

## Lifeways Community Care Limited

# Lifeways Community Care (Swindon)

### Inspection report

Cheney Manor Industrial Estate  
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SN2 2PQ  
Website: [www.lifeways.co.uk](http://www.lifeways.co.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We inspected Lifeways Community Care (Swindon) on the 18, 20 and 27 November 2015; this was a full comprehensive inspection to also follow up to our previous visit in May 2015. Lifeways Community Care (Swindon) is part of a national organisation which provides care for people with specialist needs living in the community. The Swindon office manages supported living services for people living in a range of housing provision in Swindon. At the time of this inspection the

service was supporting 29 people. People supported by Lifeways Swindon may have physical and learning disabilities, profound difficulties in communicating and presenting behaviour that may challenge.

There was not a registered manager in post at the time of our inspection as the person who had been recruited had only been in post eight weeks and had only just started the application process to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At our last inspection on 8 and 15 May 2015, we followed up action we required the service to make following breaches identified in a range of areas in December 2014. The December inspection was also an inspection where we followed up breaches in regulation 9 and 21, which now correspond to regulation 12 and 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in May 2015 we found there had been improvements, but some improvements were still required and we identified continued breaches in four regulations, 9, 12, 18 and 11. This was due to continued concerns relating to a number of areas, such as; the way staff were being deployed was still not always meeting people's needs or supporting their well-being and staff we spoke with still did not receive appropriate support and professional development to enable them to carry out their roles effectively. We also found people's capacity was still not being assessed to ensure their right to make their own choices was being respected. In addition to this, people's care and treatment was still not always planned in a way that considered all risks and their preferences and people were still not always involved in the design or review of their own care.

At this most recent inspection in November 2015, we found action had been taken to increase the standards of service for people further in all areas, but there were still improvements to be made.

People's needs were assessed and these assessments were used to create support plans. New support plans were designed in a more person centred way, but they were still not evidencing a person centred process in practise. Relative's we spoke with were still not involved fully. Whilst support plans identified risks associated with people's needs, some of these plans did not contain accurate guidance on what actions were needed to mitigate these risks.

The service had been working hard to increase their numbers of staff with the right mix of skills and attitudes. There were enough suitably qualified staff to meet people's needs and an increased effort had been made to

ensure that staffing was deployed in a way that maintained people's well-being. However there were still occasions where staff were not being deployed in this way.

The numbers of staff trained in the MCA had increased and more staff were able to demonstrate a clear understanding of the act and its principles. However, some staff were still not able to fully understand the key principles of the act and we also observed practise that was not adhering to these principles. In addition, documentation regarding the MCA was still not following the correct process in line with the Act. Staff were not always supported and empowered through supervision to carry out their roles effectively.

Relatives we spoke with felt that staff were caring and shared that staff were becoming more consistent. This was supported by our observations in most of the locations we visited. In one location we found some staff were still not respecting the service as peoples own homes. At the inspection in May 2015 we recommended the service ensure people had more access to Advocacy at our previous inspection in May. We found the provider had taken positive action to ensure advocacy was available to people using the service.

There was a system in place to monitor the quality and safety of the service. Each location since our inspection in December 2014 had received an individual audit with action points feeding in to the wider action plan. At our last inspection in May 2015 we found a number of these improvements had been actioned but some were not completed. At this inspection in November 2015, we found the system had continued to be effective in ensuring tasks had been completed in line with the services action plan, however the system was not always assessing the quality of the tasks completed. This system had also not identified the areas of improvement identified at our inspection. We had required the service to make the necessary improvements to bring some of these areas up to the required standard for the past two inspections.

We identified 4 breaches of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. You can see what action we have asked the provider to take in the main body of this report.

# Summary of findings

## 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.

Risk associated with people's needs were not always documented in a way that met their needs safely.

Medicines were not always managed in line with the required guidelines.

There were sufficient numbers of staff but they were not always deployed in a way that met people's needs.

People were protected from the risk of abuse as staff understood their responsibilities in relation to safeguarding.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff received regular supervision but it was not always effective. Supervision could not always be evidenced through supervision notes.

People's decision making was not always supported by an adherence to the Mental Capacity Act (MCA) 2005.

New staff benefited from a comprehensive induction programme and ongoing training.

People were supported to engage with appropriate health professionals as and when required.

**Requires improvement**



### Is the service caring?

The service was caring.

We observed caring relationships between staff and the people they supported. People relatives told us staff were caring.

People were supported creatively to communicate and be part of their household.

People were supported to access advocacy services to support their well-being.

**Good**



### Is the service responsive?

The service was not always responsive.

Despite improvements people were still not fully supported in a truly person centred way. People were not always supported in a personalised way.

People's needs were assessed and reviewed. When people's needs changed the service responded appropriately.

**Requires improvement**



# Summary of findings

Complaints and concerns raised were managed effectively with satisfactory outcomes.

## Is the service well-led?

The service was not always well led.

The service had a system in place to monitor the quality and safety of the service but it was not always effective.

Staff spoke highly of the changing culture and that things were more organised.

Staff we spoke with were clear on the vision for the service and felt able to contribute.

**Requires improvement**



# Lifeways Community Care (Swindon)

## Detailed findings

### Background to this inspection

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

This inspection took place on the 18, 20 and 27 November 2015, it was an announced inspection. The inspection team consisted of three inspectors, a specialist advisor and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service. The specialist advisor specialised in learning disability and the Mental Capacity Act.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with two people who were using the service and 15 people's relatives. We spoke with 14 care staff, three service managers and the manager who was in day to day charge of the service and in the process of being registered with the Care Quality Commission. We also spoke with the senior manager who had been in day to day control until a manager was recruited. We reviewed nine people's care files, records relating to staff supervision, training, and the general management of the home. We also obtained consent from people to visit 6 households as part of the inspection at varying times of the day.

# Is the service safe?

## Our findings

At the last inspection in May 2015, we found a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. We found whilst risks were being identified in relation to people's needs, there was not always clear guidance for what staff should do to mitigate these risks. At this inspection in November 2015 we found that improvements had been made but there were still areas that required improvement.

Most people had support plans in place which identified risks associated with their needs. We saw improved risk assessments with clearer guidance for staff to follow. For example, one person was identified as at risk of deteriorating mental health. The support plan identified the behaviours that would indicate a decline in mental health and the actions staff should take. Staff we spoke with who supported this person were aware of the indicators. Another person had clear and detailed guidance in place for staff to support them with their mobility.

However, we still identified issues in some people's care files where risks associated with planned care were not always appropriate to ensure their well-being. For example, one person who had specific support needs in relation to their continence had guidance in place for staff to follow in the event they had not had a bowel movement. During the inspection we found this person had been in hospital a week prior to the inspection due to complications relating to these needs. Records we reviewed in the lead up to the event showed care staff had not followed the stated guidance. We also found the stated guidance on this person's MAR (Medication Administration Records) chart had been documented incorrectly in the support plan. We spoke with three staff about this person on the day of our inspection and they were not clear on the guidance in place at the time of the incident to protect this person's welfare. One of the staff we spoke with was not able to tell us as they were an agency staff member and they told us they had not read this person's support plan.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

There were sufficient numbers of staff to meet people's needs and the number of staff vacancies had reduced since our last inspection. This meant staff could be more easily deployed to meet people's needs, but deployment was still

not effective in all cases. Most staff we spoke with confirmed that staff teams were becoming more consistent. Comments included, "it is much better" and "There are not so many changes these days, there are more staff now". Whilst staffing numbers were increasing, five out of the 15 relatives we spoke with all raised concerns regarding the turnover of staff and the use of temporary staff. Whilst we found that some staff turnover had been down to the services drive to improve the quality and effectiveness of their staff team. There was still an impact on people as a result. We found that despite occasions where staff deployment had improved, there were still occasions where staff were not always able to be deployed in a way that met people's needs or could be flexible in the event of sickness and absence. For example, we visited one household where we saw people were left without support available as staff were supporting another person in the house. We asked staff if people were safe to be left alone, they told us, "Not really but someone hasn't turned up". We were also told this meant people had missed out on their planned activities and trips due to staff shortages. Whilst we recognised the main cause of this had been due to unplanned staff absence, no arrangements had been made to ensure this did not impact on the people using the service. Staff felt this also put people at risk. One staff member told us, "It's not ideal, we have to support another person to shower, so we wouldn't know if there was an emergency with these guys, it happened last week as well".

There was further potential impact to people, as those who may require PRN (as required medicines), may not have been able to receive them in a timely way. None of the remaining staff within this house had been trained to administer medicines. We were informed staff could ask for support from other Lifeways households if required, but were told that people may not be able to attend straight away due to the needs of people in other households. Due to staff availability, this meant there was a risk people may not have had access to pain relieving medicines at the point it was required. We raised these issues with the staff on duty and also the manager who told us it would be usual practice to consider creative solutions to this issue, such as contacting other households. However, this did not happen immediately on the day of our inspection as staff had raised the issue but no changes were made. We were also informed by one staff member this issue had also happened the previous week and no support was available on that occasion.

## Is the service safe?

Staff in one household told us that whilst there were more staff, these were not always deployed appropriately. Comments included, “The rota seems to be kept on top of, but we don’t always know what’s happening, it’s not fair on people, they like to know who is working with them”. Some relatives we spoke with also felt that staffing still required improvement. Comments included, “There are still too many changes for my relation, too many new faces that come and go” and “I know the service have been trying, but still not enough to be as regular as we would like”.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Medicines were not always managed safely in all households. In one household we found medicines had been stored correctly and were being administered in line with the stated guidelines. However, there was not always clear guidance relating to the use of topical medicines. Topical medicines are medicines that are applied to body surfaces, for example creams and ointments. One person was prescribed a cream. The administration details on the medicine and the medication administration record (MAR) stated, ‘use as directed’. There was no information in the person’s support plan as to how, where and when the cream should be applied. We spoke with staff who told us how the cream was applied. However we could not be sure the cream was being applied as per health professional guidance as support plans did not document this.

Some people were prescribed medicines to be administered as required (PRN). Instructions for administering PRN medicines were not always clear and we could not be sure medicines were safe to be administered. For example, one person was prescribed a medicine to be taken when they felt agitated. The instructions were not clear as to the strength of the medicine and the amount of

tablets to be given. We looked at this medicine and found it had been dispensed from the pharmacy on 20 May 2013. We were unable to read the expiry date. The member of staff advised this medicine had not been administered “For over a year”. However, the medication policy had not been followed as the medicine had not been returned to the pharmacy. Medicines passed their expiry date should not remain with other medicines in use due to the risks of expired medicines being administered and impacting on people’s health.

People and their relatives we spoke with felt the service was safe. Comments included, “Safe yes, no concerns”, “Yes we feel our [relative] is safe and cared for”, “Yes we are happy it’s safe” and “Safe, no worries. I would know if my [relative] was not happy”. People were safe from the risk of abuse. Staff we spoke with had a good understanding of safeguarding and what to do if they suspected abuse. We saw a number of incidents had been referred to the relevant agencies in line with the services safeguarding policy. People were also protected from financial abuse because the service had robust systems in place to support people in managing their money. We checked the finances kept by the services for five people and saw in each case the recorded money accurately corresponded to the actual amounts.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed staff members were entitled to work in the UK. Staff we spoke with confirmed that they underwent the necessary checks before starting their jobs.



# Is the service effective?

## Our findings

At the last inspection in May 2015, we found repeat breaches of Regulations 18 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that had been identified at our inspection in June 2014 and December 2014 inspections. We asked the provider to take action to make improvements to ensure consent was sought in line with their legal obligation under the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for specific decisions to be made for people who lack capacity at a specific time. We also identified improvement was needed in relation to staff support and appropriate training to enable them to effectively carry out their roles.

At this inspection we found improvements had been made, but some improvements were still required. More staff had received relevant training since our last inspection. We also found most staff felt more supported. Comments included, “The support is been better and more reliable” and “Much more supportive, much better”. However, we found three out of 14 staff still felt the support was not effective. Comments included, “It’s still very much about what we haven’t done, I don’t really feel it’s supportive”.

Staff we spoke with felt supervision had been more regular, but didn’t always focus on the areas of development. Comments included, “Supervision is certainly taken more seriously now, I find them useful but I don’t feel I have any specific objectives, I just do my job” and “I am clear on my job and talk about it in supervision, I’m not sure what I need to improve to be honest, I think supervision could be better at offering chance to take more responsibility”. These statements were reflected in what we found in staff files. We found that supervision was more regular but the quality of supervision varied. We identified some examples of clear supervision with clear action for improvement. For example, in one staff’s supervision record the need had been identified for additional training. This additional training had been provided. But in the majority of staff files viewed, issues raised were not always clearly followed up. For example, one member of staff had stated in their supervision they did not fully understand the MCA and there was no action to follow it up. Another supervision record showed that a staff member had been reminded of their care practise and had been set certain objectives to improve this. These objectives had not been checked by

the manager to ensure they had been completed. We raised this issue with the manager and quality manager and asked them to review the files. Both agreed that whilst there were some good practices, there was an overall need for managers to improve how they used supervision to improve practices and offer more specific support to staff.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Whilst most staff had the skills and experience to carry out their roles effectively, we found there was a culture within the service that was not empowering staff to take ownership and support people as effectively as possible. We saw examples of general day to day tasks that would be more effectively carried out by care staff, were still being managed my team leaders or service managers. For example, we spoke with a staff member in one household about the outcomes of a professionals visit for one person. Staff were unable to tell us what these changes were. One member of staff told us, “I am not sure, that would be dealt with by the managers”. The lack of information for care staff could have impacted on this person’s day to day support, staff should be made aware to ensure that any updates to this persons care were known immediately. One member of staff commented, “I don’t think we are really trusted with information like that, we just do the basic support”. At another household we saw one person required support with their behaviour and this was being monitored. We asked the staff who was responsible for this process and were informed that it was the service managers responsibility. One staff member told us, “We should be more involved really as we are here every day”. We raised this with the manager of the service who had already identified the issue and acknowledged the importance of care staff taking more ownership.

Five of the 15 staff we spoke with raised concerns that staff turnover had impacted on staffs skill and experience available to support people effectively. Comments included, “Lifeways struggle to keep staff that’s the problem, they leave” and “So many staff have left”, “I am worried that they are not supporting their staff as staff are leaving and it’s a constant cycle of having to get to know them again” and “Lots of agency staff, some are very good but lack of continuity of care is a big problem for my [relative], for some staff English is not their first language,



## Is the service effective?

so there are communication problems". Since the inspection we have been informed that the service monitors communication skills through its recruitment to ensure that communication problems can be identified.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

We found more staff had been trained with regard to MCA and more staff we spoke with had an understanding of how the principles of the MCA should be applied in practise. However, some staff we spoke with still felt they required additional training to fully understand how the MCA should be applied. We identified additional records had been put in place to provide clearer guidance on how the MCA should be implemented within the service. However, these records were not always completed correctly and did not always evidence that the correct process had been followed. For example, although there were documents in place to evidence a person lacked capacity, there was no record the assessment had taken place. On occasions the assessment only involved the person filling in the document and a colleague rather than involving people, their families or an independent person who could be involved in the decision process. None of the relatives we spoke with had been informed about MCA or had heard of a best interest meeting. The absence of this made it difficult to identify if people were being unlawfully supported regarding their own decisions. One person had made a request to move house. As this is a supported living setting, people have their own tenancies and have the legal right to move. This person was not allowed to move with 'lacking capacity' being given as the reason. However, there was no record to evidence that a capacity assessment was in place and no evidence people had been involved in this decision. Another person was being prevented to access food from their cupboards. Staff were doing this to ensure the person maintained a healthy diet and had the person's best interest in mind. However, there was no evidence this person's capacity to make their own decisions had been assessed. We spoke with staff working with this person who accepted they did not fully understand the MCA and required further training.

Deprivation of Liberty Safeguards (DoLs) applications had been made more to ensure people were not being

unlawfully restricted. However the applications that had been made had not been followed up and practise was not being reviewed to ensure they remained the least restrictive option for the person.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

People were encouraged to choose their meals and were involved in cooking. People's specific dietary requirements were recorded in their support plan. One person had a condition that required their fluid intake to be limited due to possible complications with a prescribed medicine. The person's support plan detailed the amount of fluid the person should be limited to. Staff we spoke with were aware of these details. Records of fluid intake were completed and showed the person's fluid intake was in line with their support plan. However, there were examples of where support plans did not always follow recommendations from professionals. For example, one person was at risk of choking and had been referred to the Speech and Language Therapist (SALT). The SALT recommended that meat should be pureed or food should be naturally soft. The person's support plan stated, 'chop food into bite size pieces'. Staff were aware the person was at risk of choking and understood the person should have a soft diet. Staff told us the person did have chicken and that this was not pureed, no harm had come to this person but they were still at risk as documented guidelines had not been followed.

Relatives we spoke with felt staff had the knowledge and skills to meet people's needs. Comments included, "The experienced staff are great, really helpful and know my relative", "Very good with my relative" and "If it wasn't for the staff the house would not run". The staff induction process in place meant staff had a structured pathway before starting their roles. The induction programme involved becoming familiar with all the services policies as well as doing shadow shifts to develop their knowledge and skills of the job. We spoke with two new staff who were very positive about the process. Comments included, "It was a very good process, made me feel very comfortable" and "It's a good process, helped me a lot". Experienced staff also commented on how much better prepared the new staff appeared. Comments included, "It's taken the pressure off, staff seem much more confident" and "It just completely different now, much more organised for people".

# Is the service caring?

## Our findings

People and their relatives felt that staff were caring. Comments included, “Nice and caring”, “The staff care, they do their best”, “The quality of care has got better” and “I have no issue with the care at all”.

People were supported in a caring, respectful way. We saw one person being supported to understand why they couldn’t have a drink. Staff spoke kindly to the person and suggested an activity the person might like to do. This person was relaxed and responsive with the member of staff, showing a positive caring relationship. People’s relatives also felt people’s privacy and dignity were respected. Comments included, “The staff are very good with that, no issues” and “[Relatives] privacy is always respected and dignity is clearly important to staff”.

At our last inspection in May 2015 we found that some people had access to advocacy, but this practise was not accessible across the whole service. We recommended at that inspection the service should ensure advocacy was available to each person at the service. Advocacy is a process of supporting and enabling people to express their views and concerns. Access information and services, and defend and promote their rights and responsibilities.

At this inspection we found the service had been proactive in ensuring this recommendation had been taken on board. People had been issued with easy read advocacy booklet. All staff had also been made aware of Advocacy and their roles. Two people had been supported to access

advocacy when they were due to being moving house. The service had also made contact with Swindon Advocacy Movement (SAM) and been invited to attend future meetings to build a positive working relationship.

Many people supported at the service had complex needs that impacted on their ability to communicate verbally. We saw staff interacted with people using their preferred communication methods. Details of people’s preferred methods of communication were also detailed within their support plans.

Staff we spoke with talked about the importance of their relationships with people they supported. Comments included, “With the level of needs people have, getting to know them and making them feel safe is key” and “Once people are comfortable with you it’s such a lovely place to be, you can see relationships getting stronger by the day, it’s nice”.

People were supported to maintain relationships with people who were important to them and to build new relationships. For example, one person wanted to make new friends, staff were supporting the person to explore community groups the person might like to attend. We also saw that friendships were being encouraged within the service. In one household a person was getting ready to visit their friends in another household. They also enjoyed showing us a photo of being out having a meal with this person. This person told us, “He is really nice, we are good friends”.

# Is the service responsive?

## Our findings

At this inspection we were following up a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to concerns found at our previous two inspections in December 2014 and May 2015, regarding the service not fully adhering to the principles of person centred care. People and their families were not always fully involved with designing planned care. We also found at these inspections that people's homes were not always being respected as their homes and had been treated more like traditional care homes. For example staff were walking in and out of people homes without knocking and were also referring to rooms in people's houses as offices. Within supported living services people own or rent the properties which they live in, staff were not respectful of this in their practise.

At this inspection in November 2015 we found continued improvement, but also identified some improvement still remained with regard to people being involved in their planning. We saw that new paperwork had been introduced with a senior staff member tasked to ensure all the paperwork was in place. Whilst we noted support plans were more organised and contained more details, it was still not evident people and their relatives were involved. Thirteen out of 15 relatives we spoke with told us they still did not have any involvement with the planning of people's care. Relatives we spoke with told us, "We would like to be involved more but we don't seem to get invited", "No, still not involved in any plans, we hear more about what's happening, but still not involved".

Staff we spoke with told us whilst they were encouraged to make notes on documents, the process of reviewing support plans did not involve the right people or were centred around people. Comments included, "The focus is more on just getting the paperwork in place, people aren't really involved as much as they should be", "The paperwork only came back to the house this week, I'm not sure where it's been" and "People aren't involved in the process, I think because they can't speak it's hard to".

We raised this issue with the manager who felt staff were encouraged daily to contribute to the support plans, but agreed that due to the priority of getting documents in place, people families may still not have had as much involvement as they like. The senior staff who had told us

they had been responsible for updating support plans had only been in the role since 3 August 2015, but had tried to engage staff. We spoke with one service manager about an issue that led to a person needing to go to hospital who told us, "I think the errors that have been found maybe could have been prevented, as there were things I didn't know myself and I wasn't involved".

We found the structure in people's files was moving more towards a person centred design but improvement was needed to ensure this was carried out in practise. For example, one person was being supported to live independently. This person was known to present behaviours that challenged. We visited this person and saw the service was working well with the person and other professionals to meet their day to day needs. However, we did identify there were missed opportunities to support this person's emotional and intellectual well-being. We spent time with this person and saw they had a real passion for certain subjects. This information had not been used to consider opportunities for this person to use these skills. We also found this person had an intervention in place that involved distraction. During the course of our visit it was not clear that the cause of the behaviour this person was presenting was always understood. We raised this with the staff members present. One staff member told us, "We just try to calm to prevent an issue" and "We haven't really given time to understand why [person] does it". This person had been through a significant event and had not received any support to process these events. We found the staff approach continued to distract this person despite opportunities to support them emotionally.

We reviewed the behaviour monitoring sheets for this person which identified when this person presented behaviour that challenged, there was no indication through this record that the information was being used to create more proactive strategies to understand this person's behaviour. We found most of the staff clearly respected the environments as people's own homes, but improvements were still needed. We noted environments were clean and nicely decorated. However, there were occasions where others required further improvement. For example, in one household we saw staff notices on the fridge and cupboards. We also saw a member of staff feeding the fish in other people homes. When we asked if people would

## Is the service responsive?

usually be involved in feeding the fish, they weren't sure. This practise did not deliver support in a way that respected the house as peoples own homes or considered their own well-being at the centre of decision making.

We also noted in some of the care files that other people's names were written on other people's documents. We raised this with the manager who showed clear frustration. We spoke with senior staff about this issue who agreed it can sometimes happen due to the way support plans are put together. Comments included, "It shows that sometimes staff are still just cut and copying, I agree it's not person centred at all" and "It shouldn't happen if we want to be person centred and respectful to each person".

This is a breach of regulation 9 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

Some people were supported to take part in activities that interested them. For example, one person had been encouraged to attend a coffee morning. One staff member told us, "It's nice as it's not the usual day centre group. It's a group of people he has become close with". Another person's support plan identified they enjoyed swimming, but private sessions had come to an end. Staff were carrying out risk assessments at the local public pool to enable the person to continue to enjoy their swimming. We also noted that people were starting to be supported to do activities in a way that was designed around their wishes. For example, staffing had been changed to support one person attending bingo at a time of their choosing. Most relatives we spoke with were also happy that people had lots of opportunities to follow their interests. Comments included, "My relative gets to do a lot" and "People always seem to be doing things".

However, not all relatives shared the same view. Some relatives told us that activities were still quite basic. Comments included, "I don't think [relative] does too much, just shopping I think" and "Some staff are great and do lots, but there are times [relative] doesn't seem to do much". Staff also confirmed there were occasions when these plans were not always followed. For example, if enough staff were not available who could drive or enough staff available who knew people individual needs. One staff member told us, "Newer staff did not know people well enough at that moment, so aren't always happy to take people out straight away". We also found that people were not always involved in the planning of their activities. One staff member told us, "People tend to do the same things, I'm not sure we try many different things".

Concerns and complaints were being handled effectively. We reviewed complaints that had been made since our last inspection and these had been responded to in line with the services stated policy. Detailed and timely responses were given to people's complaints and the service remained committed to improving relationships. For example, one relative had complained about staff not being introduced before support was provided. The service responded thoughtfully and ensured the staff were clear about the need to introduce themselves to people before supporting them. Based on the outcome of this complaint, staff we spoke with understood this change.

We found when people's needs changed he service responded appropriately. For example, one person's mood had started to fluctuate more. The manager had accessed psychologist support in designing person centred strategies. We observed this person to be in a stable mood at the time of our inspection as staff were being consistent with their support and the documented procedures.

# Is the service well-led?

## Our findings

At the last inspection in May 2015 we followed up breaches we identified at our December 2014 inspection. These were in relation to the quality and monitoring of the service and the management staff not always having the necessary skills and experience to carry out their role effectively. We found that significant improvement had been made. A system was put in place to audit each service. These audits were also supported by audits carried out by the local authority. However, we judged the service still required improvement as the system in place had not identified a number of areas that were identified through our last inspection in November 2015.

At this inspection, we found continued improvement in the leadership of the service. The new manager had a good understanding of the service and areas they needed to improve. We felt reassured by their expertise. The service had an effective system in place to monitor the quality and safety within the service. Further improvements had been made to this system since our last inspection to ensure that actions that came from the audit were followed upon and completed in a timely manner. We reviewed a sample of quality audits for services we had visited as part of the inspection. These audits were designed in line with the key questions we ask regarding whether a service is safe, effective, caring, responsive and well led. These audits were effectively identifying areas that required improvement. For example in one service it had been identified that guidance in relation to one persons eating and drinking was not in place. The urgency of each action identified was made clear through a colour coding system. This had been given the most urgent rating and had been rectified.

Whilst the system had continued to support the services overall improvement, there were some areas that were still not being identified. For example, with regard to the MCA and staff supervision. We also found a number of the audits carried out only identified if things were in place and did not always identify the effectiveness of the changes. For example, whilst one audit had identified that supervision and appraisal was happening more regularly, none of the audits had identified the quality of those processes were not up to standard. We discussed this with the area manager and the manager. We were told the level of focus put on the service had created a culture of just putting things in place. Whilst it was acknowledged this would be

challenging, all agreed the quality and monitoring of the service should be ensuring systems were not only in place but were having a positive impact on the people using the service. We also discussed this with the regional operations manager and quality lead for the provider who agreed to take immediate action to ensure that system in place that had been mainly effective, was adjusted to ensure all areas could be identified. It was also acknowledged that much of the change needed was cultural and changes would take time to embed.

One of these areas was the confidence of people and their relative. Some relatives we spoke with still felt the service was not always well led and that communication was still poor. Comments included, “Nothing has changed, I don’t feel I am told anything, we have to find out for ourselves”, “I don’t have a clue who is in charge I just know it isn’t the same service anymore” and “The (area) manager has been good, some changes for the better, I don’t have full confidence in the competence of the management as a whole, I am worried when the inspections and troubleshooting stops they will slip straight back”. However, there were relatives who acknowledged the work that was being done to make improvements. Comments included, “I have definitely seen a shift for the better, not perfect, but better” and “I do get a sense things are getting better”. Staff we spoke with also felt the culture in the service was changing for the better and that the service as a whole was more open and organised. Comments included, “It’s just a different service, we know what’s going on, we can speak openly”, “I am so much clearer on my role, the back biting is non-existent these days” and “Things have definitely changed for the better, I am starting to feel quite proud of working here”.

Staff felt supported by the new manager. One member of staff told us, “[Manager] is really nice; he listens and always gives suggestions on how to resolve issues”. Staff were positive about changes made within the service, this included improved paperwork (support plans), staff forum event and the introduction of a newsletter for people and staff. We saw a copy of the newsletter that was put in place to improve communication across the service. This was used to support understanding within the service around key areas and also update staff on changes. One staff member said, “It’s such a good idea, you can start to feel part of a team”.

## Is the service well-led?

Team meetings were conducted in each service and as management teams. These team meetings were used to ensure good practise was shared and that all managers and staff were clear on their roles. For example, we saw one management meeting was used to discuss changes to the provider's policy on people's eating and drinking.

Staff we spoke with were aware of the service's whistleblowing procedure and all felt the culture had become more open to feedback. Comments included, "I feel I can definitely speak up now, it's a nicer place to be", "It's much more open and clear" and "The leadership has made a big difference, a way to go, but much better".



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider was not adhering to the legal requirements in terms of supporting people to make their own decisions.

(11) (1)

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not always being deployed in a way that met peoples needs and assured their well being.

Staff did not always receive supervision that supported their development and ability to carry out their role more effectively.

(18) (1) (2) (a)

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment was not always planned and/or delivered in a way that was appropriate, met their needs or reflected their preferences.

People and their relatives were not always informed of what their choices were or involved in the planning and review of the care provided.

(9) (1) (a) (b) (c) (2) (3) (a) (b) (c)(d)(e)(f) (h) (i)



This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Care staff were not empowered through systems designed to support improvement to carry out their roles more effectively.

Compliance has not been sustained and action the Care Quality Commission have required the provider to take has not been fully implemented.

(17) (1) (2) (f)