the above-mentioned incident, we found the registered manager made a decision about one person's support arrangements. However, local authority commissioners and safeguarding leads told us they were not consulted about this to check if the decision would be in the best interest of the person and in accordance with their needs.

Partnership arrangements with external agencies were not robust in order to ensure people referred to the service could be supported appropriately and in collaboration with social care professionals.

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

- Other records showed people were supported to attend health appointments and staff worked with health professionals to monitor people's health.

Continuous learning and improving care

- We were not fully assured the provider had effective systems to provide a safe service. We found staff and managers were not analysing and reviewing incidents to prevent reoccurrence.
- We found multiple shortfalls and breaches of regulation throughout the service which put people at risk. The provider is required to take significant action to learn lessons and improve the service.

The service did not have effective systems in place to learn lessons and make suitable improvements to the service. There was a lack of good governance to assess and monitor risks to people. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager told us they were developing the service and would reflect and learn from mistakes the service may have made. We noted they were complying with actions requested by the local authority safeguarding teams following the incident.
- They provided assurance they would learn lessons to ensure the service make continuous improvements. They provided us with an example of how they reviewed a situation with one person to ensure they and other people using the service were safe.
- The provider sought feedback from people and relatives to help contribute towards the improvement and quality of the service.
- People told us the service was managed well. One person said, "[Registered manager] is lovely. He is a nice person and is very helpful."

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

- People told us they felt engaged with how the service was run. They were able to provide their feedback about the service and make requests about things they would like to help improve their experience. One person said, "I am very happy with how things are going. The managers ask me how things are and how they can help."
- The management team shared important information with staff either by e-mail or when speaking with staff on duty. The registered manager had not arranged meetings with staff due to government restrictions on large gatherings during the pandemic. They told us they planned to hold more virtual meetings in future

in order to meet with all staff at the same time.

- Staff told us they were supported by the management team. A staff member said, "They are very nice and approachable. They are very helpful and easy to talk to if we have any problems."

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>The provider was failing to ensure care that was provided was personalised. People were not receiving care that reflected their needs and preferences.</p> <p>Regulation 9(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was failing to ensure risks to the health and safety of people were effectively assessed upon their entry into the service, which could put people at risk of harm.</p> <p>Regulation 12(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider was failing to ensure there were robust systems in place to protect all people from the risk of abuse.</p> <p>Regulation 13(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

The provider was not supporting staff with relevant training, supervision and appraisals to enable them to carry out the duties they are employed to perform to keep people and staff safe.

Regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating effective systems to assess, monitor and improve the quality and safety of the services provided. They had failed to mitigate the risks relating to the health, safety and welfare of service users who may be at risk.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>

The enforcement action we took:

Warning Notice