TLC CARE HOMES SUPPORTED LIVING LIMITED

TLC Care Homes Limited (Summer House)

Inspection report

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23 September 2021

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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
TLC Care Homes Limited (Summer House) is a supported living service providing personal care to approximately 22 people. Support is primarily provided to people with learning disabilities and autistic people. People live in individual flats and shared houses. The service is currently divided into three distinct clusters, South (Essex and Southend), West (Hertfordshire and West Essex) and Mid (Essex and Suffolk). Some people live in the grounds of Blamsters Farm, in Halstead, where there are also offices and training rooms.

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.

People's experience of using this service and what we found
We received largely positive feedback from people and their families, staff and external professionals about the care people received from TLC Care Homes Limited (Summer House). We observed people were at ease when interacting with staff.
There had been significant challenges to the service over recent years. In addition to the COVID-19 pandemic and staffing shortages, there were ongoing changes at senior management level. The two registered managers were committed and enthusiastic, however the management structure meant change was not always implemented consistently. In particular, this had affected communication, the roll out of electronic records and the oversight of information from quality assurance checks. We were told by the provider that planned improvements would address these concerns, however further time was needed to ensure improvements were implemented effectively.
Due to the level of commitment by senior and care staff, people experienced minimal impact from the issues at management level. People were supported by small clusters of staff who knew them well and were committed to providing safe, personalised care.
Staff supported people to manage risk safely. There was a focus on maximising independence and minimising restrictions. There was an open culture where safeguarding people was a priority. Learning from mistakes was used to improve the care people received. There were enough safely recruited staff to support people.
People received support to take their medicines safely. Staff worked with people to minimise the use of medicines when they were distressed. The provider had effective measures to minimise the spread of infection, especially in relation to COVID-19.
Staff worked well with professionals to promote people's health and wellbeing. People were supported to eat and drink in line with their preferences.
Staff received the required training to meet people's varied needs. The provider was supporting stagg to develop an increased understanding of how to support people who became distressed.
People had a say in the care they received. Care was personalised and adapted in response to changing needs and preferences. Staff supported people to develop their skills and interests. People received

information in a way they could understand. People and their representatives felt able to complain and be confident their concerns would be listened to and acted upon.
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 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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. However, there was room to improve how they reviewed and maximised people's right to live an integrated life in their local community.

Right support:
The model of care promoted people's choice, control and independence. However, some of the settings people lived in were not fully integrated into the local community and did not meet best practice outlined in Right support, right care, right culture. Some people had lived in these locations for years and were very settled. The provider agreed to work with people and other parties, such as landlords, to consider what measures could be taken to promote a more inclusive physical environment across all the settings.

Right care:
Care was person-centred and promoted people's dignity, privacy and human rights. People were treated as individuals and care was provided flexibly in line with their preferences.

Right culture:
The ethos, values, attitudes and behaviours of staff and management ensured people using services lead confident and empowered lives. Despite the physical limitations of some of the settings people lived in, staff promote an inclusive life where people were encouraged to be part of their local community.

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 23 July 2020 and this is its first inspection. The service had been previously registered under a different registration.
Why we inspected
This was a planned inspection of a newly registered service. The timing of the inspection was prompted in part by concerns received about some of the providers other supported living services. A decision was made for us to inspect TLC Care Homes Limited (Summer House) to assure ourselves people were receiving safe, good quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not consistently well-led Details are in our well-led findings below.	**Requires Improvement**

TLC Care Homes Limited (Summer House)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team included two inspectors and one Expert by Experience who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Where we spoke to the two registered managers we have referred to 'the management team' in the report. One of the registered managers was the lead for the schemes in the south area and the other for the west area. There was currently no registered manager solely for the schemes in mid-Essex and Suffolk. These

services were overseen by one of the registered managers and an area manager.

Notice of inspection
We gave a short period of notice of the inspection because some of the people could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interest' decision about this. We also needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 08 September 2021 and ended on 23 September 2021.
What we did before the inspection
We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
Two inspectors carried out an office visit on 8 September 2021. They met with the two registered managers, and office staff. An inspector visited three schemes in Essex and Hertfordshire on 15 and 16 September. We met with seven people, the area manager, three senior staff, six care staff and a positive behaviour advisor. We reviewed a range of care records, including seven people's selected care and medicine records. We looked at eight staff files in relation to recruitment, staff supervision and training. We reviewed a variety of records relating to the management of the service.

After the inspection
After the office and home visits, we continued to collect information from the provider. We received email feedback from four professionals, three family members and three staff members.

The expert by experience spoke with 11 relatives and one person who use the service to gather their views about the care and support provided.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• We found multiple examples where risk had been assessed and managed well. One of the registered managers described arrangements for a person who was at risk of financial abuse. There had been detailed assessments and discussions with the person, their family and the staff who supported them. A support plan had been developed which gave staff the day to day guidance on how to care for the person safely.
• In some instances, risk assessments had not yet been fully transferred from paper records to the new electronic system. We found no impact to people's safety from this during our inspection. This was because we found people were supported by a staff team who knew them well. Staff could describe how they supported people safely. They had easily accessible information about key risks, such as allergies.
• The management team described measures already being taken to ensure care records and guidance to staff were of a consistent standard.
• Restrictive practices were only used where people were a risk to themselves or others, as a last resort and for the shortest time possible. There had been increased investment in specialists employed by the service who carried out assessment and produced guidance to staff on how support people safely when they became distressed.
• The management team described improvements in how they managed risk to ensure they minimised restrictions on people's freedom. They had joined a national "Restraint Reduction Network" which aims to reduce reliance on restrictive practice.
• Staff reflected this aim in their practice. Staff had changed where they stood in a room, to be able to give a person space and minimise risk when they became distressed. Staff spoke with pride about how the person had engaged and worked with them to achieve this change.
• Staff recorded incidents and accidents. For example, staff had recorded when a person had fallen, and the support given to get them emergency assistance. This information was sent to the management team for review, who took effective action to ensure people were safe and lessons were learnt.
• A member of staff described how they learnt from an incident when a person who was sensitive to sound had become distressed when a TV was on too loud. Learning had been shared around the team supporting that person. Systems to ensure the wider organisation benefitted from lessons learnt at different locations were less effective. This has been discussed further in the well led section of the report.

Systems and processes to safeguard people from the risk of abuse
• Prior to our inspection we had concerns raised with us regarding multiple safeguardings. When we reviewed the information, we found these concerns did not relate to TLC Care Homes Limited (Summer House). We have ensured the concerns have been raised with the required parties, as appropriate.
• There was one complex situation which affected the wellbeing and safety of a person. We found the provider was working with the local authority to resolve matters. We were assured issues raised in this

situation did not raise concerns about the safety of people across the service.
• Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff told us they felt able to raise concerns. A member of staff said, "I feel able to speak out, it's like stopping bullying in a school. There is always leaflets telling you who to speak to if you don't want to go to your manager."
• The management team described how they had managed a recent safeguarding. Throughout the process the person had been supported in an open and respectful manner. The service had worked well with the person, their family and outside agencies to find a solution for all involved.

Staffing and recruitment
• The provider ensured there were enough staff to meet people's needs. A member of staff told us, "There is always enough staff. And if we have to use agency staff the managers make sure they are consistent." There were challenges with recruitment, however this was being managed safely, as described by a family member, "There is a high turnover of staff I would suggest but I think the company anticipates it well."
• There were safe recruitment systems in place. The management team told us they felt well supported by the team managing the recruitment.
• People had been involved in recruitment processes at the service, for example on interview days. This did not seem to be rolled out throughout the service. We discussed with the management team about involving people more consistently in selecting the staff who supported them.

Using medicines safely
• Staff supported people safely and in a person-centred manner with their medicines. A member of staff described how they supported a person who was reluctant to take their medicines, "We try to offer it with water first and then if they say no, we try with fruit squash."
• Staff supported people to maximise their independence when taking their medicines, for example observing at a distance or checking that the medicine packaging hadn't changed. A person told us, "I do my medicines myself."
• The service focused on minimising the use of medicine to support people when they became distressed, in line with current guidance. An experienced member of staff told us, "[Person] used to be on high medication for their behaviour, now they are off the medication. We have a very set routine which is all written in the care plan. I just tell staff to stick to the care plan."
• Staff had the skills to support people with their medicines. They received regular training and competency assessments.
• There were checks to monitor whether people took their medicines safely. Senior staff responded well when there were medicine errors. A relative told us, "They have been very good at informing me if they miss medicines. It was only once and the staff did some training, steps were taken so it didn't happen again, and it never has."
• A professional fed back to us that they had worked with the management team to improve checks of the support and training around medicines. They told us the provider had responded well to their feedback and put actions in place to improve processes.

Preventing and controlling infection
• We were somewhat assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Two staff working in the schemes in the mid-Essex area were wearing masks which were not in line with current guidance. All other staff used the correct equipment. The new area manager showed us recent communication to all staff reminding them of the correct PPE.
• The provider was accessing testing for people using the service and staff in line with current guidance. A family member told us how well staff had introduced vaccinations to a person by using a 'social story.' A social story is a useful tool which includes specific information in an accessible way about what a person

can expect in a situation.
• We were assured the provider was facilitating visits for people in accordance with current guidance and preventing visitors from catching and spreading infections. A relative told us there had been a, "Strict implementation of Covid security." throughout the pandemic.
• We were assured that the provider was meeting shielding and social distancing rules. Where possible staff had been assigned as a bubble to individual households to minimise the spread of infection.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The new electronic system worked well during the COVID-19 pandemic, for example the management team added additional cleaning to the list of daily tasks for staff.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider was in the process of transferring from paper to electronic care plans, which staff could access from hand-held devices. This process had not been yet been implemented fully across the service. We found this did not impact the care people received.
• Staff told us they had enough information to provide good quality care to people. Care was delivered in clusters of local teams based around a person. The teams included staff who knew a person well and could advise temporary or new staff.
• Detailed assessments took place before a person joined the service or when their needs changed. Relatives told us this was a detailed process with full involvement from people and their representatives.
• The management team offered choice when assessing and planning for people's care. For example, if a person needed additional support with their mental health, the provider enabled people to receive support from outside the core staff team, if appropriate.

Staff support: induction, training, skills and experience
• There was comprehensive training to ensure staff developed skills to care for the diverse needs of people they supported. One of the people being supported used a hoist and staff described how personalised training was set up for the staff team based at that address.
• The management team had a system to ensure all staff were receiving the necessary training. A senior member of staff told us this worked well. They said, "As a manager I source the right member of staff with the right training. I can also facilitate training for a team to meet a person's specific needs."
• Over the last year staff had received improved training and guidance in supporting people who became distressed. We observed a debrief between a member of staff and a specialist advisor. The session provided the member of staff with practical advice and a positive opportunity to develop their experience and confidence.
• Another member of staff demonstrated they had the skill to support a person who became distressed. They told us, "We try different techniques before using medicine. The person responds well to sensory support so we might offer TV or a bath."
• New staff had a full induction when they started working at the service. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
• Staff shadowed existing staff before providing care. This was particularly important due to the delay in implementing fully the electronic care plans. Staff told us this process of shadowing and verbal handovers from experienced staff was key to them understanding how to meet a person's needs.
• Most staff told us they were well supported by their local manager. A member of staff told us, "The support

we receive from managers is fantastic and they are always on hand to support with any concerns or issues we may be experiencing."
• One member of staff told us they had not had regular formal supervision. The management team confirmed there were challenges in completing planned formal supervision, however this was being addressed as part of overall improvement plans.

Supporting people to eat and drink enough to maintain a balanced diet
• A member of staff told us how they supported a person to have a balanced diet while respecting their preferences. They said, "I know what person likes to eat. They will tell you what they want to eat and you can try and support them to eat healthily. They say pasta or rice and you have to balance that with vegetable and fruit."
• People and their relatives told us they were supported to make choices and be involved in preparing what they ate and drunk. A member of staff told us, "[Person] likes any chocolate. We can't restrict but we can advise. So, for tea tonight, they have fish pie, which we cooked together." Care plans included details of any preferences due to an individual's cultural needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Staff worked well with other professionals to promote people's health and wellbeing. Staff had referred a person to a speech and language therapist when they were at risk of choking. Staff were following detailed support plans from this referral.
• Health care plans included details of appointments with required aims and actions. People and relatives told us staff provided the support needed to help people remain healthy, such as trips to the dentist.

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.
• The management team could describe in detail how they were ensuring where people were restricted this was being done within the principles of the MCA. Further improvement was needed to ensure there were consistent systems for recording and monitoring this information across the service.
• Senior staff had completed assessments of people's capacity, working alongside people and their representatives. One of the registered managers described how they had supported a person with fluctuating capacity. Senior and care staff demonstrated a good understanding of capacity and how this impacted on people's daily lives.
• Where people were deprived of their liberty, the provider had referred to professionals to make any necessary applications to the Court of Protection.

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; Respecting and promoting people's privacy, dignity and independence
• A person told us, "The staff are very good and kind." When we observed people interacting with staff, they appeared comfortable and were enabled to be in control of the running of their own homes, as appropriate.

• Two relatives told us how much more caring staff were than in the past, and that people were supported by a much-improved staff team. A relative said, "They really spend time communicating with my family member."
• Staff spoke with enthusiasm and pride about people's quality of life and achievements. In our conversations they demonstrated that they knew people well and had developed close trusting relationships.
• Staff supported people to meet their cultural and religious needs. A person received the necessary support to attend their place of worship. A member of staff described an innovative approach to supporting another person to adjust to changes to a religious ritual caused by the COVID-19 pandemic.
• People were encouraged to be independent. Staff described practical ways they had supported a person to develop domestic skills. They had taught the person how to bulk cook, as they lived on their own. The member of staff said, "We go shopping together and I've taught [Person] to pick the dates from the back of the supermarket shelf." A relative told us, "They do lots of independent living skills, which is new to my family member."
• Staff supported people to meet their aims and objectives. One of the registered managers described how a person had been supported with an apprenticeship.
• People were supported to keep in touch with people who were important to them. Staff described how they had maintained this contact during the COVID-19 pandemic. A member of staff told us, "[Person] has their own phone. We send pictures to their family so they can keep in touch with what is happening."
• Staff supported people in a dignified manner which respected their privacy. A member of staff described how they stood outside the bathroom door while a person showered but went in when the person needed to get dressed as they needed support with this task.

Supporting people to express their views and be involved in making decisions about their care
• We observed that people were enabled to be involved and have control over their lives where possible. For example, a person felt able to walk in for a chat when we were meeting with senior staff.
• People were involved in directing their care. Where they needed support communicating their views, staff had involved representatives and relatives in making decisions about care. A relative told us, "Staff asked lots of questions and asked for help over lots of issues to get it right."

• Staff ensured the views and preferences of people who lacked capacity were taken into account. A relative described how staff had spent a lot of time getting to know a person through observation to understand their preferences and what might trigger them to become distressed.
• People had easy access to independent, good quality advocacy. Advocates were used to help people have a voice in decisions about their care and future.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• Senior staff spent time matching staff and people to ensure they developed positive relationships and could provide personalised care. Key to this was the shadowing process, where staff were observed interacting with people. This was particularly important where people could not verbally communicate their preferences around staff.

• A member of staff described how they worked with a person who chose to be supported by female staff only. They felt they were well suited to supporting the person, with shared interests. "We go to Costa coffee and shopping. There is always a female member of staff and if its agency it's quite consistent."

• There was a commitment to promote people's quality of life and ensure they took part in activities they enjoyed. We observed people taking part in a variety of activities, in line with their interests.

• A person told us how staff had supported them during the pandemic, when their usual pastimes were limited. They said, "I like going to Colchester to go shopping but I couldn't go during Covid. I had to stay home but I kept busy."

• There were regular reviews of people's care to ensure it still met their needs and preferences. Changes to support were immediately updated on the electronic system so staff could provide consistent care. For example, when a person required additional support to attend an activity.

• The management team had sent out a survey asking families whether there were any activities people used to enjoy and which they no longer did, especially as a result of the pandemic. A family member said how much a person liked the beach and so staff re-introduced trips to the seaside.

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 had personalised information in a format they could understand. The provider promoted the use of easy read materials when communicating key information such as how to complain.

• People had information in their care plans about how they communicated to support staff in meeting their needs.

• Staff had experimented using symbols and photos with a person to see which they preferred and had chosen symbols as this had best supported good communication. Where required, staff had referred to external agencies who could provide specialist advice on how best to communicate with people.

Improving care quality in response to complaints or concerns
• People and relatives told us they felt able to raise concerns and were confident action would be taken. A relative told us, "I am confident to make complaints. I have made a couple and they have responded quickly."
• Complaints were taken seriously by the management team and used to make the service better. For example, to arrange additional training where there was a gap in skills.

End of life care and support
• There were no people receiving end of life care and support at the time of our inspection, so this was not reviewed in detail.
• One of the registered managers described how they had previously supported a person at end of life. The service had enabled a person and their family to receive dignified person-centred support.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

• This had been an unsettled period with the new registration of the service and significant changes at the senior level of the organisation. The service covered a wide geographical area and there was no registered manager dedicated to covering the mid area schemes. We found this resulted in inconsistency, for example in how care plans had been transferred to the new electronic system. The management team told us this was being addressed as part of a planned restructure.

• The service was struggling with recruitment and staffing levels. Senior staff were stretched, and their focus was directed towards keeping people safe, for example by suspending some new referrals, or stepping in to support the front line. A member of staff told us, "They are trying to get things off the grounds, but recruitment and staffing is a real issue."

• The management team understood staff supervision was important during this time of change and key to registered managers promoting consistent care. They told us informal staff support was ongoing however there were gaps in formal meetings due to time constraints on senior staff. We were assured this concern had been discussed at management meetings and action being taken to address this.

• There were varied checks on quality and safety, however the structure around the checks were muddled. One scheme had received different checks with different findings and actions required. We could not find a central record which pulled together information from all the checks and the actions needed across the registered service. This meant the registered managers did not have good oversight of all the themes and issues across the service.

• The registered and area managers covering each location were taking effective action to address concerns in that area, for example acting on feedback from the local authority to improve medicine practice at an individual address. However, the approach was not ensuring consistency across the organisation and it was not clear how the learning was being rolled out across the organisation.

• The management team demonstrated a commitment to driving improvements and enhanced oversight and systems. They outlined plans to address these concerns. However, further time and work was needed before leaders could be assured people were receiving consistently safe and good quality care.

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

• During our inspection, we found the management team and care staff to be open and committed. They were focused on the needs of the people at the service.

• Differences in physical environments varied across individual settings. Some people lived fully integrated

lives in residential streets. Other lived within gated communities where it was more of a challenge to meet the aims of Right Support, right care, right culture guidance that people should be "entitled to live an ordinary life as any other citizen."
• Many of the locations where people lived were well established and people and relatives did not feedback concerns. One relative told us their priority was that their family member should not have to move again. We discussed with the management team and found they had not formally considered the individual settings against the new guidance. They agreed to review how best they could ensure people were an integral part of the local community and any segregation was minimised, involving external parties as required.
• The management team told us they had become aware during the COVID-19 pandemic that individual schemes and bubbles could become closed cultures. They described how they could address this, for example, by how they deployed staff. This demonstrated a positive commitment to promoting an open culture at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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
• Feedback from staff was largely positive. A member of staff said, "I love my job, if I have a problem it always gets sorted by the first person you speak to."
• There was limited evidence of consistent engagement with staff around the recent changes at the service, in part due to the pandemic but also the high turnover of senior staff. A staff member told us, "I've seen a lot of managers coming and going. To be honest I don't have a problem, I focus on my job."
• Some staff told us communication could be improved. This appeared to be specific to certain schemes and areas. Communication appeared to be coordinated by area and contributed to some of the inconsistency in the service. This was being addressed as part of the planned structural changes.
• All the people we met were positive about the service they received. We had contact with 15 relatives and 14 gave us largely positive feedback. A relative said, "I want to give them 10/10 as I'm so happy but I shall give them 9/10 as there is always room for improvement everywhere isn't there?" Many of the families named individual staff, praising their commitment and reflecting the positive relationships we had observed during our visits to people's homes.
• There were some comments from relatives about room for improvement in communication which we fed back to the management team. Only one relative gave consistently negative feedback, relating to their family members individual circumstances.
• Relatives were particularly positive about how quickly senior staff got back to them when they had concerns. One relative told us, "They put their hand up if things go wrong and solve the problem." This feedback reflected the openness we found throughout our inspection.

Working in partnership with others
• The management team told us they had improved how they worked with the landlords of the schemes. Staff confirmed they knew how to support a person get in touch with their landlord for repairs. This helped ensure people's needs were met holistically.
• Feedback from professionals was mixed. When we reviewed the negative feedback, we found this related largely to concerns about the wider organisation, or a specific safeguarding issue. We did not receive other negative feedback about the safety or quality of life of the other people at the service.
• Two professionals gave us positive feedback about their contact with the service. They told us, "I have always found the registered manager to be professional and they respond quickly to any contact. The two schemes that I have had contact with are run very well and the families have all been happy with the service." Another professional said, "I have so far found the manager positive, helpful and engaged in improving."