

Future Home Care Ltd

# Future Home Care Limited Nottinghamshire

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This service supports people with a learning and/or physical disability in 26 supported living 'projects' across Nottinghamshire and Derbyshire. At the time of the inspection there were 66 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

The provider had not met the characteristics of 'Good' in all areas. This has meant the overall rating for this service has remained as 'Requires Improvement'.

People told us they felt safe with staff. Staff were aware of how to report any concerns to people's safety. Since our last inspection, some improvements had been made to the way risk was assessed, recorded and acted on; although, this was not consistent across all projects.

People were provided with the assessed numbers of staff required to keep to support them. However, we had concerns that in some projects more staff were needed to ensure people with complex needs were safe. The provider was in discussions with the local authority to carry out a review of people's needs to ensure that the appropriate numbers of staff were in place to keep people safe. People received their medicines safely; although records used to record the administration of 'as needed' medicines were not consistently recorded. People who presented behaviours that may challenge others were supported to reduce the risk to them and others. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

Most people received care in line with their assessed needs. However, some people had not received a formal review of their needs by professionals for two years. There was an inconsistent approach to the recording of when people had been repositioned. There were gaps in some staff training, although this was being addressed. Most people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People received the support they needed to maintain a healthy diet, although one person was not weighed regularly in line with their assessed risk. People had access to other health and social care agencies where needed.

People and relatives found the staff to be caring and respectful. People were treated with dignity when personal care was provided. Independence was encouraged. People felt involved with decisions and that staff respected their wishes. People's records were stored securely to protect their privacy.

People were supported to lead their lives in their chosen way. Staff engaged with people to enable them to follow their chosen hobbies and interests. People's care records contained detailed examples of their personal preferences and choices. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care plans were in place for those who were able to contribute to these decisions.

Quality assurance processes were in place; however, these were not always effective in highlighting and addressing the concerns we have raised during this inspection. The performance of each project varied, with some operating at a high level, with others needing to make further improvements. We have concerns that the current structure of 26 separate projects under the management of one registered manager and one CQC registration could make it difficult for a consistent 'Good' standard of care to be maintained. The project managers and registered managers were well liked by people, staff and relatives. The registered manager had a good understanding of the regulatory requirements of their role

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 June 2018). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

We have identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. More information about this is in the full report and can also be found at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 consistently safe.  
Details are in our Safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was consistently responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Future Home Care Limited Nottinghamshire

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by three inspectors, two assistant 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 26 '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.

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection site visit activity was completed over three days. We visited people within their own homes on the 11 and 12 June 2019. We then inspected the provider's office on 18 June 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service. However, due to their learning and/or physical disabilities some of their responses were limited. We therefore observed the way they were cared for and supported by staff. We spoke with two relatives about their family member's care. We spoke with 25 staff working in the 11 projects we visited. These staff included support workers and project managers. We also spoke with the registered manager, area manager and regional quality manager.

We reviewed a range of records. This included all or parts of records relating to the care of 21 people as well as a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

### After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

During our inspection on 12 April 2018 we identified a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way the risks associated with people's safety were assessed; particularly in key areas such as choking, reducing the risk of pressure sores, managing behaviours that may challenge others and ensuring that care plans and risk assessments were reflective of people's current health needs. After the inspection, the provider forwarded us an action plan which stated how they planned to make the required improvements to ensure that all people were safe. During this inspection we checked to see whether these improvements had been made. We found some progress had been made and the provider was no longer in breach of this regulation. However, further improvements were still needed.

- In each of the 11 projects we visited, we saw care planning and risk assessment documentation was in place. These records were designed to enable staff to support and care for people safely, reducing risks to their health. The quality of these records varied across the projects. Records in some projects contained comprehensive guidance for staff to help alleviate the risks in relation to pressure sores, choking, behaviours that may challenge others and medicines.
- However, in others the records were not always reflective of people's current needs and did not always provide clear guidance for staff to reduce the risks to people's safety. For example, in one project we had concerns that the records in place to guide staff on how to reduce the risk of a person choking were not effective. In another project the records which stated how many members of staff were needed to support a person with repositioning had not been updated to reflect their current level of need. This could place people's safety at risk.
- The registered manager told us they were aware that the quality of documentation across the projects did vary and they were working with the project managers to ensure consistency of recording. They assured us that people were safe but acknowledged more needed to be done to ensure this was reflected in people's records.
- Personal emergency evacuation plans were in place to assist staff with evacuating people safely in an emergency.
- Regular checks of people's home environment were carried out. The regular reviewing of these procedures helped to reduce the risk to people's safety.

## Staffing and recruitment

- Most people told us they felt there were enough staff in place to enable them to do the things they wanted to do. People told us they could do activities and other things such as go shopping with the support of staff.
- Throughout our inspection we saw the numbers of staff allocated on the rotas was in line with the numbers of staff working. However, we did have concerns as to the way the number of staffing hours people received were allocated and used to support them. Most people were able to use their allocated one to one hours when needed. However, there were occasions when this was not possible. This was due to the way hours were allocated with one local authority, which meant on occasions, people did not always have a member of staff to support them with accessing their community when they wanted to. This could impact people's well-being.
- We also noted that for some people the numbers of staff allocated to support them at certain times of the day may not be enough to reduce any risks to their safety. For example, we felt in one project we visited that due to the complexity of people's needs that more staff were needed.
- In other projects the way staffing numbers were allocated did reduce the risk to people's safety and enabled them to lead their lives without restrictions.
- The registered manager told us they were aware of these issues. They told us they discussed staffing with their project managers to agree safe levels. They did not feel people's safety was at risk. However, they did agree to review people's allocated hours with the local authority commissioners to ensure that people's current level of need was reflected by the appropriate numbers of staff.
- There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

## Systems and processes to safeguard people from the risk of abuse

- Most people we spoke with told us they felt safe with the staff who supported them. One person said, "I was upset last night. Staff talked and reassured me."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted by the registered manager.
- The provider had the systems in place to ensure the relevant authorities such as the CQC or the local authority 'safeguarding team' were notified of any allegations of abuse or neglect. Records showed this process had been used when required. We did highlight one incident to a project manager that we felt they should consider reporting to the local authority safeguarding team. They agreed to do so via the registered manager. This meant the risk of people experiencing avoidable harm was reduced.
- Staff had received training on how to support people who presented behaviours that could challenge others.
- In each project there was guidance in place for staff to support people with removing themselves from potentially challenging situations. We did note that in one project staff did not follow this guidance. The person's risk assessment stated there should be no physical intervention; however, we observed two staff members place their hand on a person's arm when moving them. Whilst this did not place the person's safety at risk, it is important that staff apply the assessed guidance consistently to ensure the person and others remain safe. The registered manager advised they would review this process and remind staff of the responsibilities to always follow the risk assessment and guidance.

## Using medicines safely

- People's medicines overall were managed safely. People's medicines were stored and administered



safely. People received their medicines when needed and their records contained guidance for staff on people's preferred way of taking their medicines.

- We did note that in some projects when 'as needed' medicines were administered, the reasons for their administration were not always appropriately recorded. We also noted in one project the dosage for one 'as needed' medicine varied, and this could lead to inconsistent administration. Whilst records showed that 'as needed' medicines were not administered frequently, clear protocols for their administration were needed in some projects. The registered manager told us they would speak with all project managers to ensure a consistent approach when these medicines were administered.

#### Preventing and controlling infection

- Each person's home was clean and tidy.
- Equipment used to support people such as hoists, and wheelchairs were cleaned regularly.
- Staff were aware of the actions needed to prevent the spread of infection. We observed staff using personal protective equipment (PPE) appropriately. An infection control lead was in place to offer guidance for staff if they needed support with any infection control risks. This meant the risks associated with the spread of infection were reduced

#### Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were investigated. Post-incident reviews were carried out to help the registered manager and project managers to identify any trends or themes.
- Where needed, referrals had been made to other professionals such as occupational therapists, falls teams or other relevant agencies to obtain assessments of people's mobility. This helped to guide staff to reduce the number of incidents that occurred and to keep people safe.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same

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

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

- People's physical, mental health and social needs were, in most of the projects, assessed and provided in line with current legislation and best practice guidelines.
- Where people needed support with specific health conditions, staff had acted to support people with their health needs.
- In one project however, we did note that the people living there had not had a formal assessment of their health needs by social services for two years. This meant the numbers of staff assigned to each person had also not been formally reviewed. It was concluded that the people living at this project would benefit from the input of more staff throughout the day to ensure they continued to receive effective and safe care.
- We also noted an inconsistent approach to the way records were completed when people were being supported by staff to reposition themselves. Repositioning is important to reduce the risk of people developing pressure sores. Some records we looked at did not state how a person had been repositioned, for example, onto the person's left side. This meant there was a risk of people not being repositioned in a way that would reduce the risk of the development of pressure sores.
- The registered manager assured us that people did not currently have any pressure sores, but they would review the way repositioning was recorded across all projects to ensure consistency of approach.

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

- In most projects the application of the MCA was effective. Where MCA assessments were needed, in most cases, these were in place. However, we did note that a small number of MCA's were not in place when decisions made about using bedrails or having sensor equipment in people's bedrooms. These measures can be restrictive and therefore their use must be assessed and agreed before their use. The registered manager assured us they would remind all project managers to review people's ability to consent to decisions and carry out assessments where needed. This will ensure that people's rights were respected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We noted most applications across the projects were in place where needed and staff understood how to adhere to any conditions included on them. We did note that for one person, their current authorisation did not refer to their current residence and although the project manager had contacted relevant authorities for an update, this had not yet been provided. We made the registered manager was made aware of this and they told us they would personally act on our findings. This will help to ensure that there are no unlawful restrictions placed on this person's liberty.

Staff support: induction, training, skills and experience.

- People told us they were supported by staff who understood them and knew how to provide the care and support they needed. One person said, "Staff know me and know what support I need."

- Records showed that not all staff had completed refresher training which the provider had deemed mandatory for them to carry out their role effectively. This included infection control, food safety and 'capacity and decision making'. The provider had identified these areas and told us any gaps in training would be addressed with all staff concerned. This will reduce the risk of people being supported by staff without up to date skills and experience.

- Staff felt well trained and supported which enabled them to carry out their role effectively. They received supervision of their practice to ensure they provided appropriate care and support for people. The provider's target of three supervisions and one appraisal per staff member per year was on-track to be met for most staff. However, some staff had only received one supervision in 2019 and action was needed to ensure they met the provider's requirement for the year. This will ensure that people are supported by competent staff.

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

- People told they received the help they needed to maintain a healthy and balanced diet as well as being able to eat and drink their preferred choices. One person said, "I had porridge for breakfast, I made it. Staff cook (for me) at teatime." Another person took pride in telling us how staff had supported them to lose weight. They also said, "I have chicken wraps tonight, I'll cook the chicken."

- We observed some people receiving their meals or other snacks throughout the day. They were aided with eating and drinking where needed. Others were provided with specially adapted equipment to help them to eat independently. Where people's nutritional intake needed to be monitored, staff kept food and fluid charts to monitor their intake. These indicated people were being offered and provided with adequate amounts. However, we did note one person who was under the guidance of a dietician had not had their weight recorded since October 2018. This would make it difficult for staff to assess whether the person's weight was adjusting safely to a healthy level.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to their GP and other healthcare agencies to support them with receiving consistent and timely care. One person told us that sometimes they made their own appointments, or staff would do so if they asked them to. We also observed this person phoning their GP to discuss an appointment they had made.

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided

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

- People's daily health and wellbeing was recorded in their daily running records and there was evidence of appropriate referrals to health and social care services when needed. We did note that the consistency of these records varied across the projects. Some were comprehensively completed every day including the activities people had completed; others, had limited information recorded. These records are important to enable providers to assess people's on-going health 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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; equality and diversity

- People liked the staff who supported them. They also told us they enjoyed their company. One person said, "Most of the time, yes, they care, they are always nice to me."
- Our observations throughout this inspection showed people and staff got on well. Whilst the quality of staff interactions did vary across the projects we visited, it was clear that staff treated people well and respected their wishes. We observed some excellent examples of staff communicating effectively with people, confidently using verbal and non-verbal methods. People responded positively to this interaction and this led to a calm and welcoming atmosphere.
- People's diverse needs were discussed with them when they first started to use this service. Where people had religious beliefs, staff supported them to follow their chosen religion. Often, this just included attending church for the main Christian festivals such as Christmas and Easter; however, the support was there when needed.

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

- People told us they were encouraged to make decisions about their own lives and their care and support needs. We saw evidence of this in most of the support plans that we looked at.
- Where people had preferred members of staff for activities or to spend time with throughout the day, efforts were made to accommodate this wherever possible. We also saw that when people had become too attached to certain members of staff, this was handled sensitively and respectfully. This maintained friendships between people and staff, but also maintained professional boundaries. This ensured a calm and friendly atmosphere at the projects.
- People were supported to express their views about their care. We saw people regularly met with staff to discuss their views and these were then acted on. Social stories were used in some projects. Social Stories are a tool to help individuals on the autism spectrum better understand how to communicate their needs so they could interact in an effective manner.
- In other projects we also saw signs, symbols and photographs were used by people and staff to express their views and to help to make informed choices about meals and activities. These wide-ranging and effective methods ensured people were able to make informed decisions.
- Information about how people could access an independent advocate was provided in most projects.

Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

#### Respecting and promoting people's privacy, dignity and independence

- People felt staff offered support and cared for them in a dignified way. One person told us that staff always took them to their bedroom when they were offering personal care. They liked this approach. Another person told us they were treated with respect by staff and they then, in turn, were respectful to their staff. Staff spoke respectfully about the people they supported and cared for. We observed staff respect people's privacy and treat people with dignity at all projects.
- The provider of the service had arranged a 'Dignity Action Day'. This involved people and staff coming to the provider's office to discuss what dignity meant to them and how they could work together to achieve dignified care.
- People's independence was promoted. People told us that staff encouraged people to do as much for themselves as possible. This included daily tasks such as eating and drinking but also when personal care was being provided. One person told us they liked to help with domestic tasks around their home and staff supported them with this. They were also being supported to save money to buy themselves a new sofa. They liked the ability to pay for things themselves. Another person told us they worked with staff to clean their bathroom and they "shared the chores" with staff. They took pride in telling us they had recently cleaned their bathroom tiles.
- People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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. 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.

- Most people felt they received support from staff that met their needs and were in line with their choices and preferences. People described being able to go on their chosen holiday, with their preferred staff which they enjoyed. Others told us they were able to do the activities that were important to them. This included going to festivals and getting a pet hamster.
- Whilst we have concerns that the numbers of staff could, at times, restrict people's access to their chosen activities; it was clear, that when people did participate in their chosen activity, staff supported them effectively.
- People's aims, goals and achievements were recorded in their support plans. The quality of the records varied across the projects. However, it was clear that efforts were being made to ensure that people were encouraged to try new things and to stretch themselves to achieve more and aim high. One person had expressed their wish to have less staff with them when they went out. They used to have three staff in place, but now, following a structured and monitored approach, the person has now achieved their aim of having just one member of staff. This has now ensured the person can lead a more independent life, with reduced staff support.
- Most support plans contained detailed information about how to support people with maintaining good health. This included support with a wide variety of health and behavioural -related conditions. This included guidance for staff on how to support people effectively with behaviours that may challenge others.
- Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once it was agreed that people's needs could be met at the service, detailed support plans were then written to ensure staff had the guidance they needed to support people safely and to enable them to respond effectively to their health needs.

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

- We saw examples of differing styles of support records, some with larger fonts and some with the use of

photograph and pictures. This would further improve people's ability to understand records that related to them.

#### Improving care quality in response to complaints or concerns

- People felt able to make a complaint and that it would be acted on by staff or their project manager. One person told us they were aware of who the CQC was and they would raise a complaint with them if they did not feel listened to.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Staff could explain the process they would follow if any concerns were raised with them.

#### End of life care and support

- Some action had been taken to discuss people's 'Last Wishes' with them. This included the support they would want should they be taken ill and nearing the end of their life.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. We also found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Future Home Care Limited - Nottinghamshire provides people with support with personal care in 26 separate 'projects' across Nottinghamshire and Derbyshire. Each project is led by a project manager. They have responsibility for managing one or more projects. The registered manager has oversight of all 26 projects. As they are registered with the CQC, they are ultimately responsible for the performance of each project.
- Efforts had been made since our last inspection to improve the quality of the support plans and risk assessments. We saw some good examples of these at the projects we visited. However, as stated in other parts of this report, we did also find examples of support plans and risk assessments that were not fully reflective of people's needs, or, had not identified certain risks to people's safety. This could place people's safety at risk.
- The provider had quality assurance processes in place. Each project manager was required to report monthly to the registered manager on the progress of their project(s) in a number of key areas such as medicines, incidents, staffing and training. The registered manager told us that each of the projects was now rated internally as 'Good'. However, our findings from this inspection differed from that of the registered manager. Therefore, the quality assurance systems were not effectively highlighting areas for improvement.
- We found some of the projects we visited were performing well. They ensured all risks to people's safety were appropriately assessed, monitored and acted and ensured people received person-centred care. Some projects however, were not yet reaching the required standards to ensure that all risks to people's health and safety were reduced. Not all staff had completed the appropriate refresher training and had limited supervision. The principles of the Mental Capacity Act 2005 were not always consistently applied. It was also not always clear whether there were enough staff in place to ensure people's continued safety. This meant that across the provider's group of projects some people received high quality care and support whereas others, on occasions, did not.
- We do have concerns that the current model of 26 projects under one registration with the CQC and one registered manager is difficult to manage to ensure consistency. As was evident throughout this inspection,

some projects were operating at a high standard, others were not. The registered manager and the area manager were aware of our concerns in relation to this and agreed to review how the service was managed.

- The rating for this service at their last inspection was 'requires improvement'. The service remains rated 'requires improvement'. This service has been rated requires improvement for two consecutive inspections. This means the provider had failed to ensure that the risks to people's safety were consistently assessed and monitored to improve the quality and safety of the care provided.

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

- The registered manager understood their role and how they contributed to ensure risks were mitigated and regulatory requirements were met.
- It is a legal requirement that a provider's latest CQC inspection rating is displayed at their office where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the office and in some of the projects we visited.
- The registered manager was aware of their responsibility to apologise to people and/or their relatives when mistakes were made. A relative spoken with told us they had raised concerns with the registered manager and these had been acted on.
- People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

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

- People told us they were able to discuss any concerns they had about their care with their project managers. One person said, "She always has time for me." Relatives spoken with also praised the approach of the project managers. Due to the structure of the service the project managers, rather than the registered manager, was the person most people and their relatives spoke with about the care provided.
- We saw examples of people being involved with decisions that affected their care but also the care of others. Meetings were often held with people as a group or individually to obtain their views. We saw examples of feedback from these meetings resulting in actions taken by staff member. This could be a change of menu, activity or decoration of communal areas in their project.
- Staff felt able to raise any issues with their project manager and if needed with the registered manager. Staff enjoyed their roles. One staff member said, "I have been here [number of] years now, I enjoy coming to work, it doesn't feel like work."
- Regular team meetings were held with staff to obtain their views about the service. A staff member spoken praised the management of their project and the service overall. They referred to the management as "supportive" and "willing to listen."

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.

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 17 HSCA RA Regulations 2014 Good governance  The registered person had not always assessed, monitored and improved the quality and safety of the care and treatment provided. They had not always assessed, monitored and mitigated the risks to people's safety. Records were not always accurate, complete and contemporaneous in respect of each service user.