

Diverse Abilities Plus Ltd

Diverse Abilities Plus - Supported Living

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Diverse Abilities Plus – Supported Living is a domiciliary care and supported living service. It provided personal care to 33 people at the time of the inspection.

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

Right Support:

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. We have made a recommendation about the recording and review of mental capacity assessments and best interests decisions.

People and relatives said they felt consulted in decisions about care, and that their views were taken seriously.

There were enough staff with the use of agency staff to meet people's needs. Regular staff supported people in a way that fostered their independence. However, people living in houses with staff vacancies had regularly experienced care from agency staff who did not know them as well. Relatives said because agency staff did not know people as well, they were not as attentive to their individual needs and preferences. We have made a recommendation about which staff support people.

Risks to people and to the staff supporting them were assessed. People's support plans set out how staff should support people to manage these risks in the least restrictive way. Staff followed support plans with clear instructions about people's preferences and support needs in relation to preparing food and eating and drinking.

People each had a health passport, which summarised succinctly what care staff and professionals in other settings needed to know about the person.

Staff understood people's communication needs and provided the support required, as set out in their support plans. Where people had communication passports devised in consultation with a speech and language therapist, support plans referenced these.

Right Care:

People and relatives said they and their loved ones felt safe and comfortable with staff. There were pre-employment checks for new staff. Staff had training about their role in safeguarding people from abuse. The registered managers recognised there had been an issue with staff identifying the need to report incidents and had already started to address this. We have made recommendations about the incident monitoring process, and about the provider's safeguarding adults policy.

The service had not always notified CQC of reportable incidents. The registered managers took steps to address this immediately we drew it to their attention.

People and relatives said they were happy with their or their family member's care and support from regular staff, and they felt staff cared about them. People's needs were assessed holistically, which formed the basis of their highly personalised support plans. Staff confirmed they had access to people's clear, current support plans that enabled them to provide effective care and support.

People were supported with their medicines in the way prescribed for them. There had been some medicines errors and incidents recently and improvements had been put in place to reduce these.

Staff were supported through initial and update training, training specific to the needs of people they supported, regular individual supervision meetings and team meetings. They also had informal contact with the senior staff and managers connected with the house they worked in, and with on call staff.

Right Culture:

The registered managers were swift to address any issues we identified, or which they themselves had found. However, quality control processes and audits had not identified some issues reported by relatives nor the issues we found with missed notifications to CQC and with the recording of mental capacity assessments and best interests decisions.

The provider had a culture of inclusivity, person-centredness and openness. This was reflected in people, relatives and staff feeling comfortable to raise concerns with managers, and in efforts to ensure people and staff were not disadvantaged because of disability. We have made a recommendation regarding the service's complaints policy.

The registered managers were open and honest with people and their families in the event of something going wrong or a near miss.

The registered managers recognised consistent staffing was important for people and, recognising the reliance on agency staff in some houses, were actively recruiting new staff. They also ensured that when a person was admitted to hospital, they continued to receive support from Diverse Abilities staff regardless of the hospital being able to fund this.

People were supported to keep in contact with their families and to pursue friendships. Staff also supported them to pursue hobbies and interests, at home and out.

People accessed health services as they needed, including annual health checks, age-related health screening, dental care, sight tests and check-ups with primary care or hospital specialists in relation to health conditions.

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

Rating at last inspection

This service was registered with us on 30 January 2022, and this is the first inspection.

The last rating for the service at the previous premises was good, published on 10 November 2018.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to notifying CQC of reportable incidents, and monitoring and improving the quality and safety of the service, at this inspection.

We have made recommendations in relation to accident and incident monitoring, the safeguarding adults policy, mental capacity assessments and best interests decisions, and the complaints policy.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Diverse Abilities Plus - 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 Health and Social Care Act 2008.

Inspection team

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

Service and service type

This service is a domiciliary care service. It provides personal care to people living in their own homes.

This service provides care and support to people living in 19 '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.

Registered Manager

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

At the time of our inspection there were two registered managers 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 that we had to arrange for 'best interests' decisions about this. We also needed to be sure a registered manager would be in the office to support the inspection.

Inspection activity started on 22 February 2023 and ended on 17 March 2023. We visited the location's office on 22 February, 1 March and 9 March 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 also used information gathered as part of monitoring activity that took place on 7 February 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 10 relatives about their experience of the care provided. We spoke with or received email feedback from 13 members of staff including the registered managers, nominated individual, support workers and office-based staff. 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 5 people's care and support assessments and plans, 5 people's medicines records, and 5 staff files in relation to recruitment, training and supervision. We used electronic file sharing to enable us to review records of the care 5 people had received. We also reviewed a variety of records relating to the management of the service, including staff rotas, training records, accident and incident analyses, policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection at the newly registered address. 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 that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People and relatives said they and their loved ones felt safe and comfortable with their staff. A relative described how the service had acted promptly when they reported concerns about the practice of an agency worker: "I cannot fault Diverse staff in acting when they needed to. They stepped up and covered more shifts."
- A relative expressed concern that damage to property by staff had gone unreported. This did not feature in the accidents and incidents audit, which meant the service might not have been able to learn from the incident and take appropriate remedial action. However, the registered managers confirmed a deputy manager had been made aware and was investigating the matter.
- The registered managers recognised there had been an issue with staff identifying the need to report incidents and anomalies, such as unexplained bruises, on body maps. They had already started to address this through team meetings and supervision meetings.
- The registered managers ensured referrals were made to the local authority safeguarding team whenever they became aware of incidents that could constitute abuse or neglect.
- The registered managers conducted an accident, incident and body map audit every three months; this included ensuring safeguarding referrals were made where necessary. With inconsistencies in incident reporting, there was a risk that a safeguarding matter could go unidentified for over three months until the next audit. The registered managers were working on plans to introduce a simplified and more responsive incident reporting and review system in the coming months to reduce this risk.

We recommend the service assures itself staff understand the accident, incident and body map reporting process and reviews the frequency of its audits of accidents and incidents.

- The provider had policies and procedures in place for safeguarding people from abuse and neglect. However, the safeguarding adults policy reviewed in November 2022 referenced outdated national and local policies and guidance. It did not reference the most up-to-date categories of abuse, such as modern slavery, sexual exploitation and forced marriage. The nominated individual confirmed the policy would be reviewed.

We recommend the provider reviews its safeguarding adults policy to ensure it reflects current national and local policies and good practice guidance.

- The registered managers and staff had training about their role in safeguarding people from abuse. Staff were able to describe signs of possible abuse and knew how to report these. When they learned of possible abuse, the registered managers referred this to the local authority safeguarding team.

- Safeguarding from abuse was regularly discussed in house meetings, staff team meetings and in staff supervision meetings.

Staffing and recruitment

- Enough staff were on duty to provide people's support. Where there were staffing vacancies, the service used agency staff to fill gaps in rotas. Relatives told us, "[Person] is never left alone. Not all staff are PEG [feeding tube] trained, but on call staff always come out" and, "We get a copy of the staff rota. If there is a shortfall of regular staff and they can't get certain agency staff that have worked with [person], we step in, and [person] comes home."
- Regular staff had the training they needed to work safely and effectively and were prompted to keep this up to date. Relatives said regular staff were trained well: "Regular and on call staff are so good", "There seems to be quite a lot [of training]. New staff shadow for 2 weeks. The contrast is that agency staff do no shadowing", "It [training] seems good" and, "They seem to go through a lot of training, such as the care plan and needs."
- There were pre-employment checks for new staff. These included confirmation of identity, Disclosure and Barring Service (DBS) checks, obtaining a full employment history with an explanation of any gaps, taking up references and checks on entitlement to work in the UK. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service ensured employment agencies supplied the credentials of agency staff, to confirm they had been through the necessary pre-employment checks and training.

Assessing risk, safety monitoring and management

- Risks to people and to the staff supporting them were assessed. These included moving and handling, the risk of developing pressure ulcers, the risk of malnutrition, vulnerability to abuse, risks associated with health conditions and risks associated with activities.
- People's support plans set out how staff should support people to manage these risks in the least restrictive way.
- A person who had been known to behave in a particular way when stressed or anxious had a positive behaviour support plan. This was based on guidance from the person's community learning disability professionals. It gave staff clear, non-restrictive strategies to support the person.
- The service had a disaster recovery plan for addressing emergencies that might affect the safe running of the service, such as power blackouts.

Using medicines safely

- Staff recorded when they supported people with their medicines, using Medicines Administration Record charts. There were suitable arrangements for checking and recording these charts. Current charts showed people received their regular medicines as prescribed, or reasons recorded for any omissions.
- There were suitable arrangements for the recording of the application of creams or other external preparations. Full details were provided for staff on how these should be applied, and these were regularly used as prescribed for people.
- If medicines were prescribed 'when required' there was person centred guidance for staff to ensure these were used and given safely. On most occasions times were recorded when doses were given, although there were a few occasions when exact times had not been recorded. However, suitable gaps had been left to ensure these had been given at safe intervals.
- Policies were available for staff, and they received regular training updates. They had competency assessments to make sure they were supporting people with their medicines in a safe way. Improvements had been made to the training provided to help reduce the number of incidents reported, including

competency assessments for some agency staff, and 'block booking' to try to ensure consistency.

- There were regular medicines audits and we saw issues that had been identified and reported. Incidents or errors were investigated, and detailed analyses of incidents and error margins had taken place to identify any patterns. Improvements were put in place to try to prevent recurrences, and the number of issues reported was decreasing.

Preventing and controlling infection

- The service had an infection prevention and control policy. The registered managers kept up to date with current government guidance for preventing and controlling infections.
- Staff had training in infection prevention and control, including hand hygiene and how to use personal protective equipment (PPE).
- Staff had ready access to the PPE they needed.
- Staff had training in safe food handling.

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 at the newly registered address. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

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

- The service did not always assess people's mental capacity to make particular decisions, or did so in a way that did not meet legal requirements. A person wore splints to stop them hurting their skin; healthcare professionals had supported the service to write guidelines for their use in the most comfortable and least restrictive way for the person. No best interests decision was recorded in relation to the splints, although there was one for the person wearing a sock on their hand, which they had done before they had the splints. The registered managers immediately arranged for a current best interests decision to be recorded. However, there was a risk the service may not have identified restraint was happening and put the necessary legal safeguards in place, had this not been highlighted at inspection.
- There was a risk that people's right to consent or receive care and treatment in their best interests might not be properly honoured. Mental capacity assessments, and best interests decisions where people were found to lack capacity, were undertaken where there were grounds to think people might not understand the implications of consenting to a particular aspect of their care. However, the records of these were not fully completed, for example, with explanations of attempts to support people to understand the decision, what was known of the person's views and the views of their circle of support, what other options there were, and which was the least restrictive.
- When we drew this to their attention, the registered managers immediately started the process of ensuring all mental capacity assessments and best interests decisions contained the information required. They were

reviewing the need for further training in relation to MCA principles. There was a risk the matter may not have been identified and addressed had it not been highlighted at inspection.

We recommend the service establishes an effective process to ensure mental capacity assessments and best interests decisions are fully completed, and that these are reviewed periodically to ensure they remain relevant.

- The registered managers had identified that people were deprived of their liberty, even though they were not objecting, as people required constant supervision from staff and were not free to leave the house alone. They had asked care commissioners to apply to the Court of Protection to authorise these deprivations of liberty.
- Staff understood the importance of seeking consent where someone was able to give it and of not restricting someone unnecessarily.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff support: induction, training, skills and experience

- People and relatives said they were happy with their or their family member's care and support from regular staff. Comments included: "[The care staff are] really good", "[Person's] team are highly regarded by us and [person]. They are excellent", "I am wholly satisfied with [person's] care", "They look after [person] very well", "The staff have looked after [person] very well [during a period of difficulty]" and, "I think [person] is in a good place, [person] is happy."
- People's needs were assessed holistically, which formed the basis of each person's support plan. Support plans were reviewed and updated at least annually, or more often if the person's needs changed. People, their relatives and their professionals were involved in this process.
- Staff confirmed they had access to people's clear, current support plans that enabled them to provide effective care and support.
- Staff were supported through initial and update training, training specific to the needs of people they supported, regular individual supervision meetings and team meetings. They also had informal contact with the senior staff and managers connected with the house they worked in, and with on call staff.
- New staff completed an induction that included training and shadow shifts alongside existing staff. Inductions followed the Care Certificate format; staff without qualifications in care were expected to attain the Care Certificate and were encouraged to progress to health and social care diploma qualifications. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to shop for, prepare and consume their choice of balanced diet.
- Staff followed support plans with clear instructions about people's preferences and support needs in relation to preparing food and eating and drinking. This included support for people who needed special diets due to health conditions or swallowing difficulties.
- Support plans relating to eating and drinking referenced specialist advice from dietitians or speech and language therapists.

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

- People accessed health services as they needed, including annual health checks, age-related health screening, dental care, sight tests and check-ups with primary care or hospital specialists in relation to

health conditions. Staff also supported people to consult health professionals as appropriate if the person showed signs of becoming unwell.

- Support plans contained information about people's health conditions. Staff had ongoing communication with people's health professionals and their instructions and advice were incorporated in support plans. These included epilepsy specialist nurses, medical specialists, and professionals from the community learning disability team.
- People each had a health passport, which summarised succinctly what care staff and professionals in other settings, particularly hospital and ambulance staff, needed to know about the person to support them well.

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

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- People and relatives felt regular staff were kind and caring. They said of staff: "They are friendly in manner", "Care staff are so kind, patient and tolerant. The regular staff care for [person] wonderfully. They never say, 'We are going to', they say 'Would you like to'. They know how far to encourage and persuade them", "From what I've seen they are patient and caring" and "They are kind."
- Through the height of COVID-19 pandemic, the service had been able to fill staff vacancies. However, after the furlough scheme ended, people in some houses had regularly experienced care from agency staff. There were staff vacancies across most of the 19 houses, and in 1 house, most of the rota was filled by agency staff due to a particularly high number of vacancies. Whilst the registered managers had arranged with agencies to secure staff who regularly worked at the service, feedback from relatives was that there were nonetheless some agency staff who did not know people well and were not as attentive to their individual needs and preferences as regular staff.
- Inconsistent staffing placed people at risk of not being treated as individuals and having their preferences respected. Relatives gave examples of the impact on their loved ones of care from agency staff who had not got to know them well: "There have been quite a few different agency staff recently. My concern is [person] cannot explain if they are in pain and they show it with anger", "When I speak to agency staff they say '[Person] is fine', and that's the end of the conversation" and (for a person who liked cooking), "Regular staff cook with [person] and one of them is learning how to make cakes so they can do this with them. Agency staff have asked for shop bought meals as they cannot cook."
- A relative summarised the importance of staff knowing their loved one and communicating well with them. They said, "I can tell by [person's] response whether carer staff are interacting with [person]. They are completely different with regular staff, crafty, funny and sly. I cannot fault Diverse Abilities staff."
- Relatives had mixed views about how well staff knew their loved one. They told us, "I would say 75% staff know [person] well. It is very important they know [person's] quirks and ways", "I think recently it's been a bit awkward. From tomorrow [person] will be having a full-time carer they know and are familiar with. This is quite positive" and "There is a problem with retaining staff. [Person] doesn't like change. We have a settled period, then people move on. It happens a lot."

We recommend the provider reviews their systems to ensure people are supported by staff who have the right skills and enough time to get to understand people's individual care and support needs and preferences.

- The registered managers recognised consistent staffing was important for people and were actively recruiting new staff. They also ensured consistency of staffing when a person was admitted to hospital, where they continued to receive support from Diverse Abilities staff regardless of the hospital being able to fund this.
- Regular staff supported people in a way that fostered their independence. Support plans promoted people's independence.

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

- People and relatives said they felt consulted in decisions about care, and that their views were taken seriously. For example, they told us, "Any decision to be made they always contact me", "I try and go to the annual [formal care plan review] meeting. They keep me informed regularly and listen to me" and "We are always in conversation; they ask me what I think and listen to my opinions."
- Staff regularly reviewed people's goals and outcomes with them and their families, to help make sure they kept on receiving the right care and support.
- The registered managers recognised when people might need an independent advocate to support them in expressing their views. They knew how to refer people for independent advocacy.

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 at the newly registered address. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People told us they were pleased with their support from the staff they knew and trusted.
- Relatives confirmed they were involved in planning and reviewing their family member's care and support. For example, relatives told us, "We go to all meetings and usually get a copy [of the support plan] after reviews. We have opportunity to voice our opinion" and "All plans are in place. I have recently been sent documents to check and update."
- Support plans were holistic and highly personalised, reflecting people's strengths, equality characteristics, preferences and needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs and provided the support required. A relative commented, "[Person's] speech is not clear, but staff seem to quickly understand them."
- People's support plans set out clearly their communication needs. Where people had communication passports devised in consultation with a speech and language therapist, support plans referenced these.
- Communication needs were shared appropriately, for example, if someone was admitted to hospital.
- The service provided information in an accessible format when needed, 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 supported to keep in contact with their families and to pursue friendships. People told us about this, and relatives commented: "[Person] has a good social life, and gets encouragement and opportunity", "Staff take person to see friends from another bungalow. A group of them get together" and "[Person] has lots of friends at church and bingo. They can use the bus with staff and go to see their aunties now and again."
- People had support to get involved in hobbies, at home and out. People told us about things they enjoyed doing, including singing in a choir, art and craft, and supporting the local football team. Relatives commented, "[Person] likes bingo, short walks, going for coffee and the cinema. They get used to someone

[staff] and like to do things with them. Then they feel more confident and happier" and, "[Person] is sporty, goes to the gym and has a personal trainer."

- A relative of someone who had experienced frequent changes to their staff team expressed reservations about their family member receiving all the support they needed to pursue activities they enjoyed, which managers were addressing. They told us, "An issue we have is that we would like to see [person] going out more. They are not as proactive as we wish, for example, we suggested swimming, they took [person] once and that was it. We got a positive response from the manager, who said they will have a team meeting with care staff to look at how to improve activity."

End of life care and support

- The service had supported people who had been terminally ill and had died. Staff had worked closely with them, their families and health professionals to ensure they had a peaceful death in the place they wished to be.
- People's support plans did not all document their wishes regarding the end of their life. The registered managers acknowledged that documenting people's end of life wishes was an area for development.

Improving care quality in response to complaints or concerns

- The service shared its complaints policy with people and their families. This set out how people could make a complaint and set timescales for the service to investigate and respond.
- The complaints policy wrongly instructed complainants to escalate their complaints to CQC, which does not have the legal powers to investigate individual complaints, rather than to the Local Government and Social Care Ombudsman.

We recommend the service reviews and updates its complaints policy to advise people correctly about how to complain and who to escalate their complaint to.

- No-one we spoke with had experience of making an official complaint. People and relatives told us they felt able to raise concerns with managers or senior staff, for example, "I have no reservations about speaking to the team leader first, and then the registered manager." Relatives said the service was generally responsive, although one relative felt the manager concerned had not responded as soon as they could have done.
- Two official complaints were recorded for 2022, which the service had addressed with the agencies that employed the staff concerned. The registered managers had identified that a theme underlying complaints received had been unfamiliar staff, particularly agency staff, working with people.

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 at the newly registered address. 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

- The registered managers had not always informed CQC of notifiable incidents relating to people's health, safety and welfare, as they are legally required to, although they had made safeguarding referrals to the local authority.

Concerns that had resulted in safeguarding referrals to the local authority and serious injuries had not always been notified to CQC without delay. These were breaches of Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009.

The registered managers responded immediately during and after the inspection. They acknowledged notifications had not always been made and adapted their procedures to help ensure notifications are made in future.

- Team leaders in each house completed regular quality assurance checks in relation to support plans, care and support delivered, medicines, and financial records. These were supposed to be undertaken at least monthly and for some checks, more frequently. However, a relative highlighted how they had alerted the service to incorrect contact details for a close family member, which meant the service would not have been able to contact them in an emergency. The quality assurance checks should have identified this but had not done so. Similarly, quality assurance checks had not identified the negative impact of agency staffing on individual people's experience.

- The registered managers undertook quarterly audits of incident reports, body maps, safeguarding referrals, medicines errors and quality assurance documentation. They followed up any concerns and learning points they identified. For example, the service had resumed face-to-face medication training following a series of medication errors involving staff who had completed medication training through e-learning. Nonetheless, systems and processes were not embedded to capture all incidents to enable full learning and identification of themes and trends.

- However, quality control processes and audits had not identified the issues we found with recording of mental capacity assessments and best interests decisions, including the absence of a mental capacity assessment and best interests decision in relation to a person wearing hand splints to stop them injuring themselves.

Systems and processes had not enabled the registered managers to assess, monitor and improve the quality and safety of the service. This placed people at risk of unduly restrictive practice. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers responded immediately during and after the inspection, with plans to help ensure the service observed the requirements of the MCA.

- The registered managers had planned for improvements to the computerised care recording system to give them more immediate and responsive oversight of incidents and accidents
- Staff had regular supervision meetings with their manager or team leader. This considered their work in some detail, giving feedback, discussing any concerns, and making clear what was expected of them.

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 provider had a culture of inclusivity, person-centredness and openness. This was reflected in people, relatives and staff feeling comfortable to raise concerns with managers, and in efforts to ensure people and staff were not disadvantaged because of disability. A relative commented, "I can have an honest conversation with the manager."
- However, relatives had mixed views about how well staff kept them informed from day to day. They told us, "[Person's] team leader is very good. We have frequent contact and talk a lot" and, "Not as much [contact from staff involved in person's care] as we'd like. We have had regular meetings with team leaders over the past 7 years and asked for a weekly update. It has depended on the team leader."
- Relatives also expressed mixed views about communication from managers. Asked if they felt the management team communicated well, they told us, "Fine, I mainly get emails", "Communication is good, can't think of anything to fault them" and "Communication is not good. We used to get newsletters, that all stopped. There are no thoughts on how they are going forward."
- People, relatives and staff were encouraged to give feedback about the service through care reviews, team meetings and informal conversations with managers. Relatives said surveys happened infrequently, one suggesting this was an area for improvement, although the service was due to undertake a survey of people and relatives later in the year, and a staff survey imminently. Comments included: "Get a questionnaire every so often - a paper exercise. I have gone back with a response but seen no improvement. They could get better at this", "Every 3 years" and "Once in a blue moon."
- Overall, people, relatives and staff had confidence in the leadership of the service, and relatives said they would recommend the service to others. Comments included: "I think [the service is managed] well. I have a lot of confidence in the manager we work with" and "As far as the provider is concerned couldn't wish for better. The issue is lack of funds and lack of staff."
- The service been heavily reliant on agency staff, having lost staff as they returned from furlough to their usual jobs. The registered managers recognised some people had experienced sub-optimal care because of lack of staff continuity and were devoting considerable time and effort to recruiting new staff.

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

- The provider exercised their duty of candour, the registered managers being open and honest with people and their families in the event of something going wrong or a near miss.
- Relatives confirmed the service informed them of things that had happened: "They always let me know anything I should know about" and "Anything up they tell me, email or phone."

Working in partnership with others

- The service regularly worked in partnership with other specialist services, including health and social care professionals, with a view to improving outcomes for people. This included specialist services providing training for Diverse Abilities staff to be able to provide the specialist care and support individual people needed, such as physiotherapy exercises.
- The management team were in regular communication with NHS and social services commissioners. This included annual care reviews and consulting health and social care professionals for advice on how to manage situations arising in individual people's care and support.
- The registered managers were linked into local forums for care providers and registered managers.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified CQC of at least 14 notifiable incidents that occurred whilst services were being provided in the carrying on of a regulated activity or as a consequence of the carrying on of a regulated activity. This meant CQC was not aware of incidents that might have affected the way we monitored the service, including deciding when to inspect.</p> <p>Regulation 18(1) of the Care Quality Commission (Registration) Regulations 2009</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes had not enabled the registered managers to assess, monitor and improve the quality and safety of the service. Quality control processes and audits had not identified the issues we found with recording of mental capacity assessments and best interests decisions, including the absence of a mental capacity assessment and best interests decision in relation to a person wearing a hand splint to stop them injuring themselves. This placed people at risk of unduly restrictive practice. Quality control process and audits had also failed to identify that a person's file contained incorrect contact details for relatives and the impact agency staffing was having on individuals. Systems and processes were not embedded to capture all incidents to enable full learning and identification of themes and</p>

trends.

Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014