

Time 4 U Ltd

GUTU

Inspection report

116 Maidstone Road
Chatham
Kent
ME4 6DQ

Tel: 01634403797
Website: www.time4ulimited.co.uk






Date of inspection visit:
07 January 2020
09 January 2020
05 February 2020

Date of publication:
23 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

GUTU is a domiciliary care agency. It provides personal care to adults with learning disabilities, mental health needs and physical disabilities living in their own houses which were supported living environments. People needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. People had a variety of complex needs including mental and physical health needs.

GUTU provides care and support to people living in 14 'supported living' settings across Medway, Kent and Milton Keynes, so that they can live as independently as possible. In these premises, people each had their own bedrooms, but shared the kitchen, dining room, lounge, laundry and the garden. There was an office at each property. 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.

Not everyone using GUTU receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The service was providing personal care to 24 people at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. The provider had a system in place to log and record accidents and incidents. However, it was not always clear what actions had been taken after accidents or incidents to reduce the risks of the same issue occurring again. After the inspection, a process was put in place so that the management team could refer people through to the positive behaviour specialist. The provider ensured people were protected by the prevention and control of infection.

Medicines were not always managed safely. One person had not received all the medicines they needed to stay well. Medicines stock did not always balance. Protocols were not always in place to detail how people communicated pain, why they needed the medicine and what the maximum dosages were.

Some people required staff support to manage their finances. Records of financial transactions did not

always add up. Staff had not reported and flagged up with their managers that there were discrepancies in the finances. This is an area for improvement. However, staff knew how to spot signs of abuse and mistreatment. The provider had effective safeguarding systems in place to protect people from the risk of abuse. Staff had confidence in the management team and provider to appropriately deal with concerns.

Although support plans and guidance were in place to describe the basic care and support people needed, they did not always include important information individual to the person. For example, one person was dairy intolerant and their support guidance regarding food did not list this. This put the person at risk of harm. This is an area for improvement.

Audits and checks completed by the management team were not robust. They had not always picked up the issues we have found during the inspection in relation to medicines and risk management. The provider had not always notified us of specific incidents relating to the service in a timely manner. During the inspection, staff referred to people's homes as units when we spoke with them and daily records referred to people 'returning to the unit'. The provider and management team told us they had been made aware of this through their own quality audit systems and were working to address this through training and guidance with staff. Relatives told us they would recommend the service to others. One relative said, "I would say [the service is] gold standard. They are great there." Staff felt well supported by the management team.

Staff had been recruited safely to ensure they were suitable to work with people. There were suitable numbers of staff to provide the care and support to people. Staff continued to receive training, support and supervision to carry out their roles. People told us they felt safe with staff. People and their relatives told us they had regular staff supporting them.

Prior to people moving in to the supported living services their needs were assessed. The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and expressing their sexuality.

People were supported to eat and drink to maintain a balanced diet and good health. People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments mental health teams, specialist nurses and their GP.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had only good things to say about the staff. They told us they found staff to be kind and caring. Staff respected people's lifestyle choices and supported them to be who they wanted to be. People were supported to express their views in a way which suited them. Staff treated people with dignity and respect. People were supported to maintain important relationships and gain independence.

People and their relatives felt that they received appropriate care and support to meet their needs. People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. People were given information in a way they could understand. People took part in a wide range of activities to meet their needs. The service was not supporting anyone at the end of their life; the people receiving support were younger adults. However, some people had clear plans and directions in place for their future needs.

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

Rating at last inspection

The last rating for this service was Good (published 07 February 2018).

Why we inspected

The inspection was brought forward due to concerns received about the culture within the service and safeguarding concerns. A decision was made for us to inspect and examine those concerns.

We found no evidence within the inspection to confirm these concerns. However, we did find other areas of concern.

Enforcement

We have identified two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to management of medicines and management of risks (Regulation 12) and systems and processes to assess, monitor and improve the service (Regulation 17) at this inspection. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 in relation to failure to notify CQC of incidents. 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

GUTU

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by three inspectors. One inspector carried out the site visits to the registered office and visited people living in the Medway and Kent area. Two inspectors carried out visits to people living in the Milton Keynes area.

Service and service type

GUTU is a domiciliary care agency and supported living service. It provides personal care to adults in supported living houses in Medway, Kent and Milton Keynes.

The service had four managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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 07 January 2020 and ended on 05 February 2020. We visited the office location on 07 and 09 January 2020. We carried out visits to people in their supported living houses and flats between 14 January and 28 January 2020. We met with the provider and registered manager on 05 February 2020 at their office to discuss feedback.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed the information we held about the service including previous inspection reports. We used all of this information to plan our inspection.

We requested information from local authority care managers, commissioners and Healthwatch to obtain feedback about their experiences of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from two local authority commissioners. We used all of the information received to help plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with two health and social care professionals who were visiting the office location for a meeting.

We spoke with 18 staff including; support workers, team leaders, managers, the positive behaviour support specialist, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medicines records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now deteriorated 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.

Using medicines safely

- Medicines were not always well managed. One person's medicines administration record (MAR) detailed that staff should apply a medicated patch every 72 hours to the person. The MAR had not been signed to evidence the person had received the patches as prescribed. One of the registered managers told us that the person was no longer prescribed these. However, when we visited the person in their home, we found they were still prescribed. They had been dispensed from the pharmacy and were in stock. A staff member told us the staff were not administering these as they had not been trained to do so. This meant the person had not received all the medicines they needed to stay well.
- Medicines stock did not always balance, which meant that we could not be assured that people had their medicines as prescribed. One person's records showed that one Zopiclone tablet could not be accounted for. Another supported living premises had 15 Zopiclone tablets missing. The management team had found them to be missing on the morning of our visit and reported this to us.
- The registered managers did not have a robust auditing process in place to review medicines practice. Some MAR had been completed using a code such as 'L'. Staff told us they had used L as leave. This did not match the code used on the MARs. Audits had not picked this up. Audits had also not picked up that some people had been prescribed short term medicines to treat reoccurring urinary tract infections (UTI). There were short term care plans seen for the UTI but, the antibiotics prescribed had not been added to the MAR. There was no evidence to show that the person received their entire course of antibiotics. This meant that we could not be assured that people had their medicines as prescribed.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were not always in place to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant that staff administering these medicines would not have all the information they need to identify why the person takes that medicine and how they may communicate the need for it.

The failure to take appropriate actions to ensure medicines are managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Systems and processes to safeguard people from the risk of abuse

- Some people had not always been appropriately safeguarded from abuse. One person did not have capacity to manage their own money. Staff supported them keep their money safe as well as spend money according to their budget. Records of financial transactions did not always add up. Staff had not reported and flagged up with their managers that there were discrepancies in the finances. This is an area for improvement. We reported this to the management team during the inspection and an investigation was

carried out. After the inspection one of the registered managers told us, "I conclude that from my findings there is insufficient evidence to suggest that [person] is being wilfully subjected to financial abuse, however there was an entry missing hence the discrepancy."

- Staff continued to know how to spot signs of abuse and mistreatment. However, training records showed that 56 out of 76 staff had attended safeguarding training. This is an area for improvement.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse. The registered manager had appropriately reported safeguarding concerns to the local authority and taken action to protect people.
- Staff had confidence in the management team and provider to appropriately deal with concerns. All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I would report [safeguarding concerns] to CQC or social services if not dealt with [by the management team]. It would be dealt with; we have a duty of care."

Assessing risk, safety monitoring and management

- Risks to people had not always been identified to ensure staff had the guidance necessary to follow a specific plan to prevent harm. Some people had been assessed at high risk of inappropriate behaviours towards females. There were no risk assessments in place to identify how staff should support them in their home or whilst in the wider community.
- One person's assessment record identified that they presented a high risk of sexually inappropriate behaviour towards females. There was no support plans or guidance in place for staff to follow to keep themselves and members of the public safe. We spoke with the management team about this. After the inspection, the management team put support guidance in place.
- Risk assessments were not in place where people had health conditions, which carried potentially serious or fatal risks. For example, when people were diagnosed with epilepsy. Two people we case tracked at a diagnosis of epilepsy. Swimming support guidance for people with epilepsy did not detail that people had epilepsy and how staff should work with them to minimise the risk of harm whilst in the pool.
- Some people had a personal emergency evacuation plan (PEEP) in place to detail what level of support they would require evacuating the supported living premises in a fire. These were not in place for each person, which meant it was not clear to staff how they should evacuate people in an emergency such as a fire.

The failure to manage risks to people's health and welfare was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a responsibility to arrange general repairs and maintenance at the supported living services. Repairs and maintenance had not always been undertaken in a timely manner. For example, one person's home shared a hallway from the main door to their front door. The hallway was dark and had no working light. Staff told us they had reported it, but it had not been fixed. In another house the curtain rail and curtains were in disrepair in the communal living area.
- All the people and relatives we spoke with told us they always felt safe with the staff supporting them. We observed that people were supported to stay safe in their homes. One person became anxious and agitated when we inspected because of a personal issue. Staff supported them discreetly and sensitively with this. One person told us, "I feel safe." Another person said, "I never feel unsafe."

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history and had taken up references before staff started work. The provider had also checked that staff had the right to remain and work in the country where they

were foreign nationals

- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks.
- There were suitable numbers of staff to provide the care and support to people. Where people had been assessed as requiring more than one staff member to support them, they received this. A relative told us, "He has two staff at all times and there has always been two staff there when I have visited. He has consistent staff that have got to know him well."

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- The supported living services were clean and tidy. Staff completed cleaning in communal areas and people were supported and encouraged to keep their own rooms clean as well as completing laundry tasks.
- Most staff had received the appropriate training to learn how to minimise the risk of infection spreading; 47 out of 76 staff had received infection control training.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary.

Learning lessons when things go wrong

- The provider had a system in place to log and record accidents and incidents. However, it was not always clear what actions had been taken after accidents or incidents to reduce the risks of the same issue occurring again. This is an area for improvement.
- Staff had not always completed charts to log and record the antecedent, behaviour and consequence (ABC) when people had displayed behaviours that other people found challenging. For example, staff had not reported that one person had become angry and threatened to kill another person. This meant that the PBS (Positive Behaviour Support) specialist employed by service had not reviewed incidents or advised on appropriate action. This is an area for improvement.
- There was no process in place for the PBS specialist to review all accidents and incidents. Through discussions with the PBS specialist, it was clear they were not aware of the needs of some people receiving care who would have benefitted from their support and input. We discussed this with the management team. After the inspection visit to the office, a process was put in place so that the management team could refer people through to the specialist.

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

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

- Prior to people moving in to the supported living services their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and expressing their sexuality.
- A transition to the service for new people was arranged at a pace to suit the person, often lasting many weeks or months. The management team explained how they had supported people with their transitions to ensure people's experiences of moving to a different living situation went well. A relative told us, "They met with us to put a care plan in place and shadowed at the previous care home to build up their knowledge and relationship with him. It was a smooth transition."
- A health and social care professional told us, "It has been very positive. The transition started at the hospital base, Time 4 U did day visits and transition to the community." Another health and social care professional said, "[People] had both come out of hospital, they had a proper transition, lots of support pre-move and identified potential properties. Nothing has been too much trouble."

Staff support: induction, training, skills and experience

- Staff continued to receive training, support and supervision to carry out their roles. Training records evidenced that staff completed the provider's mandatory training as well as additional training. The positive behaviour specialist had developed person centred specific training for staff working with some people. This enabled staff to really know and understand people's communication and support needs.
- New staff received an induction which included shadowing more experienced staff for a period of time until they were confident. Initial training was completed to make sure they had the basic skills to support people. A staff member said, "The staff and management rally round you to support when you are new."
- People told us they felt safe with staff. People and their relatives told us they thought staff were well trained and they did not have any concerns.
- Most staff felt well supported by the management team. A staff member said, "When I call the managers they do come, I feel supported." Another staff member told us, "I do feel supported. They respond quickly and take action, they are responsive like that."
- Staff had the opportunity to meet face to face with a senior staff member on a regular basis to discuss their personal development and highlight any areas of concern or good practice.

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

- People were supported to eat and drink to maintain a balanced diet and good health. People were

involved in going shopping, planning the menu and where possible the preparation of food and cooking. One person told us, "I go to buy my own shopping and staff support with preparing and cooking meals, however today I am ordering a [take away] as I am not feeling well." A health and social care professional said, "They have helped develop skills and regain independence. [Person] has started cooking for himself."

- Staff understood people's food likes and dislikes. They had gathered information from people, their relatives and previous placements to inform their understanding of how to meet people's nutritional needs.
- One staff member shared with us, "People have support to do a shopping list, I encourage people to cook and try other foods, I encourage healthy foods. Staff take their own food in to the house. I eat healthily which has created discussions with the person I support as they wanted to try something I had made. They really enjoyed it and I have taught them to cook chicken and rice which they really enjoyed, when they went home at Christmas they cooked chicken and rice for their family."

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

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health teams, specialist nurses, speech and language therapists and their GP.
- Records showed that staff took timely action when people were ill. People were supported to see an optician, dentist and chiropodist regularly. People told us, "I am registered with a GP. I saw a dentist yesterday" and "Staff help me see the doctor and dentist." Relatives gave positive feedback about how well the staff assisted their loved ones to maintain their health. One relative said, "They have supported him with dentist and doctor appointments so far and they have fed back to me."
- One person did not speak English as a first language. Their translator explained that they supported the person and staff with all medical appointments to enable the person to fully understand what the medical professionals are saying and what treatment options they have.
- People confirmed that they had support, prompts and reminders to maintain their oral health.

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

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

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

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

- The management team and staff were knowledgeable about the MCA. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. We observed people choosing where they wanted to go and what they wanted support with. Staff were respectful of people's choices and decisions.
- Applications to the Court of Protection had been made appropriately and the authorisations were monitored and reviewed.
- Where people did not have the capacity to make decisions, meetings were held with relevant people to

discuss what would be in people's best interests. Some people did not have capacity to manage their finances. Where this was the case they had support from relatives with the correct authority (Lasting Power of Attorney) or from a local authority appointee who managed their money and gave them a weekly allowance.

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 remained the same. 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

- People and their relatives told us they had regular staff supporting them. This meant that staff got to know people well. One relative said, "He has regular staff, his main staff member works Monday to Friday 8am to 8pm and that is [staff name]. He has really taken to her, they have a good relationship." Another relative told us, "Staff know him well they can tell if he is stressed or anxious. They know what makes him tick and how to approach him."
- People had only good things to say about the staff. They told us they found staff to be kind and caring. People told us, "Staff are kind"; "I am happy living here"; "Happy"; "Staff are easy to talk to and will ask after my family" and "Staff are kind and caring, they are all my favourite staff."
- Staff respected people's lifestyle choices and supported them to be who they wanted to be. Staff called people by their preferred names and supported inspectors to do the same. One person was transitioning to another gender, staff respected their wishes and referred to them as their preferred gender identity.

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

- People were supported to express their views in a way which suited them. People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference to discuss people's support with them and enable people to express their views. Social stories are personalised short stories about a situation the person has experienced or may experience such as a new experience or a medical appointment.
- Some people were supported to plan their day to help them understand what was next. They had picture prompts and signs displayed on their own notice boards to help them understand. People had pictures of the staff who were working to show them who was working with them each day.
- People were encouraged and supported to advocate for themselves. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people. One person used a translator to ensure that their views and opinions were heard and understood. One person told us, "I make my own choices." Another person said, "I make choices each day."
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. One person's relatives told us, "Staff have picked up on [person's] communication. He is non-verbal and uses Makaton and his own signs. They have fun and laugh and smile, they are friendly. We are very, very happy with staff."

Respecting and promoting people's privacy, dignity and independence

- We observed that staff treated people with dignity and respect. One person told us they were happy and

liked all the staff. We observed other people interacting with staff and smiling.

- Staff respected people's privacy. Staff did not enter people's rooms without knocking first and being invited in. Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed, particularly where people were housed in ground floor flats and when they shared a house.
- Where people shared houses, bedroom doors had locks. One person told us, "I rarely lock the door, and only lock the bathroom door for privacy." People's records were stored securely to protect their privacy.
- People were supported to maintain important relationships and gain independence. People were supported to stay in touch with their friends and relatives. One relative told us, "They are supporting him to be independent; he gets himself dressed, sometimes he has reminders, he puts rubbish bags out and takes his plates back to the kitchen."

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 now 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

- Although support plans and guidance were in place to describe the basic care and support people needed, they did not always include important information individual to the person. For example, swimming guidance for people with epilepsy did not detail that people had epilepsy and how staff should work with them. One person was dairy intolerant and their support guidance regarding food did not list this. This put people at risk of receiving care and support which did not meet all their needs. This is an area for improvement. We spoke with the management team about this. After the inspection, the management team put support guidance in place.
- Relatives and health and social care professionals told us people's care packages were reviewed regularly. Comments included, "I have access to my care plan whenever I want. I am fully involved in reviews and happy to talk to staff or [manager] about changes to my plan"; "I talk with [staff member] extensively, we have talked about goals, long and short term"; "I was involved in setting up the support plan and assessment. There have been at least two reviews of his care packages since he has been there" and "Nothing has been too much trouble. We have taken some time and moulding to get the care and support plans right. They have been very responsive."
- People and their relatives felt that they received appropriate care and support to meet their needs. A relative said, "They are responsive. We are happy with the level of care he is given. We would be able to tell if he was unhappy. He would be agitated; pulling hair if not happy, he seems settled." Another relative told us, "They have looked after him very well."

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. However, the complaints information did not list all the relevant information about who to complain to if people were not happy with the provider's response to their complaints. This is an area for improvement. We spoke with the management team about this. After the inspection, the provider told us that they had amended the complaints information to include external agencies such as the local authorities and local government ombudsman, they were in the process of sending out the revised guidance to each supported living service.
- We observed that complaints leaflets and posters were available in the communal areas of the supported living services we visited.
- People and relatives knew how to complain. Comments included, "We have a service user guide with information including complaints"; "I would complain to [staff member] if I was not happy about things" and "I can make a complaint to the office if I needed to."
- Complaints records showed that the management team had appropriately responded to complaints

when they had been received and these had been resolved.

Meeting people's communication needs

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

- People were given information in a way they could understand. There were pictorial notices around the supported living services to keep people informed. These included information about the service, keeping safe and how to make complaints. People had been provided with easy to read tenancy agreements.
- Some people did not speak English as a first language. The service had provided one person with a translated support plan and guidance. Staff working with another person used prompt cards and words with pictures to offer choices in a way the person would understand. We observed staff actively communicating verbally and through signs and gestures with people.

Supporting people to develop and maintain relationships to avoid social isolation;

- People took part in a wide range of activities to meet their needs. People were fully involved with daily activities that come with living in their own home or shared accommodation. For example, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community.
- Some people chose to go to day activity services, whilst others used ordinary community resources such as bowling, swimming and cinema. People have been supported to develop and engage with further education courses.

End of life care and support

- The service was not supporting anyone at the end of their life; the people receiving support were younger adults.
- Some people had clear plans and directions in place for their future needs. For example, one person had been supported by relatives to create a last wishes plan which detailed the type of service they would like, what is important to them and who will be responsible for making funeral arrangements.
- Staff had been offered additional support and counselling following an unexpected death of a person receiving a service. Following the death, the management team planned to arrange death, dying and bereavement training for 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 as Good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- Audits and checks had been completed by the management team. However, these were not always robust. They had not always picked up the issues we have found during the inspection in relation to medicines and risk management. The audits and checks from out of area supported living services such as Milton Keynes were not kept and monitored for consistency at the registered office, this meant that the provider and registered manager did not have clear oversight of the whole service.
- Individual managers within the service had a good understanding of their roles. However, there had been situations which had not been dealt with effectively as there were not systems and processes to make it clear who was responsible for taking action. Presumptions had been made that another manager had dealt with the issues. This meant actions as a result of incidents had been missed. For example, one manager had informed one of the registered managers about reportable incidents. However, the registered manager had not reported it on.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a continued breach of the Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not always notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service. There had been no notifications made where the police were involved with incidents related to people receiving personal care. We found a high number of incidents during the inspection that had not been reported.

The failure to notify CQC in a timely manner about incidents that had occurred is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- One registered manager was assigned as the operations manager of the service. They provided support to other registered managers and assistant managers. The operations manager carried out a quarterly audit at each supported living premises. Team leaders and other members of the management team carried out monthly audits and checks which they submitted to the provider and operations manager.
- Team leaders and the management team carried out spot checks on staff working during the day and at night. Where spot checks had highlighted issues of concern, these had been dealt with quickly.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed in the office and on the provider's website.
- The service had received a number of compliments since the last inspection. One read, 'Thank you for all your hard work and I look forward to our continuing working together in what is in [person's] best interest. You always treat her like an adult but give good guidance, which gives her time to think about things.' Another read, 'I wanted to say a big thank you to all those who have shown such love and care for [person]'. Another read, 'I am pleased with how [person] has settled in his new placement. I have noticed the good therapeutic relationship he has with you and his carers.'

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

- During the inspection, we found a culture where some staff were treating people's homes like units or care homes. Staff referred to people's homes as units when we spoke with them and daily records referred to people 'returning to the unit'. We found practice that also showed that staff did not always treat the supported living houses as people's homes. For example, we observed in one person's home that a filing cabinet and computer station belonging to the provider was positioned in the person's lounge area. The staff confirmed that this was for their use, the person was unable to tell us how they felt about the items being in their living space within their home. This is an area for improvement. We spoke with the provider and management team about this and they told us they had been made aware of this through their own quality audit systems and were working to address this through training and guidance with staff.
- Relatives told us they knew the provider and management team and felt that there was an open culture. Comments included, "So far I would 100% have confidence in them and would recommend them to others" and "I would recommend them, I have nothing bad to say about them."
- We observed people interacting and engaging with the management team. The provider and management team knew people well.
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team.

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 management team had a good understanding of their responsibilities under the duty of candour.
- Relatives told us that the provider and managers kept them informed of their loved one's care. One relative said, "They give feedback, I can call anytime." A health and social care professional told us, "The office manager is fantastic. I get weekly emails."
- The management team demonstrated that they were committed to ensuring that people received improved experiences and high-quality care and that lessons were learnt from this inspection. The management team told us they received good levels of support from the provider.

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

- The provider had sent people, professionals, relatives and staff surveys in 2019. They had received responses from 20 people. People's feedback was mostly positive, an action plan had been created to address some of the suggestions and improvements people had made, these actions were in progress.
- The staff feedback was less positive, out of the 23 staff who had responded, five staff had said they did not feel fully supported by their manager and 12 staff said they did not have right equipment to do their job.

Seven staff did not feel valued as employees. We spoke to the provider and registered manager about this and they created an action plan after the inspection to address the issues.

- Before the inspection some staff had contacted CQC to say that they were unhappy about communication with the management team and felt they did not feel comfortable to contact them. The provider addressed this during the inspection and sent out a clear communication to all staff.
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff told us, "I feel confident and able to raise any concerns in the meetings"; "The provider has been supportive with adaptations particularly regarding safety and environmental safety' and "[manager] is very supportive. If anything needs to be done she is supportive."

Working in partnership with others

- Staff and managers worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care.
- During the inspection, we observed the management team communicating with people in relation to their planned care and sharing any concerns with relevant parties.
- Records showed that the service worked in partnership with the police, mental health services, psychologists, previous care providers and a range of others to ensure people received joined up care and support.

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 18 Registration Regulations 2009 Notifications of other incidents Registered persons have failed to notify CQC in a timely manner about incidents that had occurred. Regulation 18 (1)(2)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons have failed to take appropriate actions to ensure medicines are managed in a safe way and failed to manage risks to people's health and welfare. Regulation 12 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons have failed to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2)