

## Individual Care Services

# Individual Care Services

### Inspection report

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14 July 2021

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Individual Care Service provides personal care to people in their own homes and 24-hour shared supported living services. Care and support are provided to people living with a learning disability and other support needs including autism and health conditions. At the time of our inspection visit 42 people were supported by the provider and each received a regulated service.

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

Governance systems, management and provider oversight of the service were inadequate. Systems and processes designed to identify areas of improvement were ineffective because audits and checks had not identified the concerns we found.

People did not consistently receive safe care. Risks associated with people's care were not always identified, managed or mitigated. The provider had not effectively assessed staff had the skills, knowledge or experience they needed to provide care and support which ensured people living at the service were safe.

Systems and processes to support people from the risks of abuse were not always effective.

The provider had accepted offers of support and training from the local authority around COVID-19.

Staff did not always have important information about people's health conditions. People's support plans did not always contain detailed or accurate information to help staff support people safely. Some information was out of date and posed potential risks of harm to people.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support least restrictive practices. Where restrictive practices were used the provider had not always acted in line with the Mental Capacity Act 2005.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support – the providers model of care and setting did not maximise people's choice, control and independence.

Right Care – care was not consistently person-centred and did not always promote people's dignity, privacy or human rights.

Right Culture – the ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services led confident, inclusive and empowered lives.

This was because the provider's systems and processes failed to identify shortfalls in the right support, right care and right culture. We, and the local authority, have identified to the provider where improvements are needed.

People and relatives shared some positive experiences of their care with us and we observed some positive interactions between staff and people supported. However, improvements were needed to ensure this was everyone's experience.

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

The last rating for this service was Good. (Report published 17 June 2019).

Why we inspected

We undertook this focused inspection because emerging risks had been identified by us and other professional bodies including the Local Authority and visiting healthcare professionals. We had also received information of concern from staff and members of the public prior to our inspection visit, in relation to the management of risks at supported living services. As a result, we planned a focused inspection to review the key questions of Safe and Well Led only. However, during our inspection we found improvements were needed in other key questions and included Effective, Caring and Responsive and have therefore reported our findings in all five key questions.

We have found evidence that the provider needs to make improvements.

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

Enforcement

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of our inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to the risks associated with people's care and management oversight of the service. The provider had not ensured effective systems and processes were in place to monitor the quality of the service and drive improvement.

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 with the Local Authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This

means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not 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?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well led.

Details are in our well led findings below.

# Individual Care Services

## Detailed findings

### Background to this inspection

#### The 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 was planned to check 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.

#### Inspection team

The inspection was carried out by five inspectors. One inspector visited two supported living services. They were then joined by two inspectors to undertake a site office visit. Two further inspectors gathered information from the provider, registered manager and had telephone conversations with people, staff and relatives.

#### Service and service type

Individual Care Services is a domiciliary care agency. It provides personal care to people living in their own homes and shared 24-hour supported living homes.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the provider 24 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building. We also needed to be sure that the provider and registered manager would be available to support the inspection.

Inspection activity started on 12 July 2021 and ended on 14 July 2021. We visited two 24-hour supported living services, with people's consent, on 13 July 2021 and visited the office location on 14 July 2021.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent

themes of concerns. This included numerous concerns shared with us from staff members and members of the public during 2021. Information of concern was also shared with us from a healthcare professional who had visited one service during June 2021 and the Local Authority (LA) following a quality monitoring visit to two services they had undertaken during July 2021. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

During our on-site visit to two 24-hour supported living services, we observed staff interactions with three people and spoke with one staff member on shift and the registered manager. We fully reviewed three people's care plans, and three further sets of people's daily notes, risk management, health records and medicine records. We looked at records relating to the management of the service, safeguarding people from abuse investigation records, policies and procedures and completed audits and checks.

During our off-site work we had telephone conversations with two people to gain their feedback. We spoke with six people's relatives and nine care staff. We also had further telephone conversations with the registered manager and provider.

#### After the inspection

We shared concerns about issues we had found with the provider and registered manager and requested additional documentation to be sent to us. We asked them to share evidence with us about immediate actions taken, which they did.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Inadequate. This meant some aspects of the service were not safe to provide assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we had received information of concern from members of the public and staff. We shared these concerns with the local authority adult protection team.
- The provider's safeguarding records did not include detailed information about individual allegations of abuse. There was no information about conversations with external professionals or learning actions taken, such as re-training of staff, to reduce the risk of an incident happening again.
- Some safeguarding incidents known to us (CQC) were not included in the provider's safeguarding records so it was not evident what action, if any, had been taken in response to some incidents. The provider and registered manager confirmed they had no further records and could not tell us about actions taken in relation to some allegations of abuse.
- Prior to our inspection, staff shared information of concern with us about an incident they had reported to service managers. One staff member felt concerned their reporting of what they deemed abuse, to a service manager, had not been acted on. The provider and registered manager told us they had only been aware of these concerns when we (CQC) had raised them. Therefore, events reported to a service manager had not been managed appropriately or referred to the relevant external agencies as incidents of potential abuse.
- Information and communication about safeguarding and reporting concerns was not provided in an accessible or alternative way to support people's communication needs and enable their concerns to be effectively understood and investigated.

There were failings in the provider's systems and processes to protect people from potential abuse. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback the provider and registered manager reissued staff identity badges. On the reverse side of the badges, telephone numbers were printed to tell staff where to report concerns to.

Assessing risk, safety monitoring and management

- Risk was not always identified, assessed and well-managed.
- Some known risks had not been assessed. For example, there was no diabetes risk management plan for a person with diabetes. Not all staff spoken with understood the risks associated with diabetes care and there was no guidance to alert staff to the signs of any changes in blood sugar levels or what action to take in such circumstances.
- One person had a health condition that meant there were some restrictions on their physical activity both inside and outside their home. This had not been risk assessed and there was no information in the person's



support plan to inform staff of these risks.

- One person needed to have their fluid intake limited to 1000mls a day. However, their fluid intake chart told staff to try to achieve a fluid intake of 1600mls a day. The risk was mitigated because records showed that permanent staff were limiting the person to 1000mls a day, because they knew the person. However, the incorrect information posed risks of potential harm if any new or agency staff supported the person because the guidance was not accurate.
- One person needed equipment to mobilise both inside and outside the home. There was no information about the equipment the person required, or information to guide staff in supporting the person to move safely. One staff member told us, "We've had no practical moving and handling training, it's been really hard knowing how to safely do transfers." There had been no assessment of the person's risk of falling and no consideration of any actions required to minimise that potential risk.
- Another person had a health condition that caused a serious physical condition that posed risks of harm to them. This condition needed management through a healthy diet and close monitoring by staff to minimise the risk of this person becoming acutely unwell.
- The risk assessment and support plan did not provide guidance for staff on foods to encourage or avoid or what healthy foods the person particularly enjoyed, to encourage them to make healthy choices. Food records showed the person had eaten excessive fatty and greasy foods over recent days which had potential to exacerbate their condition and increase the risk of them becoming severely unwell.
- This person's care plan stated there was a menu for staff to follow and that this had been developed in partnership with the dietician. However, there was no record of this menu or evidence showing input from the dietician.

#### Using medicines safely

- Prior to our inspection we had received concerns from staff about medication errors and unsafe medicine practices in some services. The provider and registered manager acknowledged improvements were needed in the safe handling of medicines because numerous errors, across services, had occurred when staff had not always followed people's Medicine Administration Record (MAR) instruction. The provider and registered manager assured us all staff would be retrained in administering medication and competency assessments completed. The provider was also implementing a new digital medication administration system to support safe medicines practice.
- Prior to our inspection a visiting healthcare professional shared information about one person who was prescribed an epi-pen for emergency use. Staff had not received training in how to administer the injection but there was detailed guidance in place to inform staff how this should be done. Following our inspection, the provider gave assurance staff had been provided with training to provide the person's emergency medication.
- During our inspection we found MARs were not always completed according to best practice and some MAR charts for medications were missing. We found three prescribed medicines listed on one person's medicine information sheet, but these were not listed on the person's MAR. Other prescribed medicines that was listed on the MAR were not always being administered in line with the GP's instructions.
- We could not be assured people consistently received support from staff to take their medicines as prescribed. For example, one person was prescribed co-codomol four times a day at timed intervals but the MAR charts for the two morning administrations were missing from this person's records.
- Running totals of medication were not routinely recorded on MAR charts. When totals were recorded, the total did not match the number of tablets that should be remaining based on this person's prescription stock of medicine.
- Some people were prescribed 'as required' medication. However, MAR charts for one person showed that the medication was given routinely, on a daily basis, not on an 'as required' basis. There were no accompanying protocols for staff to refer to for these medications for this person.
- During our visit to one person's home, we saw staff had stored some medicine stock on the floor of a room

which was unlocked and unattended. This person's risk assessment stated, 'Medications are to be locked away'. We asked the registered manager to take action on this, which they did.

We found no evidence that people had been harmed as a result of failings, however systems and processes were not sufficient to demonstrate risk associated with people's care was effectively managed. 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.

#### Preventing and controlling infection

- The provider had accepted offers of support and training from the local authority and updated their guidance to staff to ensure it was in line with current government guidance to prevent and control infection

#### Staffing and recruitment

- Prior to our inspection, staff had shared concerns with us about a high turnover of service managers and care staff. Some relatives also felt there were often changes in staff supporting their loved one due to staff leaving. The provider and registered manager acknowledged they had some staff recruitment challenges. However, due to successful recruitment they had reduced their very high use of agency staff to significant hours across services. The provider and registered manager said they were committed to people having consistency in their staff teams and were working toward this.
- During this inspection we did not review staff recruitment records. However, staff told us they underwent pre employment checks prior to starting work. The provider and registered manager confirmed to us they had robust staff recruitment policies.

#### Learning lessons when things go wrong

- There were numerous failures by the provider and registered manager to learn lessons when things went wrong. This included a failure to learn from feedback from a recent inspection of another service where similar themes were identified and improvements were needed.
- Overall, staff felt improvements were still needed in communication. However, some staff felt a newly appointed service manager was starting to make some improvement in the services they had oversight of.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were not always carried out in line with legislation or the code of practice. Where more significant decisions needed to be made about people's care and health needs, records had not always been maintained of any assessments carried out to check whether the person had the capacity to understand the decision to be made.
- Where decisions had been made that may amount to a restriction on a person's choices, there was not always evidence of any meetings with other people involved in the person's care to ensure it was in their best interests.
- Support plan records were not always updated when people's needs changed. One person's support plan said they could go to familiar places in the community independently. However, we were told that since 1 December 2020 the person was escorted by staff due to a health condition. There was no evidence that a best interests meeting had agreed this restriction on the person's liberty.
- One person had been assessed as lacking the mental capacity to manage their medication. However, the record for this assessment did not give any explanation as to why this person did not have the ability to understand, retain or assess the information relating to this decision or actions taken to promote this person's ability to take part in the decision making process.
- During our inspection we were told about one person who had been restricted in accessing their garden,

due to risks of harm posed to them from a neighbour. We discussed this with the registered manager who told us this was no longer the case. However, they acknowledged earlier in the year risk mitigation had included advising staff this person should access their garden when their neighbour (also supported by the provider) was asleep. This was not acceptable risk mitigation and not within the remit of the MCA.

The provider and registered manager were not consistently working within the remit of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff told us they had not always received the training they needed. Staff from different 24-hour supported living services told us whilst they had completed online moving and handling training this did not give them the skills needed to support people safely with transfers, wheelchair use or those at high risk of falls. An example was shared with us of a previous request for practical moving and handling techniques being made to a service manager, but no action was taken.
- Staff training had not been specifically tailored to meet the needs of those people staff supported. One staff member told us, "We have completed online first aid-training, but I wouldn't feel that confident if [name] choked and I needed to do the abdominal thrusts. [Name] is at high risk of choking, but we've never been offered hands-on training." One staff member said, "There is a lot of online training, which is good, but hands-on training would sometimes be better."
- During our inspection visit we identified issues around report writing, medicines management, risk management and healthy eating which indicated staff required training in these areas. The registered manager told us they were reviewing staff training with the provider to incorporate more topics including healthy eating and report writing.
- The provider and registered manager delegated competency assessments to check staff's knowledge and skills to service managers. However, there was no system or process in place for the provider or registered manager to assure themselves their service managers had the skills needed to support staff or undertake competency assessments.

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

- People's needs were assessed prior to them receiving support. However, when their circumstances changed plans of support were not always updated. This meant staff did not always have up to date information to refer to relating to people's assessed needs. This posed increased risks of their needs not being safely or effectively met.

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

- We looked at two people's food records which listed foods they had eaten over the last four weeks. In both cases, there was limited evidence of staff encouraging healthy eating and a balanced diet. Both people required guidance from staff to maintain their wellbeing through healthy eating.
- Staff did not always know what people's preferences were. A concern had been shared from a professional visiting one service, who observed a member staff give a person a sandwich they did not like.
- Where people required special diets due to health conditions, information was not always available to staff to refer to in people's support plans.

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

- Overall, people were referred to healthcare professionals when a need was identified. However, the advice healthcare professionals had provided had not always been incorporated into people's support and risk management plans. For example, a healthcare professional had advised that one person needed to be

physically checked to ensure they were not retaining fluid. This advice had not been recorded in the person's support plan.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider had failed to ensure people consistently received high quality care from staff who they could demonstrate were suitable to carry out their roles. We identified breaches of the regulations which demonstrated the provider's approach to people and staff was not always caring and required improvement.
- People gave mixed feedback to us about whether staff were caring toward them. One person gave examples of how staff had supported them and made them feel happy, but also told us about other staff who had upset them. This was shared with the provider and local authority.
- Relatives provided mixed feedback about the caring approach of staff. Some relatives gave positive feedback and examples of caring approaches demonstrated by staff. One relative told us now there was consistency in the two staff supporting their loved one, care was good, and staff were kind. Another relative reiterated this, telling us they felt the staff were caring.
- However, another relative told us they had to remind staff about their loved one's personal care needs as staff did not consistently complete support tasks. A further relative felt some staff lacked a caring attitude and appeared happier spending time on their mobile phone than engaging with their loved one.
- We observed some caring approaches and interactions between staff and people when we visited them in their home. Two staff we observed in different supported living services, demonstrated kindness and genuine care toward the people they supported.

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

- Staff were able to give examples of how they involved people in day to day activities and choices.
- Improvement was required to people's care records and to ensure they were in a format accessible to people. The provider told us they were reviewing support plans, and this would include looking at how they could include accessible formats.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and dignity. One staff member was overheard giving a person privacy when we had telephone conversations with them, telling the person, "I will be in the other room, call me when you have finished talking."
- Some records were not respectful of people. One person who had been disappointed by a relative being unable to visit was described by care staff as 'sulking'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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

- Assessments and support plans lacked information about people as individuals which meant care was not planned for in a person-centred way.
- There was limited information contained in people's support plans about their life history, likes, dislikes, preferences, hobbies or interests. One person we spoke with told us about things they enjoyed but their support plan did not contain this information.
- Some staff told us how they supported people to live a fulfilling life based on their interests and liked to be flexible with activities so they could make the most of the nice weather. However, new staff and agency staff covering shifts did not have the information to refer to when needed.
- Overall, relatives felt when their loved ones were supported by consistent staff, they received support responsive to their needs. One relative told us, "We now have two good care staff and they know [name] well and how to manage them." Another relative reiterated this, telling us, "Now we finally have the same staff who cover the shifts, things are better." However, another relative told us not all care staff focused on giving their loved one personalised care and some staff declined to support them in their chosen activities because the staff did not want to do them.

Meeting people's communication needs

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

- Communication plans lacked detail. One person's communication plan gave a list of statements the person may say and what these meant. However, it also stated that this person can be difficult to understand which leads to frustration and responses which could be challenging for staff. There was no record of other methods of communication that could be tried if staff were struggling to understand this person and minimise the risk of them feeling frustrated and misunderstood.
- This person's communication plan stated that they may become anxious around male staff or other male service users and that staff should distract this person and report this to management. However, there was no information about why or measures in place to manage this and the risk of this person becoming anxious around certain people.
- People's access to accessible information was very limited. For example, we found the registered manager and provider had failed to consider ways they could present information to people about how they could tell a trusted person about suspected abuse.

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

- Support plans contained very limited information about people's personalities, likes, preferences, aspirations or motivations. It was not clear how people were being supported to live more independently.
- Overall, relatives told us that during the COVID-19 pandemic, care staff had kept in touch with them about their loved ones. However, where 'relative meetings' had taken place regularly in one shared supported living home prior to the pandemic, the registered manager and provider had not facilitated any alternative to the face to face meetings, such as through virtual options.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. However, the format was not accessible to people supported by the provider. Consideration had not been given by the registered manager or provider to create easy-read versions.
- Most relatives spoken with told us they had no current complaints and if they did, they would raise these with the care staff.



# 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 the last inspection this key question was rated Good. At this inspection this key question has deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes in place to protect people against the risks of abuse were not consistently effective. The provider's systems did not ensure they, or the registered manager, were always made aware of when staff had reported concerns to service managers. This meant the provider and registered manager did not always have oversight to ensure investigations were completed in a timely way, or that concerns were escalated as potential abuse when needed or effective actions taken to reduce risks of reoccurrence.
- Systems and processes were not used effectively to review and maintain oversight of the services being provided. Audits to assess the quality of service provision were basic and failed to identify issues we found. Single tick-box forms used to audit services had not identified issues we found related to out of date information in care plans, poor practices related to medication administration records and gaps in important information related to mental capacity. At the time of our inspection, the provider was addressing this shortfall and had started to introduce quality and compliance audits within the service.
- The provider and registered manager had failed to effectively assess staff's training to ensure this provided them with the skills and knowledge needed to safely support the people they were working with. For example, staff had not always been provided with hands-on moving and handling when needed.
- We identified concerns around the lack of risk assessments, where known risks existed, and the quality of completed risk assessments, and support plan accuracy. The provider's current audit systems had failed to identify the issues we found, but they were confident the new quality and compliance audits would address the shortfalls in the current system.

The safety and quality of the service were not well managed. Checks on quality were ineffective. The above issues demonstrate a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had commenced their role during November 2020, however, most staff and relatives spoken with did not know who the registered manager was. The registered manager was also the head of service for three residential care homes operated by the provider. The registered manager acknowledged much of their time had been focused at one of the provider's residential care services and they hoped, in the future, to be able to spread their time more evenly across other services they were responsible for to ensure people received a good service.
- Throughout our inspection the provider and registered manager told us they were committed to making improvements and it was their desire to provide a safe and good service to people.

- In recognition of the improvements needed, the provider agreed to impose a voluntary placement stop on admissions across their services. The provider confirmed this in writing to us and this was shared with the local authorities. This meant the provider would not provide support to any new people until they withdrew their voluntary embargo.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for 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 provider and registered manager had commenced their roles during 2020 and recognised they had much to learn and improvements to implement, embed and sustain across their services to achieve the right support, right care and right culture for people.

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

- The provider was unable to share any recent feedback they had sought from people or their relatives. They told us they were in the process of developing a new design for a feedback survey and hoped to gather feedback from people during August 2021.

- The provider and registered manager recognised the need for improved communication as they made improvements to services.

Continuous learning and improving care; Working in partnership with others

- Throughout our inspection the provider and registered manager were receptive to feedback when we identified failings and shortfalls in the care and support and their systems and processes. The provider and registered manager have committed to continue to work with us and the local authority and regularly share information about actions they have taken to improve the service going forward.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always work within the requirements of the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of people were not always assessed. The provider had not taken all that was reasonable practicable to mitigate risks. The provider had not ensured staff providing care to people had the qualifications, competence, skills and experience to do so safely. The provider did not ensure the safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes had not been established and operated effectively to investigate, immediately on becoming aware of, any allegation of abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes did not effectively assess, monitor and improve the</p>

quality and safety of the services provided in the carrying on of the regulated activity. The provider's systems and processes did not effectively assess, monitor and mitigate risks relating to the health, safety and welfare of people.