

Community Integrated Care South West Supported Living

Inspection report

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Date of inspection visit:
10 December 2021
15 December 2021

Date of publication:
11 February 2022

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

South West Supported Living is a supported living service. Not everyone who uses the service receives 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, the service was providing personal care to 15 people with a learning disability and autistic people across six settings in the Bournemouth area. There was a central office in Wareham.

The supported living settings varied between individual flats with sole occupancy to houses with shared living areas, kitchens and individual bedrooms.

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

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

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

Right support:

People and relatives told us how they or their family member could choose how they wanted to live and had the support they needed to do this. Staff encouraged people's choice and independence. 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.

Right care:

Care and support was not always provided according to people's individual needs and wishes. There had been some instances where staff had not always respected people's privacy and dignity. The provider had taken corrective action to prevent such instances re-occurring.

Right culture:

The service had been through a period of major staff changes at both a managerial level and with care staff, which had had a detrimental effect on the culture. Ensuring appropriately trained and experienced staff had been a challenge because of the COVID-19 pandemic. The provider had taken additional steps and put a plan in place to manage and support the service through this challenging time. The service had an ethos of providing person-centred care to encourage people to lead independent, inclusive lives.

Improvements were needed regarding staffing within the service. Some people told us they felt comfortable with staff and enjoyed their company. However, other people told us they did not like being supported by agency staff as they felt they did not support them as they preferred. The service was reliant on using agency staff to ensure people received their appropriate levels of care and support. Problems had arisen when new agency staff had been employed and people told us the new agency staff did not know how to support them how they wished.

We found inconsistencies in the risk assessment processes. Some people's risk assessments did not always inform staff how to care for people in the ways they wished. Some risks had not been identified and plans had not been put in place to manage them.

Improvements were needed to the providers governance systems. The systems in place for monitoring and checking the service was operating safely were not effective. The provider had a range of quality assurance processes in place; however, these had failed to identify the shortfalls we highlighted during our inspection.

We have made a recommendation regarding the providers complaint process.

Following the inspection, the provider confirmed they would review their quality assurance processes to ensure any future shortfalls would be captured and actioned appropriately.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular team meetings, supervisions and appraisals and completed a variety of training courses to enable them to carry out their roles competently.

The provider had an ongoing recruitment process in place and staff were recruited safely with recruitment processes for staff being well managed.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training and had their competency checked.

Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risks of infection. Government guidance regarding testing for COVID-19 testing for staff and visitors was being followed.

People's dietary needs were assessed and reviewed regularly. People received meals of their choice. Some people enjoyed planning and cooking for themselves with appropriate support from staff.

People had the support they needed with communicating. They were supported to keep in contact with their families, to develop friendships and to get involved in events that were important to them such as sport, work and hobbies.

People, staff and relatives expressed confidence in the service leadership. Relatives and staff told us it was an improving service and told us the management team were approachable and operated an open-door policy. Staff felt well supported and spoke of the open, friendly and supportive approach of the service leader.

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

Rating at last inspection and update

This service was registered with us on 24 August 2021 and this is the first inspection.

Why we inspected

This inspection was prompted in part due to concerns received about the lack of consistent, experienced staff and the disrespectful attitude of some staff. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe 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.

The provider has taken action to mitigate the risks highlighted during this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe care and treatment of people, the governance of the service and staffing.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

South West Supported Living

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 was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 December 2021 and ended on 15 December 2021. We visited the office location on 10 December and 15 December 2021.

What we did before inspection

We reviewed information we had received about the service from when it became registered with CQC. We reviewed information we had received from health and social care professionals who worked 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the service lead and four support workers. We sought and received written feedback from health and social care professionals who worked with the service.

We reviewed a range of records. This included six people's care records, three of those people's medication records, and four staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance records.

After the inspection

We reviewed documentation provided by the registered manager.

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 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 people could be harmed.

Assessing risk, safety monitoring and management

- Completion of people's risk assessments was inconsistent; this meant risks were not always identified and mitigated in order to keep people safe. Some people were at risk of self-harming. Risk assessments in relation to people self-harming had not been completed and behaviour support care plans did not contain information relating to self-harming.
- People had specific routines they needed to follow to maintain their sense of calm and well-being. These routines had not always been detailed in people's support records. This meant agency staff did not have the correct information to support people how they preferred and led to some people becoming anxious, lowering their mood and sense of well-being.
- External door sills did not have sill guards placed over them. This meant people who used wheelchairs had to tilt their wheelchair to gain access in and out of their flats. There was an increased risk of injury to people from tilting wheelchairs, risk assessments had not been completed to mitigate against this risk.

We found no evidence people that people had been harmed. However, systems were either not in place or robust enough to ensure 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) Regulation 2014.

The provider responded immediately during and after the inspection to mitigate against the risks identified during the inspection to ensure people's safety was maintained.

Staffing and recruitment

- People told us they were not happy they did not have a consistent staff team. One person told us that the agency staff did not know them and each time a member of agency staff came to support them they had to explain everything which took a long time. People told us they were not happy with the agency staff that supported them. People told us they were frustrated with the staffing situation. One person told us, "Agency staff don't listen, and they can't cook."
- We asked relatives if they thought there were enough staff to support people safely, we had a mixed response from relatives regarding the staffing at Red Oaks. One relative told us, "Honestly, no. [Person] likes to have regular staff, they use a lot of bank staff and it frustrates [person] a lot. I get frustrated as well when [person] rings and says there are more new staff." Another relative told us, "Yes there are regular staff always. Obviously sometimes its bank staff, but we've met everybody usually...it's the same staff we see."
- A member of staff told us, "I think it could be better, but everywhere I've worked there has always been an issue with staffing and recruitment. We manage, they are constantly recruiting, and the location makes it

difficult." Another member of staff told us, "We need more staff...we use agency, it can be the same ones (agency staff) but can also be new ones. It would be much greater help if we had the same individuals as some continuity...It's a massive problem generally."

- The provider had an ongoing recruitment process in place; however, they had not been able to recruit the numbers of staff they required in order to care for people safely. This meant they had to use a high number of agency staff both during the day and night to ensure people's safety. The registered manager told us the service was operating at 55% of their required staffing capacity of care and support staff.
- Where possible they used the same agency staff to ensure consistent levels of care, however this was not always possible. The effect of constantly changing staff had a negative impact on people's mood and sense of well-being.

The effects of a high use of agency staff had resulted in people feeling frustrated and had impacted negatively on their sense of well-being. This had placed people at a risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider responded immediately during and after the inspection to address the risks identified during the inspection; to manage the staffing team effectively and to provide people with consistent staff support.

- There were good recruitment practices in place and the relevant checks had been completed on all staff before they commenced their employment.
- Staff rotas correctly reflected the levels of staff on duty. People received the allocated levels of support as detailed in their care and support plans.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns.
- We asked relatives if they felt their relative was safe living at South West Supported Living. One relative told us, "Without a doubt yes, the carers are really great around [person] and understand [person] because [person] has an issue with getting used to new people and when [person] does they click." Another relative said, "Yes, because [person] is no different. I would know if [person] wasn't safe. Their communication is good through behaviour so [person] would express if they didn't feel safe."
- There was a safeguarding and whistleblowing policy that gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.

Using medicines safely

- Medicines were safely managed, stored, administered and disposed of. People received their medicines when they needed them. Regular medicine audits were completed.
- There were protocols in place for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicines.
- Where medicines were administered covertly, for example hidden in people's food, the required authority had been obtained from the pharmacist and GP.
- Staff who administered medicines had received up to date medicine training and had their competency checked.

Preventing and controlling infection

- The provider had a current infection prevention and control policy and kept up to date with current government guidance for the management of COVID-19.
- Staff received training in infection prevention and control and spoke knowledgeably about the risks of cross

contamination.

- Staff had regular testing for coronavirus. Supplies of personal protective equipment (PPE) were readily available for them and used effectively.

Learning lessons when things go wrong

- Staff recorded accidents and incidents on the computerised care recording system.
- There was a system in place to review accidents and incidents. This included reviewing incidents and events for emerging trends.
- Where appropriate, the learning from these events was shared with staff at team meetings, handovers and supervision sessions.

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 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

- Care needs were assessed for people before they started living at the service. Assessments were individual to each person and included guidance and information for staff to follow to ensure people were effectively supported in ways they preferred. Staff worked consistently with people to encourage and support their independence.
- The provider used an electronic system to record people's support and care plans, their daily notes and their health and aspirational outcomes. Care and support plans outlined what was important for people and the steps needed to support people to achieve good outcomes.
- People's health outcome information included what their health needs were, how to achieve them, the planned outcomes for people and the level and type of interactions people needed in order for them to achieve their outcomes.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge needed to perform their roles effectively.
- Staff spoke positively regarding the induction process they had received. The induction process consisted of electronic online courses. Staff told us once the constraints of COVID-19 had relaxed the provider would be able to use more practical face to face training sessions, which they all enjoyed. Practical training covered topics such as; moving and assisting and first aid.
- All new staff spent time shadowing more experienced staff, so they got to know the people before caring and supporting them independently. A member of staff told us, "The induction covered everything and was very supportive. ... I shadowed for two weeks, it gave me time to get to know people and their routines. We got enough time to read all the care plans in detail. Personally, I think this is a great idea, a much better way of doing it, I felt I was given enough information to care for people safely."
- The services own staff were well supported through training to provide effective care and support. Staff told us they found the training provided useful and well delivered. A member of staff told us, "It was really good training, it all came through on line, we have our own system with log in and passwords it was all there. ... I prefer doing it this way as I can do it in evenings and be more flexible. It's a good refresher, you are always learning new things. I've learnt buccal training, it is interesting to know, you can never have too much training."
- Staff received regular supervision meetings which they found helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further

or develop specific skills or training related to their interests. A member of staff told us, "I've just started my NVQ2 in Health and Social Care, I'm looking forward to it. I wanted to progress and I've wanted to do it for a while. My mentor is really supportive."

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

- People were supported to maintain and improve their independence by planning, preparing and cooking meals for themselves.
- People's dietary needs were recorded in their support plans and people were supported to ensure they received good nutrition and hydration. Staff understood people's dietary needs and ensured these were met. This helped to maintain and improve their health and sense of well-being.
- Where people had specific nutritional needs, clear guidelines were in place for staff to follow. For example, where people were at risk of choking, we saw staff followed the Speech and Language Therapy plan that was in place to ensure people's safety.
- People were encouraged to make their own healthy eating choices. A relative told us, "We email and talk. They are making sure [person] is not putting further weight on. They're getting a static bike for [person] for [person] to keep fit. They're always happy to try out our ideas."

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

- The service worked collaboratively with healthcare professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing and emerging health issues.
- People received an annual health check as per best practice for people with a learning disability.
- People received the support they needed to manage their health, including any assistance they needed to arrange and attend appointments with health professionals.
- The provider was in the process of completing 'Pictorial Hospital Passports'. Once completed these would give important information about each person, their likes, dislikes and things that were important to them. This information would need to be known if the person transferred to another service such as a hospital.

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 home 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 had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service. Where people lacked capacity to make decisions about their care and support, best interests' decisions had been made for them.
- A relative told us, "They are very receptive, [person] was being very restricted before (in previous placement). I'm bringing more things in for [person] to do...they try everything I suggest."

- Staff worked within the principles of the MCA and sought people's consent before providing them with assistance and support.
- Staff worked closely with people, their families and advocates to support people to understand the COVID-19 pandemic and to obtain their consent for people to receive the COVID-19 vaccine.
- The service involved people, relatives and relevant health and social care professionals in decisions involving people's health, care and support needs.

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 good. This meant people were supported and treated with dignity and respect; and involved partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Prior to the inspection we had received some information of concern relating to staff not always treating people respectfully. We discussed the incidents with the registered manager who confirmed suitable action had been taken and the agency staff concerned no longer worked at the service. The local safeguarding authority had investigated the concerns, found appropriate action had been taken by the provider and closed the incidents.
- We asked relatives if they felt their relatives were treated with dignity and respect. One relative said, "Yes, yes, I mean I only see them when we pick [person] up and drop them back, but they're always respectful". Another relative told us, "Yes I do. Yes, they are kind and caring."
- Staff understood the importance in respecting people's rights to privacy and dignity and this was supported throughout people's care and support records. Staff promoted person-centred values and ensured people were treated with dignity and respect.
- Staff actively promoted people's independence and people were encouraged to set themselves achievable, realistic goals to work towards, for example, getting to know their new surroundings, meeting the other residents and with staff support exploring the whole supported living site.
- Staff respected people's flats and bedrooms as their private space, seeking permission before entering.
- Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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

- During our inspection we found one person had consistently been voicing their views but no action had been taken. This had led to the person feeling frustrated and ignored. We discussed our findings with the registered manager who ensured the person's views were listened to and actioned before the end of the inspection.
- We asked relatives if they felt involved in discussions about their relatives' care. They told us, "Always, yes", "Yes, absolutely, I can pick up the phone anytime" and "Yes, I'm on board and they're brilliant, any issues I go in and they sort it."
- People were supported and encouraged to express their views about how they received their care. They were involved in day to day decisions and had control over their daily routines. People told us they felt comfortable talking and discussing issues with the care staff.
- People, their relatives and health and social care professionals were consulted in decisions regarding ongoing care and support. Care and support plans included background information about people's personal history and their known routines, activities and hobbies. This meant staff were able to support people in ways they preferred.

- Support plans considered people's disabilities, age, gender, relationships, religion and cultural needs.

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

- People were treated with respect, kindness and compassion and had built good relationships with staff. At Red Oaks supported living accommodation we observed a supportive, friendly community atmosphere with people chatting and laughing with each other, making good use of the shared outside spaces.
- Staff knew people well and spoke knowledgeably about each person, explaining people's likes, dislikes and what was important to them so they could provide the best support for people. A member of staff told us, "The staff team are great, we are very diverse, and we bring out the best in the residents. We work as a team, support each other, that's what we need. I also think it's good the diversity in the staff team, we are all different characters."
- The service took a person-centred approach to care and support. Staff were respectful about the people they supported and had completed training on equality and diversity. People's care plans and support records set out aspects of their characteristics and preferences to ensure their diversity was respected and they were treated equally.
- People had individual written agreements regarding living as a resident within South West Supported Living services. Where appropriate people had signed these documents. These outlined people were supported to achieve person centred outcomes, were given the opportunity to review their care and support, be supported to maintain their independence and highlighted the staff were there to provide support and care at any time.

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.

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy which included a pictorial version for people to refer to. The policy set out how people could make a complaint, and how the service would investigate and respond within a set timeframe.
- During the inspection one person told us they wished to make a complaint. Records showed this person had wanted to make a complaint previously but had not been supported to do so. We raised their concerns with the registered manager who spent time supporting the person to make their complaint.

We recommend the provider follows their complaint policy to ensure people's views are heard.

- Relatives told us they knew how to make a complaint and discussed with us circumstances where they had made a complaint. A relative told us, "I would be happy to but haven't had to", another relative told us, "Yes... I would tell them if I wasn't happy."

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

- Care and support plans were personalised and guided staff to support people in a person-centred way. Staff understood people's complex and sensory needs.
- A member of staff told us, "[Person] likes sensory noises, loud noises and lights. I took [person] to Weymouth and they could hear a loud jack hammer which made them laugh, so we stood there so [person] could hear it and be happy."
- The service used an electronic care plan system which staff told us they found useful and effective. We found some aspects of some care plans had not been updated with people's information. We discussed this with the registered manager who ensured the amendments were made.
- Care records included people's life histories, important relationships, their likes and dislikes. Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.
- Relatives confirmed people and families were involved in assessments and in planning and reviewing care if they wanted to. Each relative we spoke with told us staff did not rush their relative when providing care and support and they spent time with them.
- People's equality characteristics, such as age, gender and disability, were addressed in support plans.

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's communication needs were identified in their support plans and care records. Staff responded to people's communication needs appropriately, using gestures, signs and reading body language for people who could not communicate verbally.
- Staff spoke knowledgeably about each person's communication methods and demonstrated how people communicated when they needed support, became anxious or wanted time alone.
- The service provided information in an accessible format, where people and relatives needed this, such as easy read versions of support plans.

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

- People were encouraged and supported to take part in social events and activities if they wished and supported to take part in a range of activities, day centres, community provisions, hobbies and visits out to places they enjoyed.
- Some flats had small private garden spaces that people enjoyed and provided them with their own outdoor space to use as they wished. One person showed us around their garden, which they enjoyed spending time in during the warmer weather.
- People were supported to see their family and friends regularly to ensure people maintained relationships that were important to them.
- A relative told us, "I've dealt with lots of places along the way. This place is the first time I don't feel on edge... If I say what I think they will say OK, we will change it. [Person] is more settled and able to access the community. [Person] has been swimming, to the Christmas Fayre, to the supermarket... they are living a normal life."
- A member of staff told us, "Relatives pop in often. I know [persons] parents and I went to [another person's] grandfathers house recently and met another [persons] parents, they all come and go, they are very happy."
- People received support and learning around key life skills to maintain and develop their independence. Key life skills included, choosing what clothes they would like to wear, tidying their bedroom, sorting washing and planning shopping trips for their meals.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. Where appropriate people had 'do not attempt cardiopulmonary resuscitation' instructions in place.
- People's care plans included a section on 'My wishes in the event of my death'. Where people and their relatives had agreed these had been completed.

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 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; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. These systems had not identified the shortfalls we found during the inspection. For example, the systems had not highlighted the risk of harm to people.
- The quality assurance systems had not always highlighted when people were low in mood which impacted negatively on their sense of well-being.
- The provider's system of audits had not identified the weaknesses we found during our inspection. For example, information of concern and alerts had been raised by staff and recorded in the electronic record system, but these had been closed without action being taken.
- Records were not always accurate and complete. For some people the one-page profile document lacked detail and information on how to provide safe care and treatment to people, that was particularly important to them.

We found no evidence that people had been harmed; however, the provider had failed to ensure governance systems were operating effectively to ensure risks were managed and audit processes operated effectively. 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 provider responded immediately during and after the inspection. Additional training and support for staff was put in place and quality assurance and audit systems reviewed to ensure future shortfalls would be actioned.

- Since being registered the service had gone through major staff changes at senior and middle management levels. This had led to an unsettled period. The provider had identified the service needed additional support and had put an on-going action plan and bespoke support process in place to address any weaknesses. The service now needed a period of time for these changes to be implemented and the new systems to bed in and become effective.
- Relatives and health and social care professionals told us the service had been unsettled and problems had occurred, however relatives said it was now improving and praised the current management team. A relative told us, "[Person] has been the manager since [person] left. They don't mince their words and what they say will happen. They are there for every individual which is great."
- The service was in the process of sending out their annual survey of people and relatives. However, there

was ongoing regular communication with relatives and health and social care professionals. People told us they felt comfortable to raise their views with staff.

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

- The service had been through a period of change which had led to some problems and unsettlement for people. The main concerns raised by relatives, health and social care professionals and people concerned the use of agency staff, which they felt needed to be improved. The provider had an active recruitment campaign and was including and involving people in the recruitment of new staff.
- Staff spoke of the open and honest management style and told us they felt well supported. Comments from staff included, "I really enjoy it. I find it's really rewarding. ... I'm really happy we have good communication. Manager has an open-door policy. They manage but manage in such a friendly way we can talk to them about anything. Issues are dealt with there and then so they don't build up and we can talk about it."
- Staff felt valued and told us communication was good. A member of staff told us, "I feel valued as a staff member, I wouldn't be here if I didn't. It is one of the better services, probably the best place of this type I have worked at. Nice atmosphere, they all get on well together."
- We asked staff what they felt the service did well, replies included, "The quality of care we give to people is phenomenal. Staff morale and boosting each other is great. All in all, what we do for these people is great", and "We support and are empathetic to people's needs. We do maintain professional boundaries, but we have a friendly attitude with the people we support. We provide very good constructive support and encourage people to do what they can."
- We asked relatives what they thought the service did well, a relative told us, "Care, each time I see [person] they look so well and [person] can't do any self-care at all, so the care is everything." Another relative said, "Listening to what [person] needs and stimulation." A further relative told us, "They have done incredible things for [person] over the last year. Cooking skills, improving their confidence, supporting us with a family bereavement, gardening and implementing [person's] ideas."
- Managers and staff kept people and relatives well informed. A relative told us, "Yeah, I'm kept on board all the time. I have a meeting on Friday with the team. If I'm not around they contact my daughter." Another relative told us "Brilliant, absolutely [staff member] is great I can e mail them 100 times a day and they will get back to me. I've met them a few times as well, so not just over the phone" and, "Yes, I do. Good relationship with [staff member]. Good working relationship I feel like I can say anything and [staff member] will sort it."

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; Working in partnership with others

- The provider and registered manager understood their responsibilities to be open and transparent with people and their families in the event of something going wrong.
- The provider acted in line with their duty of candour.
- The service worked collaboratively with health and social care professionals, such as GPs, physiotherapists, speech and language therapists, members of community learning disability teams and relevant external stakeholders, to ensure people received good care and treatment.
- The registered manager kept up to date through the receipt of briefings from CQC, regulation and Adult Social Care guidance documentation. The registered manager praised the level of support and guidance they received from their management team and provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to ensure risks to people were effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The effects of a high use of agency staff had resulted in people feeling frustrated and had impacted negatively on their sense of well-being. This had placed people at a risk of harm.