

Dimensions (UK) Limited

Dimensions Bracknell & Surrey Domiciliary Care Office

Inspection report

First Floor 108, Venture House
Arlington Square, Downshire Way
Bracknell
RG12 1WA

Tel: 03003039029
Website: www.dimensions-uk.org

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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

About the service

Dimensions Bracknell & Surrey Domiciliary Care Office is a domiciliary care agency. The service provides support to older people, young adults, autistic people and people living with learning disability. Staff provide personal care to people living in their own homes and supported living settings. 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 the inspection 49 people using the service were receiving personal care.

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

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.

The provider was able to demonstrate how they were meeting most of the underpinning principles of Right support, right care, right culture.

Right Support:

Procedures did not always ensure suitable staff of good character were recruited to safely support autistic people or people living with learning disabilities. Risk assessments did not always assure risks to people had been mitigated.

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.

People experienced good continuity and quality of care from staff they knew well, which consistently achieved successful outcomes. There were enough staff to meet people's care and support needs. Staff had training in relation to safeguarding and knew how to report any concerns.

Staff were focused on people's strengths and promoted their independence, which meant people enjoyed an enriched and fulfilling life. People's needs were assessed, and care plans were developed with them, and their relatives where required. Where people had specialist diets, this was understood, and staff knew how to support people safely in accordance with linked positive behaviour strategies. Staff enabled people to access specialist health and social care support in the community.

Right Care:

People received kind and compassionate care from staff who protected and respected people's privacy and

dignity. Staff knew people well and responded to their individual needs, promoting equality and diversity in their daily support for people. We observed warm and caring interactions between people and staff. People's communication needs were clearly explored and documented. People were supported to maintain contact with people who mattered to them and to take part in activities that were meaningful to them. Staff engaged well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals when required. Staff treated people with dignity and respect.

Right Culture:

People were empowered live fulfilled and enriched lives due to the values, attitudes and behaviours of the management and staff. People experienced good quality care and support in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. People's care plans were person centred and reflected how people wanted to receive their care. Effective training and supervision enabled staff to provide compassionate and empowering care that was tailored to meet people's individual needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People's wishes, needs and rights were at the heart of everything staff did to support people. People and those important to them were involved in planning their care. Registered managers valued and acted upon people's views. The registered managers had developed an open culture based on mutual trust and respect, inclusivity and improvement, which enhanced the quality of people's lives. The service ethos built on transparency, respect for equality and diversity ensured the risks of a closed culture developing were minimised.

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 (report published 20 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We identified breaches in relation to recruitment, risk management and quality assurance of the service.

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

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 monitor the service and will take further action if needed.

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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Dimensions Bracknell & Surrey Domiciliary Care Office

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency which supports people living in 18 '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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were four registered managers in post, who were responsible for several

settings referred together as localities. Another locality manager had been in post for two months and had applied to become the fifth registered manager.

Notice of Inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2022 and ended on 31 October 2022. We visited the location's office on 19 and 20 October 2022 and carried out visits at two supported living settings where seven people lived.

What we did before the inspection

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 reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team, and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. 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 spoke with eight people who use the service and six relatives of different people. We spoke with 28 staff including the operations director (East Berkshire & Surrey), four registered managers, a locality manager awaiting their CQC registration, three assistant locality managers and 18 support workers. We also spoke with the regional managing director.

We reviewed a range of documents, including eight people's care records, multiple medicine records and daily notes in three different records systems. We looked at 13 staff files in relation to recruitment, staff training and supervision. These included the most recently appointed staff from each of the five localities within the service. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the inspection

After the site and home visits we continued to seek clarification from the provider to validate evidence found. We spoke with six health and social care professionals who engaged with the service.

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.

Recruitment and staffing

- The provider had not always completed required recruitment checks to ensure candidates were of good character and suitable to support autistic people and those with a learning disability, before beginning to work at the service.
- Records did not always demonstrate that robust checks in relation to staff conduct in previous care roles had been completed.
- Registered managers were not always aware they should be fully exploring prospective staff conduct in previous care roles and believed all such checks had been completed by the provider's recruitment team.
- Two of the newly appointed staff files supplied by the provider's recruitment team had required information missing and had not been checked effectively. For example, one file did not have a valid reference or evidence of the applicant's conduct in previous employment within a health and social care setting and the provider had not verified reasons why the previous employment had ended.
- Another applicant's selection interview record detailed their previous employment with children, which was not shown in their full employment history. The provider had not completed any further enquiries in relation to this employment and the candidates conduct and reason for leaving.
- This meant the provider had exposed people to the potential risk of being supported by unsuitable staff by failing to obtain the required recruitment information.

The provider and registered managers had not obtained all of the information required by regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (1)(a)(2)(a)(b)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had Disclosure and Barring Service (DBS) checks completed before they started supporting people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other staff files contained the required information, including people's right to work in the UK, health questionnaires, full employment histories, exploration of gaps in their employment and conduct in previous roles within care, together with work and character references.
- People and relatives told us there were enough suitably qualified staff to meet people's needs safely during the week and at weekends. One person told us, "There is always someone here to look after me, even at the weekends." Other people told us, "Yes there is enough [staff], yes and at weekends" and "Yes[there is enough staff] I can go out at the weekend if I want to." A relative told us, "Yes, it is safe. I have confidence and

trust in the staff. I have never had any reason to feel that staff do not really care or are not paying attention."

- Most people and relatives reported they experienced good consistency and continuity of care from regular staff who were very familiar with them and understood their needs well. One person told us, "The boss [locality manager] knows me really well and what I want." Another told us, "[Named staff] are really good. I have them most of the time and they are the best."
- However, one relative reported that there had been a high turnover of staff since the appointment of a new locality manager and the new staff did not know how to support and communicate with their family member as effectively as the staff who had left. The relative was concerned the rapid turn-over of staff, meant staff had not always had time to establish a trusting relationship with their family member and fully understand their complex needs and behaviour. They told us, "It has been an on-going thing because there has been a big turnover of staff, you get one [staff] in and you think we have a good team now. They do rely on agency staff particularly at weekends. Sometimes they [agency] are better than the full-time permanent staff" and "I am happier when she is with agency staff that she knows, than when she is with new Dimensions staff that she doesn't know so well."
- The management team told us there had been recruitment and retention issues relating to the geographical location of some settings and the complex needs of some people. Some registered managers referred to a 'staffing crisis' which had now improved. The crisis had required high levels of support from a preferred list of staff from one agency, which provided good continuity of staff.
- The management team completed staffing needs analysis to identify the level of staffing required to meet people's needs. The operations director and respective registered managers had engaged with relevant commissioners to secure more funding where required for some individuals.
- The management team had effectively assessed and monitored the risk regarding staffing and had frequently refused to take more care packages, until they had recruited further staff.
- Whilst the level of agency usage was recognised to be high at one stage, for example, 40 per cent in one setting, rotas demonstrated that deployed staffing levels consistently met the assessed staffing required to meet people's needs safely.
- The operations director was able to demonstrate a significant and continued reduction in the use of agency staffing across the service, since their appointment.

Assessing risk, safety monitoring and management

- Most people and relatives thought people's risks had been assessed and were managed safely. However, some relatives were concerned that reviews had not been recommenced after the COVID-19 pandemic.
- People's physical, mental health and social needs had been assessed. The provider had changed their support plan format and was in the process of implementing a new digital system.
- Registered managers and assistant locality managers told us staff did not have time to update and transfer plans whilst supporting people. Assistant locality managers told us they did not have sufficient time off rota to do so.
- The operations director and registered managers told us some localities had not yet converted people's support plans onto the new digital system. This was confirmed during our home visits and the respective locality service improvement plans.
- During a locality visit we reviewed the support plans and risk assessments for three people living in one supported living setting. These plans and risk assessments were last reviewed in May 2019 and had not been updated in accordance with the provider's policy. We were therefore not assured that all people's support plans and risk assessments detailed their current or changing needs.
- During another locality visit we identified support plans and risk assessments had not been loaded onto the new digital system. It was not always clear what steps staff had to follow to ensure appropriate risk mitigation reduced the risk of harm or injury to people.

- We found records had been updated with handwriting which had not been signed, dated or cross referenced. We were not assured the support plans and risk assessments detailed the current risks and changing needs of people. For example, one person's 'Mobility, slips and trips' risk assessment was a photocopy of version number 8, dated 14 June 2019. These details had been crossed out and amended with handwriting to read version number 11, dated 15 June 2022. There were no versions nine and ten available. An associated moving and handling assessment for this person was dated 14 June 2019. This document had not been signed to identify the assessor. A read and sign document circulated on 19 October 2022 had been signed by staff between 19 October 2022 and 22 October 2022.
- Support plans had hand-written notes on them stating 'updated', although no changes appeared to have been made.

The registered managers had not ensured needs and risk assessments were completed and reviewed regularly by staff, with the competence and experience to do so, and had not done all that was reasonably practicable to mitigate such risks. This was a breach of regulation 12 (1) (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.

Systems and processes to safeguard people from the risk of abuse

- When asked, "Do you feel safe with your support workers and if you didn't feel safe who would you talk to?" people told us, "Yes, I feel safe with [staff], she is the best [preferred staff]. I would talk to [preferred staff]" and "Yes I do feel safe and talk to staff if I'm worried" and "I live here now [supported living setting] and I do feel safe I would talk to the staff here like [named staff] because she is always here."
- The provider had systems, policies and processes in place which meant that any concerns were reported appropriately to relevant authorities and investigated.
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood their responsibilities to protect people from abuse.
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.
- Community professionals consistently told us that respective registered manager prided themselves on the responsive, person-centred approach of their service, ensuring people were safe and well cared for.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed annually by the provider's performance coach.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely. The registered managers completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The registered managers and assistant locality managers completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken.
- Staff understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- People, relatives and staff consistently told us the registered managers kept them fully informed regarding changes in government guidance relating to infection control during the pandemic.
- Most relatives thought staff protected their family members from the risk of infection and where necessary had completed best interests' decision-making processes. For example, one person said, "[Person] has received her vaccinations, the first two and then the booster, they [staff] prompted me so that [person]she could have a Covid jab and asked if me it was alright for [person] to have one, I am supportive of that. So, they are organising it again and [person] will be having their fourth one soon."
- Staff adhered to the provider's infection control policy and procedures and told us the provider had ensured there were ample supplies of personal protective equipment (PPE).
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food. Staff had completed relevant training in relation to infection control and food safety.

Learning lessons when things go wrong

- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly.
- Registered managers told us they strove to instil the right values in staff, so that accidents and mistakes were seen as an opportunity to improve the quality and safety of the service.
- Staff told us that any learning or changes to risk assessments were discussed in team meetings and during reflective practice sessions. This ensured they took the required action to keep people safe, by reducing the risk of further incidents and accidents.

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 for this key question has remained good.

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

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations.
- Support plans set out people's needs, promoted strategies to enhance their independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Most relatives told us care planning reflected continuity and progression towards people's longer-term goals. For example, relatives consistently reported that staff worked hard to promote people's independence and lifestyle skills.
- One relative told us they disagreed with the strategies being implemented by one registered manager. The operations director was aware of this concern and was engaged with the relative and other professionals to resolve the issues in the person's best interest.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant, high quality training in evidence-based practice, in the wide range of strengths and impairments people may have. This included, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions. Relatives consistently told us staff were trained to a high standard.
- People told us staff knew their health and wellbeing needs well. One person told us, "Yes they [staff] know what to do for me. They listen well."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff were able to explain how their training and personal development related to the people they supported.
- Some registered managers had identified, that due to staffing issues and not having sufficient off rota time to complete management tasks some supervisions were overdue. However, since completing the locality service improvement plans, all staff had received a supervision.
- Staff underwent an induction programme, which included periods of getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's complex needs.
- Staff were knowledgeable about and committed to using techniques that promoted the reduction in restrictive practice. The registered managers, locality manager and assistant locality managers checked

staff's competency, to ensure they understood and applied training and followed best practice.□

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

- People told us they enjoyed the food they prepared and ate. One person told us, "We have very good food here, we have 'Chicken Tonight' my favourite, looking forward to that. Always able to get a cup of tea." Another person from a different locality told us, "Yes, we choose, like today we had a sandwich for lunch and tonight we will have a cooked dinner, because we always like to have a cooked meal in the evening. They are nice meals."
- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by supporting them to participate in preparing some of their own meals.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health, for example; those who required support to eat more slowly or drink more.
- Community professionals consistently praised registered managers and staff for underpinning all of their other service delivery in conjunction with people's positive behaviour strategies.
- Dietetic professionals made extremely positive comments regarding the effective implementation of their guidance to support a person with complex needs and behaviour which was adversely impacting on their ability to eat and drink healthily.
- A professional told us, "In general, we have found [locality manager] and her colleagues to be enthusiastic and keen to engage with the recommendations we have made. They [staff] have attended a number of Positive Behaviour Support clinics, and it has been clear that they have also taken their experiences from earlier involvement and generalised these to benefit the support of other residents [people] in the settings where they work." Another professional who conducted an eating and drinking assessment was impressed how effectively the locality manager had used positive behaviour support strategies to support a person to eat and drink. The professional said, "It was clear how comfortable [person] was with [locality manager]." The sensitive engagement in line with the guidance and positive behaviour strategy was the key to achieving the successful outcome.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us that staff quickly provided effective support when needed.
- Staff promptly referred people to other healthcare services if they had concerns and worked effectively with other agencies, including social services, case managers, and health and social care professionals.
- Staff engaged with healthcare professionals to ensure people had the required support and equipment to promote their safety, independence and meet their health needs. For example, one person told us, "Yes and we are having flu jabs now, a nurse is coming here for the flu jab and the Covid jab. So, we won't get the flu or Covid. [Named professional] comes to the house to do the feet; she comes once every six weeks now. The optician makes sure you can still see everything; I go to have my eyes tested." Another person gave us a detailed explanation about how staff supported them with their oral healthcare.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- People were supported by staff to arrange and attend healthcare appointments.
- Each person had a health action plan which reflected the support they required to maintain good health and wellbeing, including an annual health check, screening and primary care services, in line with best practice for people living with a learning disability.
- The registered managers ensured appointed representatives and multi-disciplinary team professionals were involved in developing support plans to improve people's care.

- The provider worked effectively in partnership with health and social care professionals from different disciplines to benefit people and make sure there were no gaps in their care.

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

- The interior and decoration of people's homes was adapted in line with good practice to meet people's sensory needs. For example, some people had access to sensory rooms, which helped reduce their anxieties.
- When people moved into their homes family and staff supported them to redecorate and furnish to their tastes, using themes of their choice and favourite colours.

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 found the service was working within the principles of the MCA, appropriate legal authorisations were in place when needed to deprive a person of their liberty, and any conditions relating to those authorisations were being met.

- Professionals dealing with issues relating to consent, people's mental capacity and best interests processes made positive comments about the awareness and keenness of the registered managers to ensure people's human rights were protected. For example, one professional told us [Named registered manager] is not afraid to disagree with professionals' decisions and always has the best interest of the clients [people] at the front of their mind. They [registered manager] will seek help, advice and support and is highly regarded throughout the Community Team for People with a Learning Disability (CTPLD).

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 consistently told us they felt valued by staff who showed genuine interest in their well-being, quality of life and created a warm, inclusive atmosphere. People told us they experienced close relationships with respective registered managers and staff, with whom they had developed a special bond. One person told us, "This is my home. I love it here. I can do what I want." Another person laughed whilst telling us, "Yes I like [named staff] we have fun and the boss [locality manager] is alright sometimes."
- Most family members described the provision of support by staff to be very caring and compassionate. For example, one relative told us, "[Relative] has a good life there, he is doing amazingly well, and I massively appreciate the staff there who are very good." Another relative who had been an occupational therapist supporting people with living with dementia told us, "Quite honestly I feel that the staff are absolutely wonderful. I can do nothing but praise the staff that look after [family member with complex needs and diagnosed with dementia]. I think what they [staff] are doing is amazing."
- However, one relative was concerned about the turnover of new staff. The relative told us the provider's experienced regular staff and regular agency staff, who had provided care consistently for an extensive period, were very good, kind and caring. They told us, "The core staff are very good, including the long-term agency staff who often support [person] at a weekend. I do have concerns about some of the new staff who do not know [person] very well. They are inconsistent and may not stay for long [working for the service]."
- Care managers and visiting health and social care professionals, including CTPLDs, provided positive feedback, regarding the open inclusive culture within the service, similar to, "The managers and staff are all very welcoming and always have our vulnerable people's welfare at heart."
- Staff spoke with pride and affection about the people they supported. One staff member told us, "I am so lucky to work with [people]. It is a joy and a blessing, especially when you see [person] smiling and laughing and loving life."
- People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated. During home visits we observed people consistently received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks. For example, one new staff member told us, "The training and supervision has been great and really comprehensive. I liked how flexible the shadowing was, where I could stay shadowing for as many weeks as I needed to feel comfortable which in turn made me feel a lot more secure in what I was doing and I didn't

feel rushed at all. I'd also say my training was very much tailored to the people I support as it was active I'd be going out with people and experiencing all sorts of different situations with them so I got to know people quickly along with the intricacies of their personalities and needs. It was good that I wasn't just reading what to do on a piece of paper but being shown how to handle different situations in different ways and it really helped with my confidence in the role."

- Staff told us it was important to be patient and use appropriate and different styles of interaction with people, depending on how they were feeling. One staff member told us, "The manager [registered manager] has inspired us to develop our skills by getting to know and understanding the [people]."
- Professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress.
- We observed people making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes, especially when people changed their minds at the last minute.

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

- Most people and relatives told us they were enabled to make choices for themselves by staff who ensured they had the information they needed. People were supported to express their views and were given time to listen, process information and respond. We observed staff were calm and attentive whilst supporting people to express their views and be involved in making decisions about their care and planning daily activities.
- However, one relative thought some new staff accepted [person's] first choice, which would be the staff preferred option rather than fully exploring what the person really wanted to do. The relative stressed this was not the case with regular staff who had supported the person for a long time.
- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "If I want to don't want to do anything, I just tell the [locality manager] or [staff]."
- People, and those important to them, told us they took part in making decisions and planning of their care and risk assessments. We reviewed records which clearly demonstrated people's wishes in relation to whom they wished to be involved in their health care planning and decisions. Relatives consistently reported their wish that the level of engagement would be returning to that pre-pandemic.
- People told us staff were very good at supporting them to maintain links with family members and friends. One person proudly told us, when they wished to see their family, "[Relative] visits me from Wokingham, staff sort it out for me."

Respecting and promoting people's privacy, dignity and independence

- Staff followed best practice standards in relation to supported living services, which ensured people experienced privacy, dignity, choice and independence in their tenancy. People and most relatives praised the partnership working between the provider and local authority to arrange such 'lovely accommodation' to meet their needs and promote their independence.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed lifestyle plans which identified target goals, aspirations and supported people to achieve greater confidence and independence. People and most relatives spoke passionately about the commitment of staff to promote their independence and achieve their goals.
- Professionals consistently praised the service and staff for passionately respecting and promoting people's independence to live fulfilled and enriched lives. For example, one professional told us, "Thanks to the dedication of the [registered manager and staff], [person] has come so far and now appears to be enjoying life! They [staff] all understand [Person] and are able to anticipate many if not all their needs. [person] has a very trusting relationship with his support team and knows that he is safe."

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 key question has been rated 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 provided people with personalised, proactive and co-ordinated support in accordance with their communication plans, sensory assessment and support plans. For example, staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People and relatives told us that staff spent time exploring people's goals to ensure they were meaningful to them and how they could be achieved.
- People experienced high quality person-centred care, which had significantly reduced the level of behaviours they experienced which may challenge others. This had enabled people to access the community and take part in stimulating activities, which had enriched the quality of their lives. For example, we reviewed the support of one person who had been bullied during their childhood, which had caused low self-esteem issues, due to their need to wear spectacles and lead to them using a different name. Staff had built up the person's self-esteem to such an extent that they were now confident to proudly wear their glasses whilst accessing the community.
- Professionals consistently told us that the service was focused on providing person-centred care and support, which achieved desired outcomes for people. One professional told us, "I have worked with the service over the years and with the CTPLD. I have always found the managers and support staff very welcoming. They all have our vulnerable people's welfare at heart."
- Medicine administration records confirmed that people had consistently experienced a reduction in their prescribed medicines. The management team and staff were proud of the service's achievements in relation to STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with medicines. STOMP is about helping people to stay well and have a good quality of life.
- People and relatives were fully involved in the planning of people's care and support. They consistently told us the registered managers were passionate about enabling people to have as much choice and control of their lives as possible. One relative made positive comments about regular staff who had supported their family member for a long time but had raised concerns regarding new staff's lack of understanding of their family member's needs. The operations director and registered manager were engaged with the relative and local authority CTPLD
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service developed.

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 carers.

- People had individual communication plans that detailed people's preferred methods of communication, including the approach to use for different situations. For example, there were descriptions about how people presented when they were happy or unhappy, together with information about how to support them. During inspection we observed staff calmly talking with people using brief information, as they only processed a small number of words at one time, in accordance with their communication plan.
- Staff had good awareness, skills and clear understanding of people's individual communication needs. We observed staff knew how to facilitate communication when people with limited verbal communication were trying to tell them something.

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 encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis. For example, one person was a keen gardener and had been supported to grow their own vegetables, which were shared and enjoyed with friends they lived with. Another person was supported to enjoy their lifelong fascination with trains.
- People were supported to maintain relationships important to them. For example, one person was supported to maintain a relationship with their girlfriend, who was living in another locality setting managed by the service. The person excitedly told us, "I can't wait. I'm going to see my girlfriend today." The locality manager explained how staff were sensitively supporting the couple to manage different expectations within the relationship.

Improving care quality in response to complaints or concerns

- People and their representatives were provided with a copy of the provider's complaints procedure, which was available in an easy read format. People's relatives and representatives were aware of the provider's complaints process and knew how to use it.
- People knew how to complain and were confident the management team would listen and take appropriate action if they raised concerns. For example, one person who loved listening to music told us, "Yes, my speaker wasn't working, so I told [registered manager] and she had it fixed."
- The registered managers treated all concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with staff.
- The registered managers used feedback to drive improvements in the service. People, their representatives and professionals told us the registered managers worked hard to make improvements to improve the quality of people's lives.

End of life care and support

- No people were receiving end of life at the time of the inspection or anticipated to be so in the immediate future. People and their relatives had been provided the opportunity to discuss their wishes, which were regularly revisited. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not always been fully explored.
- People and relatives who were happy to engage in the process had completed end of life care plans which explored their wishes to experience a dignified pain free death.
- When people had died, professionals told us their wishes had been respected and they were treated with the utmost kindness and compassion to experience a dignified and pain free death. Professionals told us

the staff kindness also extended to people's friends and family and to people who had experienced bereavement.

- We spoke with one professional who told us, "I worked with [locality setting] staff when they had a [person] who was at end of life and her death was peaceful and content, surrounded with people that loved and cared for her."
- One professional praised the quality of care provided to a person who had been diagnosed to be end of life. They told us, "[Person] who has recently moved in to [locality setting] was diagnosed to be end of life but with the care that [person] has received since moving into this service they are no longer end of life. His quality of life has dramatically improved."

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

- The provider had failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations. The provider had not ensured that quality assurance arrangements were applied consistently.
- The provider had failed to identify and address breaches of regulation in relation to safe recruitment and risk management we found during the inspection. This exposed people to the potential risk of harm.

The failure to effectively operate processes and systems to ensure compliance with regulations was a breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered managers had identified improvements required in relation care plans and risk assessments in their locality service improvement plans. The operations director confirmed they had spoken with registered managers and had oversight of the work required. We were assured the required improvements had been prioritised.
- Individual registered managers and locality managers had the skills, knowledge and experience to perform their role. They demonstrated a clear understanding of people's needs and had clear oversight of the service.
- There was a clear management structure within the service and respective localities. The registered managers and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- In the face of increased staffing pressures, the registered managers and locality manager had consistently motivated and inspired their staff, which had resulted in a strong team spirit and high levels of staff satisfaction.
- The operations director, registered managers and locality manager were aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered managers, locality manager and assistant locality managers worked directly with people and led by example. This consistently achieved good outcomes for individuals, which had a significant impact on their well-being and the quality of their lives. For example, the personalised approach of staff has led to people becoming more settled and reassured, which promoted their confidence and enhanced the development of their independent life skills.
- The management team often worked alongside staff and monitored the quality of service delivery. This ensured people and staff experienced a consistent level of support. Rotas demonstrated there was always a designated manager available out of hours, which people, relatives and staff confirmed.
- Health and social care professionals were impressed by the person-centred approach of the individual registered managers and had confidence in the staff's capability to deliver good quality care to meet people's complex needs.

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

- People and relatives told us the staff were always open and transparent when accidents or incidents happened and were very quick to inform them and provide reassurance and the required information.
- The registered managers and locality manager were clear in their understanding of the duty of candour, notifiable safety incidents and knew the action to take should something go wrong to comply with regulations.
- The registered managers and locality manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.
- Professionals reported that the registered managers and locality manager were open and honest. For example, one professional told us, [Registered manager] is open and honest regarding the service and if all managers were as good, people with learning disabilities would have better quality of life."

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

- People, most relatives and those important to them, worked collaboratively with respective registered managers and staff to develop and improve the service. One relative praised the registered manager and staff saying, "[Person] has been in care for so long and over the years the type of service has improved enormously. This [supported living setting] is far superior. It is so nice that [person] is in such a small purpose-built environment, providing personalised care which has made a huge difference as well."
- The management team were highly visible and readily approachable. They spent meaningful time with people, relatives and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes. People's views were listened to and acted upon.
- When asked what they would like to change to improve the service, one relative said, "Nothing really. I am very satisfied indeed, I just can't praise the staff enough, they are marvellous, they send Mother's Day cards, Birthday cards, a gift and flowers at Christmas, things like that I think they are absolutely wonderful. They are always so nice if I speak to them on the phone, pleasant and friendly. 10 out of 10."
- The registered managers and locality manager recognised good work by individuals in supervisions and team meetings.
- Staff told us that the registered managers, locality manager and assistant locality managers actively encouraged them to discuss concerns and voice their ideas to improve the quality of care people received. We observed staff were highly responsive to suggestions and ideas, for example; changing plans at short notice to accommodate people's changing needs and choices.
- Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had arrangements to support the registered managers, for example, through daily telephone

conferences with the operations director and support from the performance coach whenever required.

Continuous learning and improving care

- The registered managers and locality manager consistently placed the views of people using the service at the core of their quality assurance processes. This was underpinned by a strong emphasis on striving for continuous improvement to achieve the best outcomes for people.
- The provider kept up to date with national policy and recognised best practice to inform improvements to the service.
- Learning from concerns and accidents was a major factor to enable the registered managers and locality manager to drive continuous improvement. For example, staff recorded accidents and incidents, which were reviewed daily by the registered managers, locality manager and discussed with the operations director. The provider fulfilled their responsibility to identify trends and took the required action to keep people and staff safe, by reducing the risk of repeated incidents.

Working in partnership with others

- Each individual registered manager and the locality manager were able demonstrate effective partnership working with other stakeholders to support different individuals within their locality achieve successful outcomes.
- Community professionals consistently spoke about the proactive 'can do' attitude of registered managers and staff, to implement their guidance to improve people's quality of life. For example, one professional told us, "I have found all the services to be very proactive and well managed." Another professional told us, "I have only good things to say about the two services I visit [supported living settings]. [The registered manager] is a wonderful manager and liaises with the community team when needed but is also very capable at getting their services to make reasonable adjustments for the clients [people] they support.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered managers had failed to ensure needs and risk assessments were completed and reviewed regularly by staff, with the competence and experience to do so, and had not done all that was reasonably practicable to mitigate such risks.</p> <p>Regulation 12 (1) (2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively operate processes and systems to ensure compliance with regulations, which had exposed people to the risk of potential harm.</p> <p>Regulation 17 (1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered managers had failed to obtain all of the information required by regulations to ensure the suitability of all staff employed.</p> <p>Regulation 19 (1)(a) (2)(a)(b)(3)(a)(b)</p>

