

Achieve Together Limited

Domiciliary Care Cheshire

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Domiciliary Care Cheshire is a supported living service which is registered to provide personal care for people with learning disabilities and autism who live in their own homes within the local community in Wirral and Cheshire. Support in everyday activities can be provided, which helps people to live as independently as possible. The service was providing support to 46 and personal care to approximately 23 people at the time of the inspection across 6 supported living settings.

People supported either lived in their own home or self-contained apartments some of which had staff facilities within communal areas. 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.

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.

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

Right Support:

Risks to people's safety were not consistently assessed and mitigated. Risk assessments did not always reflect people's most up-to-date needs or give clear guidance to staff about how to mitigate the risk.

Positive behaviour support plans were not always in place and those in place did not always give sufficient guidance for staff to follow.

People had not always chosen or been placed in the most appropriate accommodation to meet their assessed needs. This meant some people could not always access communal areas within their homes. We have made a recommendation about this.

Most people were supported by some regular staff who knew them well and had the necessary skills and knowledge to meet their individual needs. Staff training updates were not consistently evidenced. Some people were not receiving support from regular staff and were unable to participate in all activities of their choice.

Personal emergency evacuation plans were in place however, required review to ensure people's safe evacuation in the event of an emergency.

Trained and competent staff supported people to manage their medicines. Medicine care plans held

sufficient information to support staff to meet people's individual needs. There were medication reviews to help ensure the service operated in line with the best practise principles of STOMP (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines).

Most people told us they were supported to participate in activities of their choice. Some people described the many activities they participated in including theatre visits, café outings and shopping.

People were supported with their communication. Staff understood and supported people with their individual communication styles. Information was made available in accessible formats, such as, easy read and pictorial.

Most 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.

Right Care:

Systems in place to protect people from the risk of abuse were in place however, had not been consistently applied across all services. Staff understood how to protect people from poor care and abuse. They described actions they would take to keep people safe. However, some concerns raised had not been acted upon in a timely manner.

People who were able to tell us described receiving kind and compassionate care by staff who knew them well. Staff respected people's privacy and dignity.

Staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place.

People's care, treatment and support plans did not consistently reflect their individual needs. Some people and their relatives had been involved in the development of their care plans. Reviews of people's care plans were not consistently undertaken with their involvement.

Some people consistently took part in activities and pursued interests of their choice. Some of the services gave people opportunities to try new activities that enhanced their lives. Comments from people included, "I am enjoying the quiz and buffet today with my friends" and "I have lots of fun with my staff and I am always busy."

Right Culture:

The provider did not always follow good practice guidance in relation to the supported living model.

The provider and registered manager did not always empower people to be fully involved in the development of their care or the service they lived in.

People, their relatives and appropriate health and social care professionals had not fully participated in the review of people's care plans and the support they received.

The management team undertook regular audits to look at ways of developing and improving the service. Where concerns had been identified they had not been addressed in a timely manner.

Staff feedback about the management of the service was variable. Some staff told us they felt well

supported whereas others said they had felt abandoned by the senior management team.

Rating at last inspection

The last rating for this service was good (Published 31 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about one of the supported living services in relation to the management of risk. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Domiciliary Care Cheshire on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safeguarding people from abuse, risk management, positive behavioural support and governance systems at this inspection.

We made a recommendation in relation to the provider working with partner agencies to review people's accommodation needs and to ensure compatibility within services was being considered.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Domiciliary Care Cheshire

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 carried out by 4 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 6 '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.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 February 2023 and ended on 28 March 2023. We visited the location's office/service on 21 February 2023.

What we did before the inspection

We reviewed information we have received about the service since the last inspection. 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 as 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 spoke with, communicated with and observed the care and support of 11 people who used the service. We also spoke with 8 relatives of people who use the service about their experience of the care provided.

We spoke with 20 members of staff including the registered manager, regional and area managers, service managers, team leaders and support workers.

We reviewed a range of records. This included 8 people's care records and 6 medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- We were not always assured the provider was keeping people safe through assessing and managing risks to their health and safety.
- Risk assessments were in place. However, they did not always hold sufficient information to guide staff on action to take to mitigate risk. For example, the risk assessment for a person living with epilepsy did not provide sufficient or accurate information about the person's health needs, or state what action staff should take in the event of a seizure occurring.
- Risk assessments and support practices in some instances included unjustified restrictions and staff taking actions that had not been effective.
- Within one service we found risks in people's environment had not been assessed or mitigated. For example, knives were accessible to people who were at risk of causing harm to themselves or others. We found one staff kitchen was left open with a recently boiled kettle accessible to people who may not be able to recognise the risk in relation to this.
- Positive behaviour support plans were not always in place and the ones in place had significant omissions and did not always hold sufficient information to give clear guidance to staff. For example, one person who had a very specific behaviour that they used daily, did not have an up-to-date plan in place for staff to provide effective support.
- Personal emergency evacuation plans (PEEPs) were in place but did not always hold the most up to date information to use in an emergency. This meant in the event of an emergency staff may not have the correct information to evacuate people safely from the service.

Systems were either not in place or robust enough to demonstrate that risk management was effective, and people were not always effectively supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse were in place, but these had not always been effective or appropriately applied. Although most people were protected from the risk of abuse; this had been inconsistent across the service and at times the provider had not considered the impact that some of the protocols in place had on safeguarding people's dignity and respect.
- The systems in place had not prevented one person experiencing inappropriate exclusion/segregation due to them expressing themselves in a manner that risked harm to themselves and others. One person had experienced a near miss accident during an activity in the community because of guidance not being clearly

followed by staff.

- Concerns raised by staff members had not always been appropriately investigated, actioned, and shared with partnership organisations. Staff were familiar with whistleblowing procedures; however, whistleblowing concerns raised had not always been appropriately managed. This meant that risks had not always been mitigated in a timely manner.

Systems to protect people from the risk of harm had not been consistently followed and staff concerns had not been promptly acted upon. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A clear safeguarding policy was in place. Staff had received training and told us they felt confident to raise any concerns.

Staffing and recruitment

- The provider followed safe recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff in most of the supported living settings. Staffing included one-to-one and two-to-one support to maintain people's safety and for people to take part in activities of their choice. One service was carrying a high level of vacancies. In this service not all staff support hours for activities were in place. Comments from relatives included, "Staffing has been quite consistent, but there was quite a high turnover of staff at one stage", "They don't always have enough staff on to take him places" and "There is a lot of turnover of staff and management and they don't tell you so you find out once they've gone which is a bit annoying."
- The provider and registered manager assessed staffing requirements to ensure they remained at safe levels. They described the recruitment challenges they were experiencing and provided details of contingency measures which included the service managers providing direct support when needed.

Using medicines safely

- People's medicines were managed safely.
- People had medicines care plans in place that included an up-to-date photograph of the person and details of any allergies. Clear descriptions of all medicines processes were in place and reflected people's individual needs and choices. Instructions and guidance for 'as required' (PRN) medicines were in place for most people supported. We identified concerns in relation to one person's medicines management and asked for this to be reviewed.
- Medicine administration records (MARs) were accurate and up to date.
- Staff had received medicines training and had their competency assessed. Competency was not always clearly evidenced within the services where staff worked.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had ensured people's medicine were regularly reviewed with health practitioners.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

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

Learning lessons when things go wrong

- The provider had a process in place to analyse, identify trends or learn lessons to improve on the service provided. However, incidents in one service although fully recorded by staff had not been promptly reviewed and analysed. This meant lessons learned had not been identified and future risk had not been mitigated.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider assessed people's needs and worked with people, relatives and health and social care professionals to decide if a particular service was best placed to provide people's care and accommodation in line with their needs and current best practice guidance.
- This service was developed before the CQC started applying the principles of Right Support, Right Care, Right Culture and its predecessors. Some of the supported living services had people living together and sharing communal areas who were not well matched due to their individual needs. This was being reviewed during the inspection process.

We recommended the provider work collaboratively with stakeholders to review people's individual accommodation needs and the mix of people living closely with each other; to ensure everybody's needs and choices were met and the home was operating in line with current best practice.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction and had undertaken shadow shifts to help them understand people's needs and get to know them. Records did not clearly show staff induction had taken place.
- Staff training records across all the services showed that not all staff were up to date with their essential training. The provider had identified this through audits but had failed to take action in a timely way. This meant the provider could not be assured that staff were not up-to-date with their knowledge and skills to support the people within the services.
- Staff supervision was not consistently evidenced across all services. Most staff told us they felt well supported and listened to. Staff at one service told us they felt unsupported and not listened to by senior managers. Comments included, "Supervision is generally every six weeks with a Senior. I feel well supported", "I feel listened to when I raise any concerns with the management team" and "I don't feel supported, I stay as I am committed to the people I support. We've been asking for help for a long time."

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

- People's nutritional needs, risks and preferences were assessed and regularly reviewed. Referrals were made to external professionals as and when required.
- People were involved where possible in choosing their food, shopping, and planning their meals. Staff worked with people to support them to do menu planning and prepare shopping lists.
- People were supported to make food choices and were given advice on how to have a balanced diet. Relative's comments included, "[Name] has good food and crazy portions", "[Name] gets to go out to eat

and also has takeaways which they really enjoy" and "Staff do try and direct [Name] to healthier food and drink choices. They are not always successful and [Name] needs to lose a little weight."

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

- Staff supported people to attend medical appointments. We saw that on occasions appointments had been missed or not followed up. There had been a delay in seeking clarification from a healthcare professional in relation to a person's specific needs.
- Relatives told us that staff supported people with healthcare needs. Comments included, "Sometimes we take [Name] to appointments but staff will also if we aren't available", "They have taken [Name] to appointments. We have had occasions when they've had no driver available which is a problem" and "Staff take [Name] to the GP and the dentist."
- Care plans did not always hold sufficient information about people's health needs. Staff had some understanding of people's individual health issues and how these were supported.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff empowered most people supported to make their own decisions about their care and support. People told us they were involved in decisions. One person told us, "I like living here, it's my home."
- We found the service was mostly working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We found people within one supported living service did not have appropriate decision-making processes in place. Restrictions did not have the required legal authorisations in place.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means; however, this was not always documented. This meant there was a risk that decisions made for people might be unlawful or not in their best interests.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- We observed people being supported by staff that demonstrated kindness towards them even during difficult times. Staff were caring and compassionate in their interactions. Some staff demonstrated resilience and commitment when supporting people who expressed their feelings through behaviours that challenged.
- People felt valued by staff who showed genuine interest in their well-being. We observed staff taking time to talk with people and engage knowledgeably in their interests.
- People and their relatives mostly spoke highly of the staff. Their comments included, "Staff are great, I like all the staff that work with me, they are all lovely and kind", "[Name's] regular staff know him so well and he seems to genuinely enjoy being with them" and "The love and care and support and their genuine attitude from staff is great."

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

- Staff followed people's chosen routines and preferences. For example, people chose when to get up and go to bed, they chose what to wear and staff respected this. People told us they chose activities they wished to undertake during the day.
- The management team and staff supported people to express their views using their preferred method of communication. People had access to independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected within most of the supported living services. Privacy and dignity had not always been respected for one person living within the services due to the exclusion and segregation process being followed.
- People spoke positively about the staff that supported them. Comments included, "They [Staff] always knock on the door", "They [Staff] respect that this is my home", "I choose when I want to be by myself" and "Staff always let me try to do something by myself, they just help when it's needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care plans were variable in completion. Some held accurate information for staff to follow to meet people's assessed needs. Some care plans held not enough information meaning people may not receive appropriate support.
- People had care plans in place that gave some guidance to staff about how to meet people's needs. Information within care plans did not always reflect their most up to date needs. For example, one person's moving and handling needs had changed, and the documentation had not been updated. Another person's care plan documents did not accurately reflect their needs and we asked that these be urgently reviewed and updated.
- People's care and support plans did not always focus on positive outcomes or goals to aim for which could improve their quality of life. There was very little evidence that staff supported people to identify aspirations for their future.
- People's care plans were reviewed regularly. However, it was not always clearly evidenced who was involved in the review. One person who had capacity had not been involved in their own review. Relatives comments were mixed and included, "Yes we had a review recently", "No, we haven't had any meeting since the initial meeting a few years ago", "We used to have meetings before COVID19" and "Yes we have one, once a year."

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.

- Information was provided for people in a wide variety of ways including pictorial and easy read documents and social stories (Social stories are used to help people plan and make decisions regarding events that are going to happen). This helped ensure that people have information about their accommodation, care and support.
- Care plans included information about people's communication needs. Staff engaged with people in a way that demonstrated they understood their individual non-verbal and verbal communication.
- We saw some positive examples of different communication methods being used effectively by staff. For example, staff communicated using sign language for one person. Flashcards were used for another person which were reported as very helpful in improving communication and had reduced the person's anxiety.

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

- People were supported to attend activities of their choice within the community and in their own homes. Activities included walks, shopping, trampoline park, swimming, crafts, cooking, games and shows. Due to staffing challenges in one of the services some people had not been able to access their choice of activities fully.
- People were supported to maintain family relationships. People's relatives told us, "I speak to [Name] regularly on the telephone and have planned visits." and "Staff support [Name] to come home for regular visits and overnight stays."
- People were supported and encouraged to participate in activities of daily living to develop their independence skills.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure in place. These were available in easy read or pictorial formats to meet people's individual needs.
- People and their relatives knew how to raise any concerns or complaints and said they felt confident to do so. Their comments included, "I haven't needed to complain for years to be honest, but they listen to you" and "Yeah to be honest I'm pretty persistent so if they didn't address concerns I'd go higher (not had to do that though)." One person told us they had made multiple complaints over the last 12 months and that recently things had changed massively for the better and they now felt they were being listened to.
- Response to concerns and complaints was variable across the services. When the providers procedure had been followed services were very responsive to any concerns raised. However, two services had not promptly responded to concerns raised by relatives.

End of life care and support

- People's end of life wishes had not been consistently considered. We saw examples of people's own wishes being recorded. However, there was also an example of a person in receipt of palliative care who did not have a plan in place or any evidence to suggest a discussion had been held.
- We discussed the need for consideration of advance care planning for all people supported with the registered manager. They told us they would ensure advanced care planning consistently included people supported, their relatives as well as health and social care professionals to ensure people have an advanced care plan in place.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The service was not always well-led and there had been a lack of management oversight.
- Where the provider's systems had identified areas for development and improvement, these had not been addressed in a timely manner by the registered manager.
- Care plans did not always hold sufficient information for staff to follow to meet people's individual needs. Care plan reviews had documentation in place, however, did not always evidence the involvement of people, relatives and health care professionals.
- Incidents within services were clearly recorded. However, there was a delay in these being reviewed and actions taken to minimise or mitigate repeated or future risk.
- There was a registered manager in post at the beginning of the inspection. However, they left before the report was published. The regional manager and area manager had clear oversight of the service on an interim basis until a new manager was recruited.
- Staff training was not up to date across all areas of the service. Staff supervision had not been consistently undertaken in some services.

The lack of consistent management oversight and robust governance placed people at the risk of harm and meant they did not always receive, quality, effective, person-centred care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not consistently follow best practice guidance in relation to the supported living model and did not always consider key elements relating to right care, right support, right culture guidance.
- Managers were not always proactive in empowering people to be involved and to make decisions about their care and support needs. Managers had not always liaised effectively with those important to people supported to ensure that the care and support provided was meeting people's needs.
- Although staff were caring towards people, a lack of direction, guidance and effective planning meant that some people did not always have positive outcomes.
- Relatives gave mixed feedback about the management of the services. Comments included, "There are lots of changes of management, I have not seen a manager at the service", "The new manager has introduced themselves and been onto any issues straight away so I'm happy with them" and "There isn't a manager at the service as far as I know."

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 manager knew of their responsibility under the duty of candour that they had to be open, honest and take responsibility when things went wrong. However, information was not always reported and recorded when things went wrong. For example, when staff concerns had been raised and not acted upon.

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

- Some people told us they had been supported to decorate and furnish their bedrooms as they wanted to. Some people were able to tell us they liked the support they had. We observed people were not always listened and responded to.
- Relatives told us the provider contacted them for their views about the service. They said they hadn't been asked for feedback recently.
- Feedback from staff varied. Some staff told us their immediate line managers were approachable and supportive. Some staff told us they felt isolated and unsupported by senior management.
- Team meetings took place however, the frequency of these was very variable across services. This meant staff did not always feel included in the development of the service.

Continuous learning and improving care

- The provider had systems in place to learn lessons from accidents, incidents and safeguarding adult concerns. However, these were not effectively used as incidents and safeguarding concerns had not been recorded or reported correctly. This meant future risks had not been mitigated and incidents had reoccurred.

Working in partnership with others

- Local authority social care professionals told us they had concerns about this service and the care and support provided. Concerns related to two of the supported living services.
- The registered manager did not always work in partnership with other agencies. We received concerns from health and social care professionals stating the registered manager had not acted promptly to report events that had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate that risk management was effective, and people were not always effectively supported to stay safe. This placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems to protect people from the risk of harm had not been consistently followed and staff concerns had not been promptly acted upon.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The lack of consistent management oversight and robust governance placed people at the risk of harm and meant they did not always receive, quality, effective, person-centred care.</p>