United Response

Richmond and Kingston DCA

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kingston and Richmond DCA is a domiciliary care and 'supported living' service and is registered to provide personal care and support to people who have a learning disability or complex needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were 26 people receiving personal care in eight different supported living settings on 24 hours a day and also in their own homes. We visited some people who lived in self-contained flats, adapted houses where people had their own bedroom and sometimes individual or shared bathrooms and as well as shared communal areas.

People's experience of using this service:

People did not always receive consistent good standards of care. We identified a breach of regulations in relation to good governance. We found people were sometimes placed at risk of avoidable harm due to a lack of adequate oversight on the management of the settings. The provider needed to do more to provide an enabling environment towards independent living for people using the service. The provider's partnership working with other agencies, social and health professionals and external organisations were not always effective. This undermined their ability to deliver care of consistently high standards.

People using the service and their relatives felt safe with the care provided. Comments included, "I do feel safe and I'm happy with my support worker"; "100% have no question about [person's] safety" and "I do feel [person] is safe in the group house".

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

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

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Audits were carried out on the quality of care and improvements. However, these did not always identify areas of improvement. Medicines management processes were not always robust which may have put people at risk of avoidable harm. The registered manager did not always provide adequate oversight to the care provided at the service. They relied heavily on managers and senior staff on site to oversee the operations at the service. The provider did not always effectively use the systems in place to monitor and drive improvement in the quality of care.

Staff were trained in infection prevention and control. People required support to ensure they were not at risk of spreading disease and contamination. The provider did not always work effectively with other agencies to ensure people were always supported to maintain good hygiene standards in their settings.

Staff knew how to protect people from harm and understood their responsibilities to report concerns. Staff were recruited safely and received an induction before they started providing care.

People were involved in planning for their care. Care staff had information to support people with their needs and choices. People's needs were met. Staff received training required for their roles and felt supported in their work. People felt their concerns were acted on in a timely manner. Staff supported people to access health services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had developed meaningful caring relationships with staff who provided their care. Staff supported people to undertake activities of their choice. Comments included, "[Staff] do put evening classes on and take them to the cinema in the evening if they choose to go" and "[People] are always doing something". Most people received care from a consistent team of care staff. People were treated in a manner that promoted their dignity and maintained their confidentiality and privacy.

People, staff and relatives were involved in the running of the service. Their views were considered and used to develop the service.

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

Rating at last inspection
This service was registered with us on 09/01/2020.

The last rating for the service at the previous premises was good, published on 23 May 2019.

Why we inspected

We inspected this service in line with our inspection methodology.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Richmond and Kingston DCA

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in a number of '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We requested the provider send information to us prior to our site visit. This included information on people using the service and contact details of care staff.

We reviewed information we had received about the service since registration. This included details about incidents the provider had told us about, such as safeguarding events and statutory notifications. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also sought feedback about the service from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We visited eight different settings to speak with people who lived in the supported living units.

We spoke with six people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, service manager, enterprises manager, team leader and care workers. We reviewed a range of records. This included 10 people's care records and risk assessments.

We also reviewed a variety of records relating to quality assurance, audits and management of the service including some policies. We looked at six staff files in relation to recruitment, training and supervision.

After the inspection
We continued to seek clarification from the provider to validate evidence found during the inspection. We looked at more people's care notes and quality assurance records. We sought feedback from the local authority team that commission care at the agency. We contacted housing associations and landlords responsible for premises management of some of the settings due to safety concerns.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

● People's medicines were not always managed safely. Some Medicine Administration Records (MAR) were not correctly signed and did not have complete information. For example, one person's record was incorrectly filled for PRN "when required" medicines. The registered manager and audits carried out had not identified this matter. The dosage of paracetamol was incorrectly filled in and written over. Someone had written 8am in the dose column and then overwritten it. It was not clear and there was no signature for the amendment.

● Another person was short of medicines during the monthly cycle although the registered manager told us the policy was to have a month's supply and a bit extra. In another week, there were enough prescribed medicines for the person but paracetamol on 'when required' basis had run out. The arrangements to monitor and reorder stock were not adhered to which placed the people at risk of not receiving their medicines when needed. A more robust approach to medicines management was required to identify and resolve the concerned we noted.

●Staff received training in administering of medicines and had their competence assessed.

Preventing and controlling infection

● There were poor hygiene practices. There was a lack of oversight or inaction by the registered manager to ensure people received the support they required to minimise the risk to their well-being due to poor hygienic practices, such as dirty doors.

● There were inconsistent practices in relation to maintaining good infection control and prevention practices across the settings.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was consistently making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider's infection prevention and control policy was up to date.

● People were cared for by staff who were trained in infection control and prevention. Staff told us this meant frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons.

We have signposted the provider to resources to develop their approach.

Staffing and recruitment:

● Some people did not always receive care in a timely manner. We received mixed feedback about staffing from people who received care in their own homes. Comments included, "Sometimes the carers are alright but sometimes they are not so good. It can also be a bit rushed"; I have experienced delays"; "The office telephone sometimes goes unanswered when I want to check the whereabouts of my carer"; "They give me a rota and they are lovely people and very professional" and "I am happy with them".

● Feedback from people in supported living settings about staffing was positive. They said there were sufficient staff deployed to meet their needs. One relative told us, "There are two to three care staff who are regular on a rotational basis for my relative." People in supported living did not experience delayed or missed calls because at least one member of staff stayed overnight in each setting and did not leave until the day shift staff arrived. Some of the settings had experienced staffing shortages in the run up to Christmas but cover was provided by regular members of staff who picked up extra shifts.

● People received care from staff who were recruited safely and had a Disclosure and Barring Service (DBS) check. DBS provide information including details about and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● People took part in the recruitment process which ensured the provider recruited staff whose values aligned to those of the organisation and people they were to support. A relative told us, "[Person] has been employed by United Response [parent company of the service] and part of his role is to sit in on recruitment of staff."

Learning lessons when things go wrong

● Learning from incidents and accidents was not always done in a timely manner. This meant missed opportunities for minimising a repeat. For example, a safeguarding incident of financial abuse that occurred 10 months before the inspection had not been discussed widely at the service and how to mitigate risks. A service manager told us there was a team meeting scheduled on the day of our inspection and that this was an item on the agenda.

● The provider monitored incidents and accidents which enabled them to identify patterns and trends. However, the service was complex and the management oversight not clear. The settings were at times managed as different organisations, not as part of the service, which resulted in delays in sharing of good practice with all the staff regardless of where they worked.

● Staff understood their responsibility to report incidents and accidents at the service.

Assessing risk, safety monitoring and management;

● Risks to people's health and well-being were assessed and managed. Risk assessments looked at various aspects of people's needs such as their mobility, medication and eating and drinking. These were reviewed and updated when people's needs changed and showed the preferences and the support each person required. People and their relatives where appropriate took part in planning for their care. Staff understood and followed risk management guidance to provide care to people in a safe manner.

● However, there were environmental issues in the settings which may impact on delivering better outcomes for people using the service. Some of the concerns were long running and remained unresolved over many months.

● The partnership working with other agencies was not effective in ensuring a safe environment for people living at the settings. We spoke to the registered manager who had not visited one of the settings for over six months which may have contributed to them not seeing the urgency of repairs and refurbishments or an acceptance of the state of disrepair. The registered manager told us they had engaged with the landlords or housing associations responsible for the maintenance of the settings to have the issues resolved.

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

- People were protected from the risk of abuse.
- Staff received training in safeguarding and knew how to recognise and report any concerns to keep people safe from harm.
- The registered manager reported safeguarding concerns to the relevant authorities including the local authority to ensure concerns were investigated and resolved.
- A safeguarding policy and procedure was in place and contained details about how to escalate concerns.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were assessed and met. One relative told us, "[People] have an individual plan that they agree with the worker". Support plans detailed people's preferences and the support they required. People and their relatives where appropriate took part in planning for their care.
- Staff told us care plans contained a clear guide to people's support needs. Records showed people received care in line with their needs and choices and best practices.

Staff support: induction, training, skills and experience:
- People were supported by staff with the skills and knowledge appropriate for their roles.
- Staff underwent an induction programme when they started work. Staff told us, "The induction was thorough. I was given time to learn about the service users" and "The training has been really, really good with plenty of practical training, as well as some online training."
- Records confirmed staff received training to develop and improve their performance. Supervision records showed staff were given opportunities to discuss concerns, things working well and share ideas to improve their practices.

Supporting people to eat and drink enough to maintain a balanced diet:
- People received support to eat and drink healthily. Comments included, "All meals are provided and made on the premises. [People] can choose what they would like for their main meal" and "Staff have got him eating more healthy things. They are encouraging him to make healthy choices."
- Healthcare professionals were involved to ensure people maintained a balanced diet suited to their nutrition and hydration needs. Care records showed staff were aware of people's dietary needs, including their preferences and supported them appropriately. Staff supported people with food shopping and meal preparation when required.

Staff working with other agencies to provide consistent, effective, timely care
- People received the support they required to access healthcare services for their well-being. Comments included, "[Staff] are looking at the whole welfare of [person] including medical and sexual health" and "[Staff] deal really well with external organisations. If there are any changes, they flag them up."
- Staff arranged medical appointments, hospital visits and escorts when appropriate which ensured people received the support they required. Staff worked closely with people's relatives
about concerns about their health and involved them in reviewing their needs.
- Staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily and to take their medicine to manage health conditions such as diabetes.

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

● People were assisted to access healthcare services. "Earlier this year [Staff] had to phone for an ambulance for me as I felt unwell and she stayed with me until the ambulance arrived."

● Staff monitored changes to people's health and well-being and contacted healthcare professionals when they had concern. Care staff told us, and records confirmed they shared information and followed guidance to deliver effective care.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own 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.

● People were asked for their consent before staff provided care. Staff demonstrated knowledge and awareness about MCA and its principles.

● Care plans showed what decisions people could make for themselves and where they may require support such as receiving personal care and meal preparation. Care records showed staff upheld people's rights and supported them to make decisions in their best interest.

● Staff had access to the provider's policy on MCA which they used as guidance to inform the way they cared for and supported people.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People were treated with respect. Comments included, "[Managers] pick the staff with different genders and different age groups, so that is great and brings different skills to meet the varied needs of [people]"; "[Staff] are so supportive and caring" and "They are generally very nurturing and caring. It's like a family." Records showed staff recorded and acted on people's views and treated them well. Comments included, "[Person] gets on well with staff" and "[Staff] understand how to support her properly, they really care for her."
● Staff told us they took into account the diverse needs of people using the service people's such as disability, gender, ethnicity, cultural differences and different communication styles. This ensured they provided care in a manner that respected equality and diversity of the people they supported.

● People received care and support in the majority from a consistent team of staff. This enabled staff to get to know people well which promoted positive caring relationships between them.
● We observed good examples of person-centred care, sensitively carried out, for example a member of staff gently took the hand of a person who was in distress and spoke with them in a reassuring manner.

Supporting people to express their views and be involved in making decisions about their care
● People received care in line with their choices and preferred routines. Comments included, "The support staff are brilliant and very caring" and "My support worker is really lovely to me. I get to do what I want and live my life the way I wish."
● People were given opportunities to express choices about their daily routines and staff recorded these in the care plans.
● People were encouraged to express their views and make decisions about their care. This enabled people to talk about how they wanted their care delivered. Staff valued and respected people's decisions and provided care as they wished. Staff had information about what was important to people.

Respecting and promoting people's privacy, dignity and independence
● People had their dignity and privacy upheld by staff who provided care. Staff respected people's confidentiality and told us they would only share information on a need to know basis.
● People told us staff valued their private space, for example, staff sought permission to enter their rooms and respected how they wanted their belongings arranged or maintained.
● People were happy in the manner staff supported them to live independent lives as possible. Comments included, "[Staff] encourage my son to do what he can for himself" and "[Staff] really support my son. For example, he needs encouragement to get involved in kitchen activities and they help him do the things he

loves such as stirring things and laying the table."

● Care plans detailed what tasks people were able to do independently. People attended college, did voluntary and paid jobs and went out in the community on their own or with support. This enabled people to make progress towards independent living and or live their lives with minimal support in some areas.

● Staff supported people to develop and or maintain daily living skills and how to work towards independence in specific areas. Staff told us and records confirmed showed they supported people in finding opportunities in gainful employment and or volunteering.

● People were supported to take part or run activity groups and social enterprises set up, co-run and led by people with disabilities. Groups range from drama, cooking and dance exercise to gardening, Makaton and meditation.

● We observed people going about their daily routines independently. Staff encouraged people to do as much as they practicable could do and helped them complete tasks in manner that did not take away their independence.

Good

Is the service responsive?

Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that met their individual needs. Comments included, "[Person] does have a support plan" and "I'm in regular contact with the manager who has been pushing for a review of [person's] care plan." People and their relatives were involved in planning for their care and support.
- Care plans were detailed and individualised showing each person's specific needs and their support requirements. Staff worked flexibly around each person's daily routine and lifestyle. Records showed staff delivered people's care in line with their preferences and interest.
- People were supported to take part in activities of their choosing for social interaction, personal growth, educational advancement and voluntary and paid employment. Comments included, "It is good my sister does lots of things with other residents such as karate through to wellbeing classes" and "[Person] has a timetable for 'Bingo and Keep fit', quiz and going to the pub."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, considered and recorded. One relative told us, "[Person] uses Makaton and so the use of regular staff who understand Makaton and understand him is important " and "They have a meal planner in the kitchen with a visual picture of the meal they are having that day".
- The provider understood their responsibility to ensure people were provided with information in a format they understood, for example, support plans were in larger print or pictures.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. They told us their concerns were resolved. Comments included, "I ring up if I have any concerns. [Managers and staff] are quite approachable" and "If anything crops up or is an issue, they deal with it and include us and [person]."
- The registered manager investigated and resolved complaints in line with the provider's policy and procedures. People and their relatives received a complaints procedure which detailed the processes about how the provider investigated and resolved complaints an.

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 who wished to engage in activities for stimulation were encouraged to do so and staff rotas planned to accommodate their needs. A relative told us, "[Person] is involved in extra things put on by United Response such as the clubs which are a brilliant offering. They have even got my relative some work with United Response and this has really helped her be safe productive and happy".

● People received the support they required to maintain relationships with those that mattered to them. Staff supported people to keep in touch with friends and family and to maintain social interaction within the community. People told us and records confirmed relatives, friends, advocates where involved in their lives. This enabled them to reduce social isolation and lead fulfilling lives where their well-being needs were met.
● Care records contained information about people's hobbies, interests, likes and dislikes.

End of life care and support
● People were asked about their end of life wishes and their plans recorded. At the time of the inspection no-one was receiving end of life care from the service.
● The provider had systems in place to record people's advance wishes and knew the process of involving healthcare professionals to support people who required end of life care.

Requires Improvement

Is the service well-led?

Our findings

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;

● We identified issues about the governance of the service. The registered manager did not always use effectively the provider's systems to assess and monitor the quality of the service. The provider carried out audits on various aspects of the service such as care planning, risk management, staff training and supervisions, customer satisfaction and record keeping.

● However, we identified issues in some of the audits. For example, audit records were not always filled out as stated on the forms. One form required that if a "no" response was recorded on an action planner, information was required explaining why. However, there were minimal, or no comments made. It also said to reference actions raised in the previous audit had been addressed. There was no evidence that this was done in some instances. Not all issues identified in audits had an action plan nor the responsibility given to a named member of staff or manager.

● One latest quarterly audit record under the 'Environment section' did not highlight the state of disrepair at one unit and the different conditions at the other settings. This did not give us assurance that the registered manager knew the extent of the issues at the settings as these were signed off as good.

We found no evidence that people had been harmed with the issues identified above. However, the provider had not ensured their systems were always effectively to ensure people received a consistent high quality of care.

These issues are a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The quality of management varied between those of people in supported living settings and that delivered to individual persons in their own homes. We received mixed feedback about the management of the settings from relatives of people using the service. Each setting had its individual identity and different management styles. Comments included, "I don't think the higher managers are very hands on. Since [a previous service manager] left, the staff have informed us that things have fallen by the wayside"; "I don't know whether the managers have too much to do or are just incompetent", "[Registered manager/service manager] doesn't go into the house enough", "No I don't know anybody else but just my two support workers"; "No I can't remember anybody else phoning me to ask how I am" and "[Service manager] is proactive. He listens well and has made time to listen to me and getting the service right for my relative. He shares information with the support workers and is involved in extra."

● Relatives of people using the service and some staff were not always clear about the management structure and the roles of the different managers involved at the services. They did not understand where the registered manager fitted within the organisation and what support they could expect to receive from them. Comments included, "I don't have huge contact with the senior people in the organisation"; "I have

concerns about the management now; "I don't feel they give their management enough training especially on managing people"; "The organisation especially [manager] gets very defensive if we as parents say anything and if we point out that the staff aren't feeling supported he says that the staff haven't said anything to him. Well they wouldn't, would they? They are worried about losing their jobs"; "[Relatives] have worked really hard with [staff] over this but the communication has fallen down and that has caused issues for the staff and between us and management" and "The manager has been fantastic. He is proactive and communicative. He listens well and has made time to listen to me and getting the service right for my relative. He shares information with the support workers." One person living independently told us, "I do occasionally phone them to see where the carer is, and it can be hard to get hold of somebody."

● Staff were aware of their roles and responsibilities although some told us they needed clarity about the management and reporting structure. Staff commented, "I enjoy my job very well, even though some situations are challenging"; "I have never met the [registered manager]. I do not know them. I have a good relationship with my colleagues and we support each other well"; "[Registered manager] is always available and very supportive" and "I suppose the manager is told what to do by the [registered manager] I am not worried about who the manager is".

● We identified further issues around the governance of the service. Record keeping was not consistently completed in the service and audit documentation required improvement.

● One medicines audit showed 'It was not clear there was a robust review system' and reviews were not always dated. Audits had not identified no risk assessments on medicines and there the lack of guidance from the GP on 'when required' medicines. In addition, signature boxes need to be filled in. Audits were not always followed by action plans. Some audits showed some cutting and pasting some forms. For example, , best interests and hospital passports.

● Staff demonstrated good knowledge of the needs of the people they supported. However, they did not always record the support each person required. They told us of other ways they used to meet some aspects of a person's needs were 'sensed' rather than written down, as they could vary from minute to minute and day to day. We reviewed records of one person, and these had not been updated to reflect a safeguarding issue that had occurred although the staff knew how to manage any situations that may arise in that regard.

Working in partnership with others

● We identified further issues about the governance of the service. The provider did not always work effectively and in a collaborative manner with other professionals and agencies to ensure better outcomes for people using the service. While CQC does not regulate premises in supported living homes, we expect providers to work in partnerships with other agencies to ensure people receive consistent high standards of care. People may lack the capacity to make decisions about the environment they live in and the quality of facilities they use. There were ongoing issues around the safety of the facilities people used and the accommodation people lived in. For example, some people required support to maintain hygienic and live in safe environments to lead meaningful lives and or support them towards independent living. We observed evidence of poorly maintained environment such as cobwebs, a leak in a toilet, broken shower, dirty doors, a broken blind and a need of decoration and refurbishments required in some of the settings. This may have an impact on people's outcomes towards independent living and or living more fulfilling lives.

Continuous learning and improving care

● The registered manager and provider did not always demonstrate a strong focus on capturing learning to improve the service. Incidents, accidents and safeguarding matters were recorded and investigated. However, the analysis of incidents was not always robust and there was over reliance and/or lack of consistent oversight by the registered manager in overseeing the operations at the various settings. While maintaining individuality due to specific service user needs at each setting, the registered manager did not

always take a lead role in reviewing incidents which meant delayed or missed opportunities for learning and improving of care.
These issues are further evidence of a breach of Regulation 17.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● We received mixed feedback about the involvement of various stakeholders. Comments included, "So far we've been quite involved and we are clear on the things we want to maintain now the management is changing"; "We have seen what good looks like with the [previous manager] and so we can see the management is not as tight as we have seen before"; "[Service manager] is very good but has not had enough time to be in the service and to get to know staff and service users. [Previous manager] was based in the service and knew everything but when they are more remote as the current one, then it's harder. The staff have also noticed. They used to be able to just go and have a chat with [previous manager] but [current manager] is overseeing so many things."
● We also read complimentary feedback about how the service was managed and the care provided from some relatives. "It is always easy to contact the office and speak to someone" and "United response have been brilliant."
● The provider undertook surveys, questionnaires, reviews in person or by telephone, audited care plans and records to ensure people received the standard of care they expected. They responded by making the necessary changes which ensured people received support and care adapted to their individual needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People benefitted from a positive and person-centred culture practiced at the service. Staff delivered person centred care in line with each person's individual needs.
● Staff told us they enjoyed working at the service and felt supported in their roles.
● Staff were kept informed about changes to people's needs and the support they required which they said ensured they delivered effective care.
● Staff attended team meetings where they received updates about the service. Staff told us they attended handover sessions at the beginning of each shift and discussed any concerns and meeting people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;
● The provider understood their responsibility to be open and honest with people using the service when things went wrong.
● The registered manager notified the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities.
● Staff received feedback about events at the service and any changes required to their ways of working to enable them to deliver good standards of care although not always in a timely manner.
● Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

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 Systems or processes were not operated effectively to ensure compliance with good governance. The provider did not work effectively in partnership with other agencies to improve the outcomes of people using the service. Regulation 17 1, 2(a) (b) (c) (f)