

## Pathway For Care Limited

# Pathway for Care

### Inspection report

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23 August 2023

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

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.

Pathway for Care is a supported living service providing personal care to people with a learning disability and/or autism. Support was provided across 4 different supported living settings where people had their own flats or rooms. As part of our inspection we visited 3 of the supported living settings. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 17 people were receiving a regulated activity.

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

**Right Support:** People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was due to the principles of the Mental Capacity Act 2005 not being consistently followed.

Although the care and support people received had improved, work was still required to ensure records were maintained and staff had up to date guidance regarding people's care. Audits had not fully identified concerns regarding records of people's care. In other areas we found quality assurance systems had led to improvements in the support people received. People's medicines were securely stored and administered safely, and good infection prevention and control measures had been implemented.

People were protected from the risk of abuse as staff were aware of their safeguarding responsibilities. Staff had received additional training and had been supported to better understand risks to people's safety and wellbeing. Along with a more robust approach to incident reviews, this had led to a reduction in incidents in one setting.

**Right Care:** There were sufficient staff available to support people across all settings and staff knew people's needs well. Relatives told us staff were willing to ask for guidance and had developed good relationships. People received support to access healthcare and positive feedback was received from professionals.

**Right Culture:** The management team had prioritised developing a positive culture across the settings. Increased staff training, enhanced supervision and involving people, relatives, staff and professionals in developing the service had led to improvements in people's quality of life. The atmosphere at the three

settings visited was described as relaxed and people appeared comfortable in the company of staff.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 10 August 2023) and there were multiple breaches of regulation. We imposed conditions to the provider's registration relating to governance and oversight.

At this inspection we found the provider remained in breach of regulations in relation to consent to care and areas of good governance. However, in other areas including safeguarding, risk management, medicines, staff training and assessment processes we found the provider had made improvements and was no longer in breach of regulations relating to these areas.

This service has been in Special Measures since 5 April 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced inspection of this service in January and February 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, person centred care, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

#### Enforcement and Recommendations

We have identified breaches in relation to people's legal rights not being protected in line with the Mental Capacity Act 2005 and how records and quality are monitored.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pathway for Care

## 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 5 inspectors.

#### Service and service type

This service provides care and support to people living in 4 '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 was a registered manager in post.

#### 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 the provider had to arrange for a 'best interests' decision about this.

Inspection activity started on 21 August 2023 and ended on 29 August 2023. We visited the 3 settings on 22 and 23 August 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people and 5 relatives about their experience and observed people's support.

We spoke with 15 members of staff including 8 support staff, the registered manager, 3 service managers, senior managers, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

We reviewed a range of records. This included 9 people's care records and 8 people's medication records. We looked at recruitment information for 2 staff members and supervision files for 4 staff members. A variety of records relating to the management of the service, including action plans, audits, policies and procedures were reviewed.

# 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 inadequate. 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. Whilst improvements had been made in relation to people's support, systems needed be embedded into practice and sustained.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in January and February 2023 the provider had failed to investigate and report instances of alleged abuse. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People appeared relaxed and comfortable in the company of staff. One relative told us, "I would say that [relative] is safe, primarily based on my observations and when I see how [relative] interacts with staff. I can see from their reactions that they are comfortable with the current staff team."
- Staff were aware of their responsibilities in keeping people safe from harm and abuse. They had completed safeguarding training and were able to describe how to identify and report concerns. One staff member told us, "We are giving a service to them so it is like we have made a promise to keep them safe and that is what we must do. That is why staff would report anything."
- Safeguarding concerns were reported to the local authority in line with requirements. Where additional information was requested, this was provided in a timely way and where required, changes were made to people's support to keep them safe.

Assessing risk, safety monitoring and management

At our last inspection in January and February 2023 the provider had failed to ensure risks to people's safety were robustly assessed and accidents and incidents effectively monitored. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Relatives told us their confidence in staff supporting their loved ones had increased. One relative told us, "I didn't feel they were meeting [person's] needs before but they're listening now and putting things in place. Staff are dealing with things now and don't seem afraid of what might happen."
- Although processes to support people with risks to their safety had improved, at one setting we found the risk assessments and management plans had not always been consistently updated. As staff knew people well this did not have a significant impact on people's care. We discussed this concern with the provider who assured us they were in the process of updating people's records.
- Professionals gave positive feedback regarding how staff were supported to understand and mitigate risks

at one setting. One professional told us, "Following a training session on Positive Behaviour Support (PBS), the staff team were observed to be following and using strategies from the service user's PBS plan. They were willing to be observed using the strategies and appeared open to receive feedback about their practice. Following some feedback, staff were observed to make changes to a particular strategy."

- Processes were in place to review and monitor incidents to minimise the risk of them happening again. Incident forms were completed in detail and reviewed by the management team. Where action was required to keep people safe, this was shared with staff.
- Where incidents occurred due to people's anxiety staff felt confident in supporting people. Additional training had been completed which had increased staff skills and confidence. Staff demonstrated understanding of people's individual risks and how to support them to minimise incidents. These changes in the way people were supported had led to a reduction in the number of incidents.
- People were supported to take risks and increase opportunities. Through knowledge of the person and using their communication system, staff had supported one person to attend an event in the local park. Due to the noise and environment this was something the person would usually have struggled with. However, due to the planning undertaken the person had joined in the festivities in their own way and had enjoyed the event.
- Systems were in place to minimise environmental risks. This had previously been a concern in one property. The provider had implemented systems to ensure any environmental risks or damage was actioned as soon as possible. This had led to repairs and changes to the property were actioned in a timely manner.

### Using medicines safely

At our last inspection in January and February 2023 the provider had failed to ensure robust medicines management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People were supported to take their medicines safely and in line with their prescriptions. Medicines administration records (MAR) were fully completed with the required information. Stock balances were correct and MAR charts did not show any gaps in administration. Records included details of how people preferred to take their medicines.
- Where people were prescribed PRN medicines (as and when required) protocols were in place to inform staff when and how this should be administered. Records showed there was a reduction in the use of PRN medicines in one setting where this had previously been used on a regular basis.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. One staff member told us, "We are supported with this and the manager checks everything weekly, so we know we are doing a good job to support the tenants with their medication." Medicines were stored safely and securely.

### Preventing and controlling infection

At our last inspection in January and February 2023 the provider failed to ensure good infection prevention control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People were supported to ensure good infection prevention and control measures were followed. Areas of



people's homes which were used by everyone were found to be clean and tidy. Action had been taken to resolve previous concerns to keep people safe from the risk of infection.

- Areas for the storage of rubbish were maintained. People were supported to keep these areas of their homes clear and safe.
- Staff received training in infection prevention and control. Staff told us they had access to gloves and personal protective equipment to use when supporting people with their care.

#### Staffing and recruitment

- People and their relatives told us there were enough staff to support them. One person told us, "They are always staff I know to help me." One relative told us, "They are always enough staff and they seem better matched. I have met a few and thought they wouldn't work with [relative] but they have done really well. In the end I could see why the manager thought they would get along."
- People were supported by sufficient and suitable staff. Staff were available to meet people's allocated support hours. People to be able to go out regularly and no one was seen to have to wait for staff to support them.
- Robust recruitment process were in place. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they began to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Whilst improvements had been made in relation to people's support, systems needed time to be embedded into practice and sustained.

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

At our last inspection in January and February 2023 the provider had failed to ensure the principles of the Mental Capacity Act 2005 were consistently followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that although improvements had been made the provider was still in breach of this regulation.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were at risk of their legal rights not being respected as the principles of the MCA were not always followed. Capacity assessments contained contradictory information in relation to people's needs. For example, one person told us they did not want staff to use restraint. The person's MCA in relation to restrictions and restraint stated they had capacity to understand their care could include the use of restraint as a last resort. This capacity assessment was also contradictory to another assessment regarding the person's care and treatment which stated they were unable to weigh up the information presented to them to make an informed decision. The person's records also referred to a Court of Protection decision to deprive the person of their liberties. However, this information was incorrect as this decision had expired and was being reapplied for.
- Doors to corridors within people's home were locked and required staff to open them. Capacity assessments had not been completed in relation to this restriction. In addition, one person's records contained a risk assessment for a kitchen door near to their apartment to be kept locked for a six-week period. No capacity assessment had been completed in relation to this. When questioned about this a senior manager told us, "[Person] understands to a point. At times there is no reasoning with [person]. This

demonstrates a capacity assessment should have been completed prior to this restriction being implemented.

- Best interest decisions were not always clearly recorded. One person was known to leave their home unaccompanied by staff. On these occasions staff would follow the person and support them to return to the service. Although a best interest decision was in place in relation to the person requiring support when going out, it did not describe the least restrictive options regarding how to support the person to return to their home safely. Although the best interest decision mentioned this approach had been used by family members to achieve this in the past, it was not recorded if staff should use this approach as a least restrictive option.
- Staff did not understand their responsibilities under the MCA and could not describe how this impacted on their work. Some staff told us they knew this was in relation to people's rights but were unable to tell us how this was achieved and what processes they should follow.

The failure to ensure the principles of the Mental Capacity Act 2005 were consistently followed was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other instances we found some capacity assessments had been completed in detail. Best interest decisions took into account people's known preferences and previous decisions. Where possible relatives or those who knew the person best were involved in the best interest decision process.

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

At our last inspection in January and February 2023 the provider had failed to ensure people's health care needs were effectively monitored. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Relatives told us people's health care needs were now being monitored and addressed. One relative told us, "I told the manager all the things that should have been happening and hadn't, all the appointments that should have been arranged. They had loads of information ready next time I came and they have made the referrals [person] needs."
- Records regarding people's health appointments had improved although further work was required. Although staff now recorded details of appointments, these were not tracked to ensure clarity in what appointments had been attended and any further treatment required. The registered manager and Operations Manager assured us this had been identified as a concern. They told us they introduced a health tracker to be used for all individuals going forward.
- Although people were receiving the health care they required, people's care records did not always contain the most up to date information regarding their health needs. One person's records stated staff should support them to use support stockings each day. This treatment was not being carried out and when staff called the district nursing team during our inspection, they confirmed this should not be happening and could be a risk to the person. The operations manager assured us this information would be updated.
- Health and social care professionals confirmed they had seen improvements in people's care and that recommendations made were followed. One professional told us, "There were some concerns around staff not following guidance given by the health team to support [person]. We have held 2 joint meetings with myself, health and the service. They have listened to the advice and taken good steps to make improvements."

At our last inspection in January and February 2023 we found the provider had not ensured an assessment of the needs and preferences for care and treatment of people was undertaken appropriately. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements to systems had been made and the provider was no longer in breach of this regulation.

- The service had not started to support anyone new since our last inspection in January and February 2023. However, processes had been developed to ensure the registered manager and operational staff had a greater input into the assessment process. The registered manager told us, "We're involved from the start now so we can assess if we can meet needs." They confirmed they were now confident they would be listened to if they felt the service was unable to meet someone's needs.
- Staff had a greater understanding of best practice guidance. Staff were aware of the Right Support, Right Care, Right Culture guidance and how this impacted their work. One staff member told us, "We are learning about this all the time. We have information all around us. This is about tenants being able to live a good life and we as staff are committed to helping them do that."
- At one setting we saw staff were supporting people to understand their rights under the Right Support, Right Care, Right Culture guidance. People had been supported to display the principles boldly in the shared lounge. The service manager told us the display was used to prompt discussion and share ideas about what this meant to people.

#### Staff support: induction, training, skills and experience

At our last inspection in January and February 2023 the provider failed to ensure there was adequate training, knowledge and competency checks. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People were supported by staff who had received training to support them in their roles. The provider told us staff had received additional training in relation to people's needs. Staff confirmed this was the case and told us they believed this had been extremely beneficial to them. One staff member told us, "We have had lots of training and are more aware of things now. We are better equipped and have an understanding." Records confirmed a high level of compliance with completing training.
- Staff had received additional training in relation to safely restraining people experiencing distress as a last resort. They told us this had given them increased knowledge regarding the importance of early support to avoid the need for restraint, how to redirect and offer alternative options and using restraint safely should this be required. One staff member told us, "Staff used to be so frightened here but now we know what to do for the best for them, we are confident with everyone we work with."
- Professionals were positive regarding the development of staff skills. One professional told us, "Managers were able to provide an extensive list of the training that staff receive when they begin employment. In the case of one service user, staff were keen and willing to attend a training session facilitated by our team in order to further develop their skills in a particular area. Staff were demonstrating a good awareness of Positive Behaviour Support (PBS) and how this can be used proactively to support a service user."
- Staff felt supported in their roles. All staff were receiving regular supervision. They told us they now felt supported and confident in raising any concerns. The registered manager told us this had been a difficult process for staff, "The first supervisions since the changes in management were difficult as we wanted to give staff the chance to get things off their chest. Everything is so much more open now. We have a good

team in all the services, and they will all say if they want support."

- The induction programme for new staff had been fully reviewed. The registered manager told us they had recognised as a team additional support would be required for some staff. They told us, "We have re-looked at it all now and learnt from our mistakes. We will give new staff a lot more time going forward."

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

- People were fully involved in making choices regarding what they ate and drank. People's preferences were listed within their care plans and choices were made when planning menus and shopping.
- People's weight was monitored where appropriate to support people in maintaining a healthy weight. One person had gained weight when moving into their flat. Staff had worked with the person, their family and professionals to review the persons dietary needs and were supporting them to lose weight.
- People's food allergies were recorded and known to staff. These were clearly recorded within people's care records and staff were able to explain what reaction the person may have. Training had been provided to support staff in administering emergency medicines in response to potential allergic reactions to food.

# 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 inadequate. 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. Whilst improvements had been made in relation to people's support, systems needed time to be embedded into practice and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure robust and effective quality assurance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although improvements had been made at this inspection the provider was still in breach of this regulation.

- Accurate and contemporaneous records recording people's care were not always maintained. For example, one person's records contained inaccurate information regarding their health condition. This had been highlighted to the provider during our last inspection. In addition, whilst the person was receiving the correct support for a second health condition, records gave incorrect guidance to staff. This meant there was a risk the person would not receive appropriate care.
- At our last inspection concerns were raised regarding the training staff received in relation to the use of restraint. The registered manager informed us the training had been changed to better reflect people's needs. However, people's care records had not consistently been updated to accurately reflect the support they required. For example, one person was assessed as requiring a restraint at times. Their care records stated staff were to support the person using techniques from training that was no longer being delivered to staff. This meant there was a risk the person would not be supported safely, and that staff may follow training they were no longer accredited use. Whilst staff spoken to understood the techniques they should use, these discrepancies in records was not in line with good practice.
- Quality audits had not always identified concerns. As detailed above, not all concerns regarding records, tracking people's health care needs and following the principles of the MCA had been identified during the provider's own auditing process. The registered manager acknowledged audits were continually being developed and these areas would be added to regular checks going forward.
- Quality assurance systems had not identified where notifiable incidents had not been shared with the CQC. Records identified two incidents which should have been reported in line with the providers regulatory requirements. The Operations Director gave assurances there would be greater oversight going forward. The notifications were submitted retrospectively.

The failure to ensure robust oversight and governance was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In other areas we found the improvements had been made and quality assurance processes had led to improvements. Audits had been implemented to review systems and people's care in all settings. These were completed by individual service managers and the registered manager with the aim of achieving a more comprehensive approach once all systems were fully developed and embedded into practice.
- Where actions were identified, these were added to the service improvement plan for the individual setting. Service improvement plan meetings were held regularly to monitor progress, share learning and provide guidance. This system had led to improvements in the management oversight of the settings.
- The provider had a duty of candour policy in place. Records showed this was followed as required to ensure incidents were shared and reflected upon. Relatives told us they felt staff were open about any concerns and to working together to find solutions. One relative told us, "Communication with staff and the manager is very good. Everything is fed back to me, including healthcare appointments. They are very open about what is going on."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were supported by staff who were striving to provide a person-centred and improving service. The management team had implemented improvement plans which focussed on changing the culture to enhance people's quality of life as the priority. Through training and support staff had become more confident in their roles and felt able to share ideas.
- Changes in the management structure had led to a more open culture. Relative and staff told us they felt their views were now listened to and acted upon. One relative told us, "There have been so many promises in the past it will take time, but I am starting to trust them. They seem to be doing what they say they will and [relative] seems happier." One staff member told us, "There used to be a blame culture but that has gone. We're not afraid to speak up now and they [managers] are there for us."
- The systems implemented by the provider were continually developing to improve people's experience and care. The registered manager told us, "We have the audits now but every time I do one I see something that could be added. We're doing things properly now. Making sure we get actions right and completed rather than trying to juggle everything at once. It's giving the service managers more ownership and they're enjoying that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were increasingly becoming involved in the running of their homes. Monthly keyworker meetings and tenants' meetings were completed to capture people's opinions and anything they specifically want to do. This included involving people in decisions regarding shared areas of their home. In one setting people and staff had developed a sensory garden using bright colours, artwork and recycling different objects. This had created a joint project which had brought people and staff together.
- Relatives told us they felt involved in their loved ones' care. They told us they were able to make suggestions and provide guidance for staff where appropriate. One relative told us, "Staff ask me now, what I think and how I would deal with certain situations. Because the managers are supporting the staff more, the staff are supporting [relative] better."
- Professionals involved in people's care were positive regarding the improvements in the approach and communication. One professional told us, "Overall, I feel that communication has improved over the past few months. The management have been able to share information about staff changes, being very clear who we should contact if we need to speak to someone's keyworker or team manager. Additionally,

communication with our team has improved from my perspective, with [staff] attending all planned meetings, providing feedback about the service user, responding to emails in a timely manner and updating the team if any incidents have occurred."



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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure the principles of the Mental Capacity Act 2005 were consistently followed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust oversight and governance.</p>