

Aspirations Care Limited

# Aspirations Birmingham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Aspirations Birmingham is a 'supported living' service that provides personal care and support to people living in their own homes. The service supported people with mental health needs, people with a learning disability and/or autism.

At the time of the inspection the service supported 36 people. 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. The service supported 8 people who received personal care at the time of our inspection.

People were supported both in the community in their own houses and some people lived in a converted building that used to be a residential care home. For some people staff provided 24-hour care which included sleeping or waking night staff at the person's home.

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

#### Right Support:

People did not always receive the support they needed to keep them safe from risk of harm and which ensured all their needs were met. People were supported by the number of staff they needed but these staff did not always know people well which impacted on the support they received. Improvements were required to ensure people received the support they needed to manage and monitor their healthcare needs. The way people were supported with their medicines needed improving to ensure people only had medicines when they needed them and to ensure this was kept under regular review.

Not all people were supported to have maximum choice and control of their lives. Not all staff supported people in the least restrictive way possible and in their best interests; Policies and systems in the service did not always support this practice.

#### Right Care:

People were not always supported in a way that promoted their dignity, privacy and human rights. Support provided to some people was not always person centred. However, this was not the experience for all people supported. People's core staff were described as kind and caring, and they were passionate about improving people's life experiences and support.

### Right Culture:

The provider did not always promote a positive culture as staff did not always feel supported and communication was not always effective and inclusive. Systems in place did not always ensure complaints were managed and responded to effectively and in a timely way. Lessons learnt from these and other sources of feedback were not always embedded, to enable improvements to be made to improve outcomes for people.

The providers systems and processes were not effective in enabling the provider to identify where improvements were needed and to take action to address these in a timely manner.

The provider had an improvement plan in place which was updated to include the feedback we shared during and following our inspection.

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

### Rating at last inspection;

This service was registered with us on 23 August 2022 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns we had received about people's care, such as medicines management, infection control issues, staffing and governance issues. A decision was made for us to inspect and examine those risks.

### Enforcement

We have identified breaches in relation to management of risk and medicines, complaints and governance at this inspection.

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

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Aspirations Birmingham

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by 2 inspectors and an Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in several 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post. During the inspection another registered manager was registered meaning there were 2 registered managers sharing management responsibility for the service.

#### Notice of inspection

This inspection was announced. We gave a short notice period of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 7 December 2022 and ended on 13 January 2023. We visited the location's office on 7 December 2022 and 12 January 2023. We visited people on 8 December 2022. Phone calls were made to relatives on 7 December 2022. We undertook phone calls to staff and healthcare professionals during various dates and remotely reviewed records.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We met and spent some time with 7 people who were supported by the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 4 relatives about the experience of the care provided over the telephone.

We spoke with 14 support staff, 1 supported living manager, 2 registered managers, regional director, director and head of quality. We also spoke with 3 healthcare professionals and 2 social workers.

We reviewed and sampled a range of documents and records including the care records for 7 people, 4 staff recruitment files and training records. We also looked at records that related to the management and quality assurance of the service.

# 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 of 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection;

- Risks to some people were not well managed which impacted on their care and placed them at risk of harm.
- The risks associated with one person's living environment had not been assessed or plans put in place to manage these. Procedures were not in place to guide and support staff on how to keep a person's home clean and reduce the risk of cross infections for both the staff and the person.
- Some staff did not have appropriate personal protective equipment (PPE) provided to them to enable them to safely maintain and clean people's homes.
- Some risk assessments and support plans were not up to date or sufficiently detailed to ensure staff had the required guidance and direction on how to support people's complex needs. This included a lack of clear, up-to-date guidance on supporting people's anxieties, and ensuring staff were using the most current positive behaviour support plan.

The provider had not ensured risks to people were managed effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Some people's care and support plan included ways to avoid or minimise the need for restricting their freedom.

Using medicines safely

- The management of medicines was not always effective to ensure people were supported appropriately with their medicines.
- Some people were prescribed 'as required' medicines for their health conditions. Although protocols were in place for these, some lacked detail, and did not include when staff should escalate concerns or review the use of these medicines.
- We found some staff did not always follow the provider's procedures for 'as required medicines' which meant some people received these medicines on a regular basis which could impact upon their health.
- Records did not always clearly indicate the rationale for administering 'as required' medicines. Some records lacked information in relation to what techniques or strategies may have been used prior to administering medicines to support some people experiencing emotional distress.

The provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training information provided to us indicated staff had received medicines training, and an assessment of their competence to determine if they were able to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. However, 2 of the 4 relatives we spoke with did not think their relatives were safe due to their needs not being met, and people's safety at times being compromised.
- People who were able to speak with us told us they felt safe, and what this meant to them. People told us they felt safe when being supported by their consistent core team of staff.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Staffing and recruitment

- People were supported by the required number of staff. However due to staff sickness and other workforce issues, people were not always supported by a consistent staff team that knew them well. This had impacted on the care some people received.
- Not all people's records included accessible information on their key care needs to enable new or temporary staff to quickly understand how best to support them.
- Recruitment checks were undertaken to ensure staff were suitable to work at the service. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained to confirm applicants' character and conduct in previous employment in a care setting. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The management team monitored and analysed accidents and incidents and were able to show learning from these was shared with the staff team. However, the learning from these was not always embedded to improve and reduce risks to people.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all relatives had confidence some staff had the required training, skills and experience to effectively support their loved one. One relative said, "I used to meet the staff beforehand and be part of the training so I could tell staff all about [person] but not anymore. Another relative told us, "I do not think staff are properly trained in the way needed for people with complex needs."
- A healthcare professional we spoke with told us, "Staff training is not always effective or detailed enough for the needs of some of the people supported. We have shared links to training resources that have not been utilised."
- We found staff training did not always reflect available resources and information about people's individual care needs. Some staff told us they did not think they had the training to support people's complex needs but instead they had to, 'learn on the job'.
- Training information provided demonstrated staff received core training for their role which included training in relation to supporting people with a learning disability and autistic people.
- The provider had a plan to complete training needs analysis to clarify the specialist training staff needed to support each person. In addition to this the provider had planned workshops for staff which were specific to the needs of individuals they supported.
- The provider was able to demonstrate how they had updated their induction training to include the 'Oliver McGowan Mandatory Training on Learning Disability and Autism'. However existing staff, we spoke with were not aware of this case or the new training requirement. This feedback was shared with the registered managers who advised training was being planned.

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

- Not all relatives had confidence their loved one's healthcare needs were being met and recommendations made by healthcare professionals were being followed. One relative told us, "No, they don't meet [person's] health care needs. This has resulted in [person] having healthcare issues that could have been avoided." Another relative told us, "The staff do not always follow what the GP has recommended."
- A healthcare professional involved in the care for one person told us, "There is a lack of staff consistency, communication and management oversight. Although I have provided guidance, made recommendations and implemented protocols these are not being consistently followed. This has impacted on the care for one person."
- In response to this feedback and other feedback already shared with the provider by healthcare professionals, regular meetings, and actions plans have been developed to try and address these shortfalls

and improve the support provided to some people.

- People had health actions plans which were used by health and social care professionals to support them in the way they needed. However, we found for some people these had not been updated with changes in their needs.
- We found the way people's healthcare needs were being supported was inconsistent. Although shortfalls were found for some people, we found for other people, staff supported their wellbeing and encouraged and helped them to live healthy lives. People were supported to attend annual health checks, screening and primary care services such as GP and dentist.

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

- People were supported by staff to eat and drink enough to maintain a balanced diet. However, 1 relative told us, "Not all staff check the cupboards and fridge regularly to ensure out of date food items are disposed of in a timely manner." The provider had implemented an action plan to address this.
- Where possible people were involved in choosing their food, shopping, and planning their meals. People could have a drink or snack at any time.
- Staff encouraged most people to eat a healthy and varied diet to help them to stay at a healthy weight. We saw one person was being supported to lose weight and with their staff team had developed goals and strategies to meet their targets.
- People were supported to eat and drink in line with their cultural preferences and beliefs.

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

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

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

We checked whether the service was working within the principles of the MCA.

- People were not initially consulted and included in the decisions about the use of surveillance. People we spoke with did not know CCTV was being used in the building they lived in and there was no internal signage to make people, and visitors aware. Once we raised this people were consulted and the provider confirmed to us signage had been displayed internally.
- People told us staff sought their consent before providing support with daily living tasks. Our observations of interactions supported this.
- Peoples decisions in the way they chose to live their life were respected by staff. Even when their life choices may not be in their best interests.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "I always ensure I ask for consent and include people in all decisions about their daily life."
- For people that the provider assessed as lacking mental capacity for certain decisions staff recorded assessments and any best interest decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- All people had been assessed previously when their care packages had been agreed prior to the registration of this branch. The registered manager told us about the referral process for new people to be supported and this included completing a comprehensive assessment prior to the support package being agreed.
- Each person had a comprehensive support plan in place. The standard of these varied across the service. Some had not been updated with people's changes in need, and some areas lacked detail and clear direction for staff to follow. For some people, certain sections of their support plans such as people's religious needs and sexual orientation were left blank. Other support plans were personalised and reflected people's needs and aspirations and included their physical and mental health needs.
- Not all relatives we spoke confirmed they were involved in the ongoing review of their loved one's support plan. One relative told us, "I used to be involved and reviewed it along with staff but that does not happen now." This feedback was shared with the registered managers.

# 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 requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Some people's dignity was not always promoted by the provider due to the lack of timely action taken to address risks identified with people's home.
- Three of the 4 relatives we spoke with told us they did not think some staff consistently promoted their loved ones dignity and independence. One relative told us, "We raised concerns about the lack of action taken by staff and the provider to address environmental issues. [Person] needs support from staff to assist them to maintain their home and furniture, but this is not done quickly to reduce the impact on [person]."
- Another relative told us, "I think staff could do more to encourage [person] to develop their daily living skills and independence; it all depends on which staff are on duty and how much they know [person]."
- We did observe one person's living environment had been considered in response to their personal preferences and action had been taken to protect their dignity to enable them to feel more comfortable in their home.
- One person also told us, about new opportunities they had been supported with such as day trips and social events which they had enjoyed.
- Discussions with staff and our observations supported staff knew when people needed personal space and privacy and respected this.

Ensuring people are well treated and supported; respecting equality and diversity

- Most of the relatives told us people's consistent core staff spoke to them respectfully. A relative said, "The consistent staff who support [person] do their best and are caring and respectful. They have taken time to get to know [person] and they are respectful when they speak with [person]. I am relieved when these staff are supporting [person] as I know they will be cared for."
- Another relative said, "The staff I have met who work consistently with [person] are lovely, caring and respectful."
- A person told us, "The staff I have are good and they treat me well and listen to me and what I want. They respect me for who I am and know me well."
- We saw staff engaging with people in a respectful and kind manner. Staff spoke and supported people in a calm manner and at a pace that suited their needs.

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

- Three of the 4 relatives we spoke with did not feel involved in decisions made about their loved one's care. One relative said, "I used to be more involved and had more meetings with the staff and managers, but this has reduced now so I don't feel as well informed. I hope this improves." Another relative told us, "We are

involved but decisions are still made without us that impact on [person]."

- However this was not everyone's experience as 1 person we spoke with said, "The staff do involve me, and I tell them my views and I make the decisions about my life whether they like it or not. I think the staff do listen to me. We do have meetings about things."
- Staff respected people's choices and wherever possible, accommodated their wishes.
- Staff supported people to express their views using their preferred method of communication.
- People's care plans and a range of other information was available to people in a format that was easy to read and understand.

# 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 requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, but this had not been consistently followed when complaints had been received.
- Several complaints had been shared with CQC prior to this inspection which were ongoing. We found some of these complaints were not recorded within the complaints record shared with us by the provider. We found some complaints had not been responded to within the timescales outlined within the provider's complaints procedures.
- Relatives we spoke with knew how to raise concerns, but some were not satisfied with how these had been handled by the provider. One relative said, "I have raised many complaints, but their response is slow, and we get passed to different managers who should be responding but don't always. It is very frustrating." Another relative told us, "Communication is poor especially when issues are raised."

The provider had failed to operate an effective complaints system. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider did respond to current complaints that had been made and apologised to the complainant for the delay. The provider told us the complaints procedures would be strengthened and lessons would be learnt.
- People we spoke with, knew how to raise concerns and where needed staff supported them in this process. One person said, "Yes I know how to raise complaints and the manager comes and listens to what I have to say and then she deals with it." Another person had been supported by staff to raise a formal complaint about an external agency.

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

- Not all people received support that met their needs, and preferences. Two of the 4 relatives we spoke with raised concerns about the care their loved ones received and the impact this had on their wellbeing. For example, some staff not knowing or following people's protocols.
- Healthcare professionals also told us they did not think the support provided to some people was personalised, and it did not ensure people had choice and control and their needs were met. A healthcare professional told us, "I have provided protocols and monitoring tools, but some staff are still not consistently following and using these to ensure [person] needs are met. This is having a negative impact on [person]."
- In response to feedback we shared, the provider developed an action plan to address the shortfalls

identified.

- People's care took into account their sexual orientation, religious beliefs, ethnic background and gender identity and avoided any form of discrimination.
- People's preferences for who supported them (i.e. gender of staff) were identified and appropriate staff were available to support people.

#### Meeting people's communication needs

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

- Healthcare professionals told us the provider did not always ensure timely action was taken to provide bespoke communication training to some staff. A healthcare professional said, "We have been requesting for staff to have certain training for a while to enhance the communication with some people. However, despite meetings and this being part of an action plan there have been delays in this being provided."
- The provider confirmed during our inspection this training had now been sourced and dates confirmed for the training to be delivered to some staff.
- The registered managers understood their responsibility to comply with the Accessible Information Standard (AIS). Information was available to people in different formats including easy read documents.
- Some people used visual tools, including objects, photographs, use of gestures, symbols and other pictorial cues which helped people know what was likely to happen during the day and who would be supporting them.
- Most people had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to participate in their chosen social and leisure interests. This included cinema trips, swimming, and horse riding. However, some relatives expressed concerns about the frequency of these outings as it depended on people being supported by staff who could drive. One relative said, "[Person] has a mobility vehicle they can use but not all staff can drive so it is not consistently used." The registered managers advised us they hoped to employ more staff that could drive to address this issue.
- Staff told us, where possible they supported people to go for walks or to their local shops if there were no drivers, or to use public transport.
- We observed some people being supported to engage in activities in their home, such as arts and crafts.

#### End of life care and support

- No-one was receiving end of life care at the time of our inspection. People's choices and preferences were not yet recorded. The registered manager advised us this area would be considered as part of future reviews.

# 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; Working in partnership with others

- The provider's systems and processes for monitoring the quality and safety of the care provided were not always robust and had not enabled the provider to identify the shortfalls we found during this inspection to drive improvements.
- Although a variety of environmental audits were undertaken, such as health and safety checks, spot checks and cleaning checks, these had not identified the environmental issues we observed during our visits to people's home. These included ripped flooring, broken furniture, and soiled furnishings and walls.
- Systems and processes had not enabled the provider to identify some care records were not sufficiently detailed or reflective of people's current needs. For example, audits had not identified various support plans for some people were not up to date or detailed enough to guide staff.
- Audits had not identified staff were not using the current positive support plan previously shared by a healthcare professional for 1 person. We also found daily notes did not provide sufficient insight into people's wellbeing, incidents that may have occurred, rationale for the use of as required medicines, or de-escalation techniques that had been used when people were emotionally distressed.
- Although regular medicine audits were completed these had not enabled the provider to identify the shortfalls we found with 'as required' medicine protocols, and the lack of oversight and monitoring of staff administering 'as required' medicines.
- The provider had failed to ensure effective systems were in place to maintain oversight of the management of complaints.
- Systems had failed to ensure effective partnership working with some healthcare professionals and relatives resulting in some people's care packages being terminated due to lack of leadership and effective management of their care.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an ongoing improvement plan in place which had been updated to include the feedback we had shared and included actions that would be taken to make the required improvements.

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



outcomes for people

- Feedback from some relatives, staff and healthcare professionals indicated a positive culture was not always promoted and people did not always receive person-centred care. This was reflective in poor outcomes for some people.
- Some staff we spoke with did not feel supported by their direct managers or by higher management. A staff member told us, "I call my direct line manager when I have needed support to deal with certain complex situations, but they do not always respond. Therefore, I often call the link nurse instead, at least then I get the support I need and good advice." Another staff member said, "I don't feel supported, some of the managers do not provide good leadership and I don't always feel listened to."
- However, we did receive some positive feedback from other staff. One staff member said, "Yes I do feel supported and my manager is responsive and approachable. There is an on-call service we can use outside office hours, and this works well now they have changed it so I can get the support when I need it."
- The permanent staff we spoke with demonstrated their commitment to their role and in ensuring people received support that met their needs. Staff aimed to work as a team but due to workforce issues the consistency of teamwork was not always possible which at times impacted on their ability to provide consistent care to people.

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 registered managers understood their responsibilities in relation to the duty of candour regulation.
- Although concerns had been raised about the provider's transparency, the provider had, during our inspection, apologised to people and those important to them when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All relatives told us systems for feedback required improving. One relative said, "I am not asked for feedback and they don't give me feedback about [person] unless I ask."
- Systems were in place to engage with people, staff and professionals. This included meetings, and surveys. The surveys for people to complete were in an accessible format and the results of these were shared with us. Where people had made suggestions on improvements, it was not recorded in the information shared with us how the provider would take them forward. Some of the positive comments about the care provided included, 'I like my staff', 'I enjoy going out into the community', and 'I enjoy cooking and baking with my staff'.
- The provider distributed a monthly newsletter to all staff to keep them informed of developments, news, safeguarding issues and to celebrate staff achievements. It also contained various confidential helplines that staff could access such as employee assistance, and safecall. This is a confidential telephone line staff can use to share any safeguarding concerns.
- Staff confirmed meetings were held and information on changes and developments was shared. A staff member said, "We do have meetings to discuss the people we support, including improvements and lessons learnt. I do feel confident in raising concerns and ideas."

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from harm due to the lack of robust risk management processes within the service.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had failed to operate an effective complaints system
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.