

Ms Yvonne Richards

Phoenix Care

Inspection report

15 Popes Lane
Ealing
London
W5 4NA

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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:

Phoenix Care is a supported living service that provides 24-hour care and support to three adults with learning disabilities. A small team of staff support people during the day. One member of staff sleeps at the service each night. The provider was an individual and they were also the manager of the service. This was the only service they managed.

People's experience of using this service:

The outcomes for people using the service did not fully reflect the principles and values of Registering the Right Support in the following ways. People's care and support was not always planned, proactive and coordinated. Support planning did not always focus on promoting people's choice and control in how their needs were met or how to support them with behaviours that may challenge others. People did not receive information about their care and support in formats they could understand. People did not always receive appropriate support to help them communicate and their independence was not always promoted.

There were not suitable arrangements in place to safeguard people from the risk of abuse.

Medicines were not always safely managed. Staff were not up to date with medicines support training and the provider had not assessed the competency of staff to give the medicines support being asked of them in a safe way.

Plans to reasonably mitigate risks to people's safety and wellbeing were not being regularly reviewed and updated.

Staff had not received all the training they needed to enable them to support people and meet their needs safely and this could have an impact on people's safety.

People's rights were not always being respected as they were not being supported in line with the principles of the Mental Capacity Act 2005.

The provider did not have effective systems to monitor the quality of the service and identify when improvements were required. There was no plan or strategy to develop or improve the service. There were no recorded systems in use for seeking feedback from people, their relatives and other stakeholders and using this to develop the service.

There were enough staff deployed to keep people safe. However, people were supported by a small team of support workers who sometimes voluntarily worked long hours. People were supported to access some activities in their local community.

Staff supported people to access mainstream health care services.

Staff felt supported by the provider who also regularly worked at the service to support people. Staff were confident they could raise any concerns they had with the provider.

We have made a recommendation about the management of complaints.

We identified six breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, person-centred care, staffing and good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection:

We rated the service good at our last comprehensive inspection. We published our last report on 10 October 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

We identified six breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, the need for consent, safeguarding people who used the service from abuse and improper treatment, person-centred care, staffing and good governance.

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

Follow up:

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 not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Phoenix Care

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

This service provides 24-hour care and support to people living in 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service was registered for providing support for up to three people and three people were using the service at the time of the inspection. This is in line with current best practice guidance regarding small-scale supported living.

The service provider was an individual who also managed the service. The provider is 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 visit. We needed to be sure that the provider would be available to facilitate this inspection.

What we did:

We used information the provider sent us in the Provider Information Return (PIR) to support our 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 looked at information we held about the service including notifications they had made to us about important events. A notification is information about certain changes, events and incidents affecting the service or the people who use it that providers are required to tell us about. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

We visited the service where people were being supported to live. We spoke with the three people who lived at the service, the provider and the two support staff. We looked at records related to the running of the service. These included the support and risk management plans of the people using the service, the staff files for two support workers and records the provider kept for monitoring the quality of the service.

After the inspection we spoke with a social care professional involved with the service and two relatives of people who use the service.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

- We spoke with both support staff about responding to allegations of abuse and reporting these appropriately. One member of support staff did not recognise that an example scenario we discussed was an issue of abuse and did not recognise the need to report this to the provider immediately. This meant there were risks that people might not be protected from the risk of abuse and avoidable harm.
- The provider did not have suitable safeguarding arrangements to help protect people from the risk of abuse. This was because the service's adult safeguarding policies and procedures had not been reviewed and were not up to date. They did not reflect current national adult safeguarding guidance in line with the Care Act 2014 as they not did recognise the different types of abuse people may experience.

The above evidence demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed staff awareness regarding how to respond safely to abuse concerns with the provider and they addressed this with staff promptly.
- We saw records that indicated support staff had accessed adult safeguarding training provided by the employment agencies that supplied the staff to the provider. This meant support staff had completed training to help them recognise and respond to abuse.
- We saw that the provider had appropriate arrangements in place for recording the handling of people's money. The provider periodically audited these records to make sure they were correct and up to date.

Assessing risk, safety monitoring and management

- People had risk management plans in place to help reduce risks to their safety and well-being, but some plans had not been reviewed for over a year. The provider told us this was because their needs had not changed. However, the provider also told us people's support and risk management plans would be reviewed following incidents. This had not taken place after one person had recently gone missing when out shopping. This meant the provider could not demonstrate that risk management plans relating to the health, safety and welfare of people using services were accurate or up to date and reviewed regularly.
- As part of ensuring people's individual safety, the provider had completed a fire safety risk assessment to promote the safety of people using the service. The local commissioning authority had recently advised the provider that the fire safety management arrangements needed improvement as there was no evidence of servicing fire safety equipment, such as the fire alarm systems or extinguishers. This meant people were at risk of harm because the provider has not considered how the safety of individuals using their service could be improved by ensuring that equipment owned and used by the provider to support people to be safe were

maintained and serviced as needed.

- People's care records did not have an individual emergency evacuation plans so these could be followed in the event of an emergency,

The above evidence demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider used various checks to monitor the health and safety of the service. These included ensuring the service was clean, storing cleaning materials securely, weekly alarm testing and conducting fire drills.

Using medicines safely

- Medicines were not always safely managed. Staff had received training in medicines support but the provider told us this was now out of date for one member of staff. The provider told us they ensured staff were competent to provide medicines support but this was not done formally or recorded. This meant the provider had not sufficiently assessed staff to ensure they remained competent to give the medicines support being asked of them. This did not comply with National Institute for Health and Care Excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.

- People's prescribed medicines were stored securely in a locked cabinet. The provider removed people's prescribed medicines from the packaging it was dispensed in and placed it in a weekly pill box for each person. Staff used the medicines from the pill box to administer people's medicines. The provider told us they considered this arrangement "easier" than staff having to get out the medicines' original boxes each time. The Royal Pharmaceutical Society (RPS) has called this re-packaging practice 'secondary dispensing' and it can lead to accidental medicines mix-ups and errors. The RPS has recommended that medicines should be given from the container they are supplied in. This practice was also not supported by the provider's medicines support policy. This meant that people were not supported to have their prescribed medicines in a way that meant they were always safe.
- The provider told us they audited the medicines administration records on a weekly basis. They did not record these audits so there was no evidence that they took place or were effective at identifying and addressing any medicines support concerns. The provider acknowledged recording this was something they could implement. There were no records of the amount of medicines being held at the service. This meant the provider was not monitoring the quantities of medicines that were being stored or administered to provide an audit trail to show that people were receiving their medicines as prescribed.

The above evidence demonstrated a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The medicines administration records (MARs) showed people were receiving their medicines as prescribed.

Staffing and recruitment

- People were supported by a small team of support workers who sometimes voluntarily worked long hours to provide consistency of staff to people. The provider rostered one support worker to support the three people in the morning and then one support worker in the evening, who then slept overnight at the service. Staff occasionally provided some additional support on Saturdays when people sometimes took part in more social or leisure activities. Support staff told us they had enough time and there were enough of them on duty to support people. One support worker said, "We organise ourselves with the time that is allocated."
- The provider sourced regular staff from employment agencies that supplied social care staff. The provider told us the employment agencies completed the necessary pre-employment checks so that it only supplied staff who were fit and proper for the role. These checks included Disclosure and Barring Service (DBS)

criminal records checks which the provider obtained evidence of. The provider did not know the agencies' policies for updating staff DBS checks and said they would address this with them.

Preventing and controlling infection

- People were supported to keep their home clean and tidy. Food was stored safely and there were arrangements for preventing and controlling infection. These included daily cleaning of surfaces and door handles and staff used personal protective equipment when required. They told us they always had supplies of this equipment or could buy more when needed

Learning lessons when things go wrong

- Staff recorded incidents. These records indicated that the provider had taken appropriate action in response to the immediate issue and identified learning and further actions needed to minimise the risk of repetition.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The staff did not always have the training needed to provide effective care. The provider sourced the support staff from employment agencies who supplied social care staff and the provider told us the employment agencies were responsible for training the staff. Even so, it was still the responsibility of the provider to make sure the staff they deployed were suitably trained, competent and supported. The provider did not have a learning and development strategy or plan or assessments of staff competency for ensuring this. The provider told us this had also been pointed out to them during a recent monitoring visit by the local commissioning authority. Staff required training on issues such as infection prevention and control, working with people whose behaviour may challenge others, respecting and promoting relationships for people with learning disabilities, equality and diversity, and mental capacity awareness. This meant staff did not receive appropriate ongoing training to enable them to remain competent to carry out the duties they were engaged to perform.
- Staff had not completed training on food hygiene and safety. Part of their role was to help people to prepare meals and handle food. The provider told us only they had completed this training online and then passed their learning on to the support staff. The provider did not demonstrate that their training was a 'train the trainer' course so staff might not have received appropriate and validated training to make sure they were competent in food hygiene and safety.
- The provider's policy for First Aid at Work required the staff to undertake basic life support training. They had not completed this training and regularly worked alone. This meant that people were at risk of not receiving the right care and treatment in an emergency situation.

The above evidence demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support Staff told us the provider had helped them to learn new skills, such as how to record care practice, devise the weekly menus, make health appointments with or for people and support people to those appointments.
- Support staff were knowledgeable about the people they worked with. For example, they knew what foods people preferred, how they liked to be approached and how they preferred to be supported with their personal care.

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

- People had been using the service for a number of years and initial assessments of need informed their support and risk management plans. These considered different areas of people's daily living, such as

personal care, physical health, cooking, shopping and accessing the community.

- Assessments identified what was important to people, such as their preferences, likes and dislikes.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- We saw that people who had the mental capacity to agree and consent to their planned care arrangements, had signed their care plans. However, the provider told us they were not sure if one person had the mental capacity to consent to their planned care arrangements. There was no assessment for considering the person's mental capacity to make this decision or if the planned care arrangements were in the person's best interests.
- The provider told us they believed a third party, such as a friend or relative, was legally authorised to make some decisions on behalf of one person using the service. The provider said they were not sure what legal authority this third party had and did not have documentary evidence of this. Therefore, some people's rights were not being respected as they were not being supported in line with the MCA principles.

The above evidence demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff had not received training on working to the principles of the MCA. However, staff recognised that people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.

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

- People received support to shop for and prepare their own meals. There was a weekly menu plan, but people could choose other things to eat if they wanted. One person's relative told us staff had not always encouraged the person to eat healthily, but this had improved. The relative said they had asked that the person be supported to make their own food, eat less microwave meals and to avoid fast food. The person told us they now ate less microwave meals. During the inspection we saw staff preparing evening meals with people which appeared appropriate for them and were individual to their preferences on that day.
- One person who was at risk of developing diabetes was supported to make healthier food choices. They showed us the diary they used to record what they had eaten, and we saw that using this was noted in their support plan.
- We saw staff preparing evening meals with people which were individual to their preferences on that day.

Supporting people to live healthier lives, access healthcare services and support

- Staff arranged for people to attend health appointments when this was required and we saw evidence of consultation with external healthcare professionals. This meant people's healthcare needs were being met where these were arranged.
- The provider told us people had 'Hospital Passports'. A Hospital Passport is a document that provides key information about a person with a learning disability that can enable health staff to understand the needs of

the person. The provider could not find them at the time of our inspection visit which meant they were not available to people or staff in the event that they would be needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies, such as healthcare professionals and day services, to provide care and support to people. The provider worked with adult social care professionals to review people's care and support annually.
- The provider had enabled one person to access therapy sessions with a healthcare professional. The provider told us this had helped the person to address some personal issues and improve their mental health and well-being.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were caring. One person said, "I can't say a bad word about [the provider]." One relative told us "[Person] is treated with respect and this home is as good as it can be." Staff interacted with people in a kind and caring way. We saw staff engaging and smiling with people and people laughing and joking with staff and the provider.
- While individual staff were caring, the provider did not ensure that the service was always caring to people. The provider had not been caring enough to ensure there were suitable arrangements in place to safeguard people from the risk of abuse or manage people's medicines safely. They had also not ensured plans to reasonably mitigate risks to people's safety and wellbeing were being regularly reviewed and updated or that staff had received all the training they needed to enable them to support people well. We also saw little evidence people had been supported to achieve their goals and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The provider did not ensure people's independence was always promoted. Whilst support plans promoted people's independence in some areas of their daily living, daily records of support did not indicate that this was happening. We could only see reference to supporting one person to make their lunch in the daily records. One relative told us, "[The person] could be supported to do more, [the person] is more inactive than I would like. They tell me they encourage [the person] to do things within the home but they don't always go the extra mile. They all mean well but my [family member] has health issues and there is a moral obligation to get [the person] to do more." We saw that in April 2018 the local commissioning authority had set a requirement for the provider to develop 'move on' plans for all people using the service to promote people's independence. The provider told us they had only developed these with one person.
- We saw staff gave people appropriate time and space. One relative told us, "Yes they do respect people's privacy." One person's care plan stated they did not want men providing personal care and the provider only employed female staff.
- Staff we spoke with were able to explain how they promoted privacy and dignity when providing personal care. This included making sure doors were closed, helping people to cover suitably and communicating with them. One support worker said, "Every step along the way I tell [the person] what I am doing" and "I always put myself in their place."
- One person had difficulties expressing themselves and we saw the provider was patient with the person and responded in a caring and considerate way during the inspection.
- Assessments of people's needs included information about their cultural background, religion and gender. The service respected people's expressions of their sexuality and people who identified as LGBT+. 'LGBT'

describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

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

- People met with staff every three months to discuss their support and progress made towards achieving the things that wanted support with. We saw that the notes of these meetings with one person were all identical. For example, under the heading 'leisure activity', the repeated comment was, "[The person] is supported to attend the community club." The provider agreed the notes were "repetitive". The provider told us this was because some people had communication needs and this meant it was difficult to consult with them about their preferences and interests. There were no systems to enable people to participate more fully in these meetings or practical ways of working with people and understanding if their planned support was meeting their needs. The provider told us nobody using the service was currently supported by an independent advocate. This meant that people were not consulted in a meaningful way about their care and the support they received was not person centred.
- We saw people could make some decisions about their day to day support. For example, on the day of our visit one person had wanted to go swimming. This hadn't been planned and staff had supported them to do this.
- Relatives we spoke with said they were involved in people's care when people wanted or needed this. One relative said, "I make it my business to be involved in [the person's] care."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; accessible information

- People's support plans provided some person-centred information about each person, such as things that were important to them, activities they liked to do and situations they did not like or found upsetting. Plans also identified some personal goals or aspirations people wanted to achieve. However, this information was not always accurate or up to date to reflect people's current needs and to identify how these needs were to be met. For example, one person's support plan had been written in 2011 and their aspirations and goals had not been updated since this time and there was no information to confirm if these had been met or were still current.
- The provider told us that people using the service sometimes behaved in a way that may challenge others. People's support plans provided basic information about these needs and how a person may express themselves. The plans did not provide information about proactive and reactive strategies staff could deliver to reduce the risk of such behaviour. This meant that people's care and support was not being delivered in line with the principles of Building the Right Support or good practice guidance on supporting people who may behave in way that challenges others.
- Support plans provided some basic information about how people communicated. There was insufficient evidence of how the Accessible Information Standard had been applied through identifying, recording and highlighting people's individual information and communication needs in their care plans. The provider told us the service was lacking in the recording of this. This meant the service did not have plans of care that fully described people's information and communication needs and how those needs would be met.
- The provider said using pictures to help one person to communicate had been discussed at their last community care review, but "emojis and things don't really work for [the person]". A recent monitoring visit by the local commissioning authority found there were no clear assessments of support for people's communication needs. The authority had set a requirement for the provider to develop specific systems to aid communication with people.
- Support plans tended to focus on things people were not able to do and where they lacked independence in their daily living. Plans did not always also promote people's strengths, skills and the things they could do well.
- One person had been supported to develop their understanding of personal and sexual relationships, with a view to having a relationship in the future. This included supporting the person to attend therapeutic sessions with a healthcare professional. The provider could explain how they talked with the person about this area of their life, but this support was not recorded in the person's support plan. This meant support plans did not always consider people's whole life needs or appropriately reflect the support they were receiving.

The above evidence demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008

- Staff supported people to attend some activities that were meaningful to them. These included attending local day opportunities services, supported employment, going swimming, a weekly dance club, and going to church together. Daily care records indicated that these activities had been established for some time and people did the same activities every week.
- People were supported to maintain relationships that were important to them. This included attending a weekly club and keeping in contact with their families.

Improving care quality in response to complaints or concerns

- One relative told us if they have a complaint they "approach the provider directly as I have to manage the relationship. I feel very comfortable speaking with [them]."
- We asked the provider how they handled complaints and they said people don't complain. The home had a complaints procedure which was dated 2011 and stated that people can complain directly to the CQC, which is inaccurate. This meant the provider did not have an up to date and effective complaints handling system in place. The provider told us they would update the procedure.

We recommend that the provider review their complaints procedure in line with current published guidance on raising complaints about adult social care services.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider explained one person had an end of life care plan, but we were unable to find this during our visit. The provider told us end of life plans had been discussed at one's person's last community care review, but they had not yet arranged a funeral plan for or with them. The provider said developing another person's an end of life care plan would be discussed at the person's annual community care review.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improvement; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider did not operate effective systems and processes for monitoring and improving the quality of the service. There were no defined drivers for improving the service for people. The provider monitored the quality of the service people received by regularly being at the service in person, holding staff supervisions, supporting the people, and observing and working with the other staff. The provider did not carry out formal checks or audits. They did not record their findings when they monitored the quality of the service and only recorded staff supervisions. During our inspection, we identified widespread shortfalls in ensuring people were receiving a good standard of care that met all their needs in a safe way. The provider had not identified these shortfalls so they could take remedial action.
- The systems and processes for identifying, assessing and mitigating risks had not been operated effectively. The provider had not identified that risks to individuals' health and wellbeing were not always assessed and had therefore not taken the necessary action to mitigate these risks. Medicines were not always being managed in a safe way and this had not been identified or addressed by the provider's medicines audits and checks.
- The provider's systems to monitor that staff received the necessary training and support to fulfil their roles were not effective because these had not identified that staff were not receiving adequate training so the necessary improvements could be made.
- The local commissioning authority conducted annual contract performance monitoring audits and based on these, set action plans to improve the service. One of these audits took place in April 2018 and set required actions. These requirements included updating staff training, updating people's 'Hospital Passports' and developing 'Move On' plans for everyone using the service. This was the only service improvement plan in place and we saw little evidence that the provider had completed the required actions.
- Through our discussions with the provider they demonstrated a lack of understanding about the regulatory requirements for the service. They had not familiarised themselves with good practice requirements for services supporting people with learning disabilities, such as Registering the Right Support and other good practice guidance.
- The provider did not operate any formal system for seeking people's feedback about their care and support so they could evaluate and develop the service. The local commissioning authority had identified developing annual user surveys as a requirement for the service in 2018, but the provider had not acted on this.
- There was only a limited approach to formally obtaining the views of people's relatives and other stakeholders about the service. The provider said they used to ask for written feedback from people's

relatives after a yearly review of a person's care arrangements. The provider told us, "but we have slackened" and they "haven't done this for the last year or two." The provider also said they had not acted on relatives' written feedback when they had previously received it. This meant that the provider did not actively seek or use feedback from stakeholders to help improve the service.

This evidence demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they appreciated the provider who managed service. One person said told us the provider was "a nice person, I like [them]" and they wished the provider worked at the service with them more frequently. A relative told us they thought the provider "does a good job."
- Support staff said they felt supported by the provider who was visible, available to staff and they could contact them easily if needed. Staff comments included, "[the provider]'s a perfect boss, so understanding," "[the provider] doesn't really pressure us on things" and "[the provider] takes things very easy."
- There were no documented team meetings. The provider told us they speak regularly with the support workers about support practice and the people using the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider explained their vision for the service. The aim was to provide good care and support by leading a small team to maintain a homely, friendly environment for people using the service. They told us, "We strive to make sure we treat clients as family, in a professional way... You need to have people's best interests at heart to treat people. That's a broad theme in everything we do." The shortfalls we identified during our inspection indicated there was not a credible strategy in place for delivering this vision safely and effectively.
- Support staff said, "[the provider always says [they] want to work in a calm environment and that we feel like we know what we are doing." One support worker said, "It's just a second home to me. It's just fantastic." Another support worker said they thought people were "well looked after, they have good health."

Working in partnership with others

- The provider engaged with the local commissioning authority during contract monitoring visits and people's annual community care reviews. The provider told us they did not collaborate with other agencies, such as other supported living services, to develop the service.
- Staff supported people to attend health appointments and the provider told us they liaised regularly with staff at people's day services.

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 ensure that they act in accordance with the MCA 2005 when the providing care and treatment of service users who may lack the mental capacity to give consent to their care and treatment.</p> <p>Regulation 11(1),(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not ensure that service users were safeguarded from the risk of abuse care and improper treatment.</p> <p>Regulation 13(1)(2)(3)(4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that staff employed by the service registered manager in the provision of the regulated activity received appropriate training and professional development as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1),(3)(a)</p>

The enforcement action we took:

We have issued a warning notice to the provider telling them that they must make improvements by DATE

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">- Assess the risks to the health and safety of service users receiving care.- Do all that was reasonably practicable to mitigate such risks.- Ensure the safe and proper management of medicines. <p>Regulation 12(1) and (2)(a), (b) and (g)</p>

The enforcement action we took:

We have issued a warning notice to the provider telling them that they must make improvements by DATE

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes:</p> <ul style="list-style-type: none">- To assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.

- To assess, monitor and mitigate the risks relating to the health safety and welfare of service users.
- To maintain accurate and complete records in respect of each service user.
- To seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services
- To evaluate and improve their practice in respect of the information so gathered from relevant persons and the systems to assess, monitor and improve the quality of the service.

Regulation 17(1) and (2)(a),(b),(c),(e) and (f)

The enforcement action we took:

We have issued a warning notice to the provider telling them that they must make improvements by DATE