

Omega Homes Limited

Head Office (Omega Homes Ltd)

Inspection report

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Date of inspection visit:

28 April 2021

05 May 2021

Date of publication:

13 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Head Office (Omega Homes) is a supported living service. It provides personal care to younger adults with learning disabilities, 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.

Head Office (Omega Homes) provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two supported living properties in Gravesend area of Kent, one in Southfleet and one in Gravesend. 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 site and a sleep-in facility for staff to provide overnight support.

Not everyone using Head Office (Omega Homes) 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 seven people diagnosed with learning disabilities and autism at the time of the inspection.

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

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. Medicines management had improved; however, medicines were not always stored securely.

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible; the policies and systems in the service did not always support this practice. Some people's care files showed mental capacity assessments and best interest decision making had not always been carried out with relevant people. One person had an alarm fitted to their door which they had not consented to, their relatives and other health and social care professionals involved in their life had not been informed or involved in the decision making.

Accidents and incidents had appropriately been recorded. However, the accident and incident forms had not always been updated by a member of the management team to detail what action had been taken. Relevant people had not always been informed of accidents and incidents which included notifiable events such as a serious injury and safeguarding concerns.

Information about people's health needs and their preferences for support were not always clear. Some people had a diagnosis of epilepsy. Their support plans, keeping healthy plans and hospital passports did not always detail that they had a diagnosis of epilepsy and how staff should support them if they had a seizure.

When people's needs had changed their assessments and support plans had not always been updated and amended to detail their current assessed needs. Support plans and supporting documentation were not always individualised and person centred. Which meant that people may receive care and support which did not meet their needs.

The service was not well led. The registered manager knew people well and people were comfortable communicating with them. The registered manager and provider had carried out the appropriate checks to ensure that the quality of the service was maintained. However, the audits and checks were not robust. They had not captured the issues relating to risk management, consent and planning, care and treatment we had identified.

There were suitable numbers of staff on shift to meet people's needs. Staff had been safely recruited and pre employment checks had been carried out.

The provider ensured people were protected by the prevention and control of infection. Staff had completed the relevant training. People and staff had access to enough personal protective equipment (PPE).

There was a positive atmosphere at the supported living services. People were happy, and staff engaged with people in a kind and caring way. People were busy when we visited, engaging in activities and undertaking daily living tasks as well as meeting up with relatives in the community.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to consistently demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The size and structure of the service was in line with the principles of Right support, right care, right culture. Staff did not always deliver care in a person-centred way that offered people choice, control and independence.

Right care:

The service was not always consistent when providing effective support to people living with a learning disability and or autism. People were provided with good support to communicate; staff knew people well and understood their communication. Staff were kind and caring. People were encouraged to increase their independence. The service supported people to maintain family relationships.

Right culture:

People continued to be supported to feedback on their experiences in ways which were suitable for their communication needs. For example, through using pictures, stories and electronic communication.

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

Rating at last inspection and update

The last rating for this service was Requires improvement (published 3 June 2019). There were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

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

We have identified breaches in relation to management of risks and staff skills to ensure people are supported safely, safeguarding people from abuse, capacity and consent, assessment and planning of care and support needs and effective systems and processes to monitor and improve the service at this inspection. We also identified a breach in relation to failing to notify CQC about incidents.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 well-led.

Details are in our well-led findings below.

Inadequate ●

Head Office (Omega Homes Ltd)

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 two inspectors.

Service and service type

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

The service had a manager 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection site visit activity started on 28 April 2021 and ended on 5 May 2021. We visited the Southfleet supported living location on 28 April 2021 to see the registered manager, people and staff; and to review care records and policies and procedures. We visited the Gravesend supported living location on 29 April 2021 to meet with people, staff and view care and support records. We made telephone calls to staff and

relatives between 29 April 2021 and 5 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed the information we held about the service including previous inspection reports. 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 took this into account when we inspected the service and made the judgements in this report.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and local authority safeguarding coordinators and Healthwatch. 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 did not have any information about the service. A local authority care manager provided feedback. We used all of this information to plan our inspection.

During the inspection

We spent time with five people who received a service. We also spent time speaking with two people. We spoke with three people's relatives. Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas.

We spoke with six staff including; support workers, senior support workers, the deputy manager, and the registered manager. We reviewed a range of records. This included three people's personal care records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, and meeting minutes. 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 registered manager 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure risks were robustly identified and managed to prevent harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- At the last inspection, risk assessments did not have all the information staff needed to keep people safe. At this inspection, risk assessments still lacked clarity for staff. One person was prone to pressure areas, the risk assessment did not detail how staff should work safely with them. Some staff were new to working in health and social care, they had not undertaken relevant training to gain the knowledge and skills regarding pressure area care and skin integrity. This meant risks relating to skin integrity may be missed which put the person at risk of harm.
- Risks relating to infection control had not always been well managed. One person was known to display behaviours that others may find challenging, which included spitting at people and staff. When the person began doing this, they were supported to go to their room to reduce the risks to other people. However, there was no risk assessment in place in relation to this and no guidance about what additional measure such as protective personal equipment to use, which increased the risks of staff and people contracting infections including COVID-19.
- At the last inspection, risks associated with epilepsy had not been well managed. At this inspection, this had improved. Risk assessments were clearer for staff about the risks that people living with epilepsy may face such as risks in relation to bathing, showering and swimming. However, additional risks had not been considered. These included; risks of injury from experiencing a seizure and falling, risks of choking from eating and experiencing a seizure and risks of not taking prescribed anticonvulsant medicines. We spoke with some staff working with people living with epilepsy. They confirmed that they had worked with people living with epilepsy alone in the community. They had no awareness of what to do if a person experienced a seizure.
- At the last inspection, 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. At this inspection, records evidenced that repairs had not always happened in a timely manner, some maintenance records did not show that repairs had taken place. We spoke with the registered manager about this, they agreed that there had been some delays partly due to the COVID-19 pandemic. They

reassured us that the repairs had now taken place. The registered manager planned to change how staff reported repairs and maintenance issues in the future. This would enable them, the provider and the landlord to know about repairs and maintenance quicker.

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

- At the last inspection, cleaning materials and chemicals had not been kept securely stored to keep people safe at one of the supported living services. At this inspection, cleaning items and substances that could cause harm if ingested were stored securely.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had not always been reported to the local authority. At one of the supported living services there had been 13 incidents between January and April 2021 which had taken place where a person had displayed verbal and physical aggression (including threats and spitting) towards other people. On six occasions out of the 13 incidents other people living at the service had become anxious, distressed and agitated as a result. The provider and registered manager had not reported these incidents to people's local authority care managers and had not reported these as safeguarding alerts to the local authority. There had been no measures put in place to protect people from the aggression.

The failure to protect people from abuse and improper treatment was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff continued to know how to spot signs of abuse and mistreatment. Training records showed that 16 out of 19 staff had attended safeguarding training. Staff had confidence in the management team and provider to appropriately deal with concerns.
- Relatives told us their loved ones were safe. One relative said, "He is very safe there it is perfect" and "I feel the balance between protecting him and giving him freedom is very good." Another relative told us, "I definitely think they are keeping him safe."
- 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 complete an incident report and body map and inform management following the whistleblowing process."

Using medicines safely

At our last inspection, the provider failed to manage medicines safely was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made, the provider was no longer in breach of Regulation 12 in relation to medicines management. However, there remained some areas for further improvement.

- At the last inspection, medicine administration records (MARs) were not always complete and accurate and did not always show that people received their medicines as prescribed. At this inspection, MAR charts were complete and accurate, the provider had developed a system to make sure a second signatory verified that medicines had been given.
- Some medicines at one of the supported living services were not stored securely to keep them safe. The

registered manager explained that the medicines were in a locked office. However, all staff had access to the office including those who were not trained to administer medicines, and this increased the risks of medicines being misused. This is an area for improvement.

- One person was prescribed a transdermal pain patch which was applied directly to the skin. There was no transdermal patch record in place to evidence that the pain patch had been applied to different areas of the skin to reduce the risks of skin irritation. The patient information leaflet specified it should not be applied to the same area twice in a row. This had not impacted the person but had the potential to do so. This is an area for improvement.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed. However, one person had been supported to purchase an over the counter cold/flu remedy which had not been included. This person required staff support to manage their medicines safely. This is an area for improvement.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out sufficient checks which included checks of staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.
- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs. A staff member told us, "There seems to be enough staff around. We all communicate well with each other." Another staff member said, "There are plenty of staff on shift."
- Staffing was arranged flexibly and where people needed one to one or two to one support this was provided. A local authority care manager told us, 'There appears to be enough staff at the home when I visit, engaging with service users. I have no concerns that the one to one hours being commissioned for [person] are not being implemented. As far as I am able to ascertain, [person] is provided with one to one support where necessary with daily living tasks and activities as well as emotionally and psychologically and opportunities to talk.'
- Relatives told us there had been a number of staffing changes. One relative said, "I do have a concern of the turnover of staff, there seems to be a lot of people leaving, I think the carers have been fantastic, I phone every day and they give me feedback or I can speak to [loved one]. The carers themselves are fantastic, I just hear there is a lot of staff coming and going." Another relative told us, "I think staff turnover is quite high. All original staff have been moved."

Learning lessons when things go wrong

- The provider had a system in place where accidents and incidents records were scanned and sent to the main office where they were loaded on to a tracker. The office staff then carried out some analysis of the data.
- Although the incidents had been recorded, they had not been shared with people's local authority care managers to enable them to have oversight of people's changing support needs. This is an area for improvement.

Preventing and controlling infection

- Risks to people from infection were not always managed to ensure they were minimised. The provider had not always ensured people were protected by the prevention and control of infection.
- The supported living services were clean, tidy and smelt fresh. Staff completed cleaning in communal areas and people were supported and encouraged to keep their own rooms clean.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had

completed the relevant training. Most staff had received the appropriate training to learn how to minimise the risk of infection spreading; 16 out of 19 staff had received infection control training and 17 staff had completed COVID-19 specific training.

- Staff had access to enough personal protective equipment (PPE). We observed staff wearing PPE appropriately throughout the inspection. Staff told us, "I get tested (COVID-19 test) every Sunday and Thursday, I have PPE such as masks, aprons and gloves" and "We have plenty of PPE, every Monday we do an order, it is very accessible. We use PPE in the community too, we carry a small hand gel and masks and support the guys to wear masks. I always make sure I change my masks and have spares." We observed a person leaving one of the supported living services with staff support to access the community, both the person and staff member wore a mask.

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 Requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider had failed to provide care and treatment with the consent of the relevant person was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 11.

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

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

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

- At the last inspection MCA assessments and best interests meetings had not been carried out. At this inspection, MCA assessments and Best Interest (BI) decision making had taken place; one person had been authorised by the Court of Protection to be deprived of their liberty. However, some MCA assessments needed improvement to evidence that relevant people (such as relatives, health and social care professionals) had been involved with the decision making process. One person had a court appointed representative, there was no evidence that they had been involved and informed about decisions and significant changes to care and support needs. The registered manager confirmed that the court appointed representative had not been involved.
- The management team and staff were knowledgeable about supporting people to make choices. Staff

gave examples of how they supported people to make their own decisions. For example, offering choices of items to wear. We observed people choosing what they wanted support with. Some people used prompt cards or pointed to items. Staff were respectful of people's choices and decisions. However, one person was found to have a loud alarm that had been added to their bedroom door, there had been no MCA assessment and BI decision making process for this and it was clear that the person had not been involved. Staff told us that the person had been anxious when the alarm had sounded.

The failure to provide care and treatment with the consent of the relevant person was a continued breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, registered persons had not carried out checks or requested copies of documentation to ensure that the relatives were legally authorised lasting power of attorneys (LPAs) who were authorised to make decisions on behalf of the person. At this inspection, these checks had been carried out and LPA details were retained.

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

At the last inspection we recommended that registered persons assess people's needs, wants and wishes following current best practice.

- The registered manager explained that people had an assessment of their needs prior to moving to the supported living services. These assessments formed the person's support plan.
- New or temporary staff may not be fully aware how to support people. When people's needs had changed, people had not been reassessed, this meant that their support plans and risk assessment did not match their current care and support needs. We have reported about this further in the Safe and Responsive domains.

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

At the last inspection we recommended that registered persons review and update people's health care records, based on current best practice, in relation to the specialist needs of people with learning disabilities and autism.

- At this inspection, registered persons had not acted on the recommendations. Information in people's 'keeping healthy' plans was inconsistent. People's 'keeping healthy' plans had been updated but they did not always contain all the information required. One person's plan detailed they were prescribed medicines for epilepsy; the plan did not then describe what type of seizures the person had and how frequently they had seizures. Information obtained from the person's relative had not been incorporated into the plan to give staff and healthcare professionals all the information they needed. Another person's keeping healthy plan had been updated the day before we inspected with relevant epilepsy information.

The failure to adequately plan person centred care was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people had been weighed regularly to check that their weight was healthy. However, one person had not been weighed since November 2019. The registered manager explained that this was because the person needed to utilise specialist community wheelchair weighing scales. They had not been able to do

this due to ill health at the start of 2020 and then due to restrictions imposed due to COVID-19. Registered persons had not utilised recognised tools such as MUST (Malnutrition Universal Screening Tool) which includes a way of measuring mid upper arm circumference to assess the person's nutritional status. This is an area for improvement.

- At this inspection, people's hospital passports had been updated. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare previously. One person's hospital passport showed that a member of the community learning disability team had supported review of a passport to ensure it was ready for the person to take to hospital for planned treatment.

Staff support: induction, training, skills and experience

- Staff had not always received training and guidance to enable them to carry out their roles safely. Some staff who had worked alone with people living with epilepsy in the community without receiving training and support to know and understand what to do if the person had a seizure. No staff had completed skin integrity training to give them the competence and skills to help them understand the signs and symptoms of pressure ulcers developing. Whilst some staff had some experience in health and social care, some new staff were new to health and social care. This put people at risk of harm. We discussed skin integrity training with the registered manager who arranged for all staff to have this training added to their training schedule immediately.

The failure to ensure staff have the qualifications, skills and competence to provide safe care is a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they received support from the management team through discussions, supervision meetings and staff meetings. Staff said, "I feel well supported"; "We have supervisions every six to eight weeks, issues get dealt with very quickly. In supervisions I get asked what I'm proud of and we discuss practice and what additional training" and "I meet with [deputy manager] she updates me. They have a monthly meeting and there is a daily stand up meeting which [deputy manager] attends when she is at Whitehill. It happens in the morning and the afternoon. We put messages in the communication book in the office such as appointments. It all seems very caring."

- New staff confirmed that they spent time shadowing experienced staff when they started working, they were given time to read policies, procedures, complete some training, meet people and read people's care and support files.

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

- People continued to be supported to eat and drink to maintain a balanced diet and good health. People were involved in planning the menu and where possible the preparation of food and cooking. We observed one person being supported to make a meal of meatballs and spaghetti. They were seen smiling, chatting and being prompted with each part of the process.

- People were involved in putting a shopping list together. Previously people had been supported to go food shopping which was an activity they enjoyed. Due to COVID-19, in order to keep people and staff safe, food shopping was undertaken online and was delivered to each supported living house. People were involved in putting the shopping away. One staff member said, "I sit down on a Monday or Tuesday with service users to do the shopping list. When the shopping arrives, we encourage them to put it away. There is a rota for cooking, cleaning and washing up, they wear PPE when cooking. We encourage people to eat healthily and can offer alternatives."

- 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.
- Staff supported people to create pictorial and visual menus to help people plan which meals they were going to make.

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

- Staff continued to support people well with their health needs. Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals. A local authority care manager told us, 'The staff and management at Omega Homes keep me updated regularly with any changes and appear to be willing to engage with other professionals.'
- Records showed that people had been supported to see their GP, nurse, consultant, mental health team, care manager, dentist and optician when required. Some appointments had been carried out through telephone or videocall due to the COVID-19 pandemic.
- When staff had identified concerns with one person's skin integrity, they had appropriately sought guidance and the person received nursing care from the community nursing team.

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

- We observed people being treated with kindness and compassion. Staff responded quickly to people's requests and questions. Staff frequently spoke with people and when they did so it was in a patient, calm and friendly way. Staff maintained eye contact with people, sat down next to them at the table when talking with them, and bent down to interact when appropriate.
- Staff had considered people's diversity needs and taken action to improve people's lives. For example, staff utilised their autism training to adapt to each person's sensory needs. One person wanted staff to look up a picture for a haircut and print this out so they could use this on their daily planner. Staff did this immediately which enabled the person to remain calm and in control of their emotions. Staff explained that they supported the person at the end of every day to put their planner together for the next day.
- One relative told us, "The staff are always very pleasant and very nice." Another relative said, "I am happy with him being there, I like the way they treat him like the family, it's a family environment, he likes a family environment."
- A person told us they liked living at the supported living service. There was a relaxed, homely atmosphere in both supported living premises.

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

- People continued to be 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 pictures, flash cards and objects of reference to discuss people's support with them and enable people to express their views.
- Staff continued to use electronic tablets and mobile phones to assist people to communicate where this was appropriate.
- People were encouraged and supported to self-advocate. People had support from relatives to advocate for them where they needed them. Advocacy information was available for people.
- Where people used Makaton or personal signs to communicate, there was information about these signs in people's support plans. Staff told us about people's different communication styles, which demonstrated they knew people. For example, some people were able to tell staff what they wanted to choose, where other people could not. Staff showed people a small selection of choices, such as clothing which helped the person to choose.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff discreetly supporting people with

reminders and help to remain their dignity in communal areas. People told us they were happy and liked the staff. We observed other people interacting with staff and smiling. One person told us, "I like living here." They confirmed they were happy. A relative said, "He loves living there."

- 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. A staff member said, "I make sure doors are closed when supporting with bathing and apply creams behind closed doors."
- People's records continued to be stored securely to protect their privacy.
- People were encouraged to become independent. Support plans included information about how much a person could do for themselves, such as dressing and undressing, eating and drinking, laundry and other household chores. Support plans evidenced where people had met their short term goals such as sorting and washing clothes.

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 Requires improvement. At this inspection this key question has remained the same. 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

At the last inspection, the provider had failed to adequately plan person centred care. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- At the last inspection, support plans and supporting documentation were not always individualised and person centred. At this inspection, some improvements had been made to some people's support plans. However, this was inconsistent. One person's support plan had not been updated since 2018. The person's care and support needs had vastly changed in this time. The person's support plan did not detail the support they required to maintain their skin integrity. This meant staff did not have all the information they needed to provide person centred care in relation to maintaining skin integrity and physiotherapy exercises.
- At the last inspection, two people's support plans did not detail that they had a diagnosis of epilepsy. At this inspection, this remained the same. There was no information for staff on how to meet people's needs when they had a seizure. New staff working in the services had not received training in relation to epilepsy and did not know what they would do if people had a seizure. This put people at risk of harm.

The failure to adequately plan person centred care was a continued breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's support plans addressed people's needs, wishes and preferences. They included information about people's preferred routines, methods of communication, things that made people upset and strategies for supporting this proactively. We observed staff supporting people according to their wishes and preferences.

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's communication needs were known and understood by staff. People's support plans included

details which helped new and unfamiliar staff learn about how people expressed their needs.

- People had communication passports which ensured staff had the information to support people effectively with their communication needs.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. There were some visual aids around the supported living service, for example informing people about complaints, menu's and activities. Easy read information had been used to help people make choices and understand about COVID-19 testing and vaccines.

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

- Prior to the national COVID-19 lockdown restrictions, people were supported to follow interests and hobbies which they enjoyed. Some people chose to utilise day activity sessions in the local community, some enjoyed individual activities such as bowling, swimming and exercise.
- Since the pandemic, staff had worked with people in their supported living services to engage in activities such as games, baking, cooking, arts and crafts, and use of computer games to play sport. People had been supported to utilise the community for exercise.
- During the inspection, we observed people being supported to go out in the community. One person was supported to meet up with relatives at a local park. Another person was supported to go to the shops and go for lunch outside.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. The COVID-19 pandemic had made this more difficult; people had maintained contact through video calling, telephone, garden visits and through meeting in the community. Relatives gave examples of when this had worked well and when this had not worked so well, such as equipment failure and frequent changes in government guidance which had caused some confusion.
- People were supported to maintain their living space and complete day to day living tasks as part of their activities. A local authority care manager told us, '[Person] tells me about activities that he has been joining in with both in the home and the community (outside of lockdown restrictions) and this involves tasks around the home that he would not attend to when living alone and tasks where he is supported to maintain and develop skills, such as cooking and cleaning his room. Both of which, [person] had many skills and is encouraged to maintain. It is often reported that [person] completes these tasks with minimal support and prompting and appears to enjoy the company and support when completing these tasks.'

Improving care quality in response to complaints or concerns

- The provider had good systems and processes in place to manage complaints. 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. Complaints leaflets and posters were available in the communal areas of the supported living services we visited.
- The provider had not received any complaints since we last inspected the service.
- We observed that people and staff had a good rapport; people felt comfortable to approach staff and the management team to ask questions. People were given the opportunity to talk about concerns and complaints in weekly 'House meetings'.
- Relatives knew how to complain if they needed to. One relative said, "If there were any problems, I know I can ring them if I need to." Another relative told us they had shared some concerns with the local authority about one of the supported living services.

End of life care and support

- The service was not supporting anyone at the end of their life and the people living there were younger adults.

- The management team understood that if people's health deteriorated, they would seek advice and guidance from healthcare professionals to ensure people had the right care and support at the end of their lives.
- Some discussions had taken place with relatives to look at end of life wishes. One person had a DNAR (do not attempt resuscitation) in place which had been discussed and agreed with their relatives and consultants.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, the provider had failed to effectively monitor and improve the service was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At the last inspection, the systems to check the quality of the service were embedded, however the audits and checks had not identified the concerns we identified in the inspection. At this inspection, this had not improved. Medicines audits for one supported living premises showed that the auditor had recorded that medicines were all stored appropriately. However, we found that they were not.
- Although some support plans and files had been regularly reviewed and updated, some had not been which meant they did not contain up to date information for staff.
- The providers audit systems were not robust. Audits undertaken had not identified the areas of concern we found during the inspection in relation to risk management, management of abuse, capacity, consent, assessment and support planning. Registered persons did not have full oversight of the incidents and accidents involving physical and verbal aggression at one of the supported living services.
- The provider had not made improvements in response to the warning notices they were served after the last inspection to meet Regulation 9 and Regulation 12 and these remain in breach. The provider had not met the actions they had stated they would take to meet the breaches of Regulation 11 and Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider had a responsibility to report and arrange repairs. Staff continued to report repairs and building related issues in a repairs book at each support living premises. It was not always clear that repairs were carried out in a timely manner. The repairs books had not been signed and dated and updated to show that issues had been passed on to the provider to arrange repairs or fixed. This had led to some delays to repairs at one supported living service. The registered manager told us after the inspection they planned to change how staff reported repairs, so that the provider and office staff could be made aware of the concerns in a timelier manner.

The failure to effectively monitor and improve the service and failure to assess, monitor and mitigate risks

and maintaining an accurate complete record of care was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, the provider had not taken timely action to address issues identified in the audits which had been carried out. At this inspection, some improvements had been made. The provider had employed a quality assurance person to carry out audits and checks as well as providing some training and support. Actions identified in these checks had been completed, for example in one health and safety check of one supported living premises. The audit had identified that the insurance certificate required replacing at the service. We checked this and could see this had been remedied.
- It is a legal requirement that a provider's 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. We found the provider had displayed a copy of their ratings on their website and at each of the supported living services.

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

- At the last inspection, the provider had not always informed CQC of significant events that happen within the service in a timely manner. This was identified as an area for improvement. At this inspection, this had not improved. The provider and registered manager had failed to notify CQC of events that had occurred in the service which included a serious injury and six abuse allegations.

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.

- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- People continued to be engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for feedback through weekly house meetings and through easy to read surveys. The last survey had been carried out in 2020. The 2020 surveys results showed that 90% of people receiving a service had responded. The feedback was positive, with one area for improvement in relation to people having more choice as to which staff they have for support. The registered manager had summarised the feedback from the surveys and set out what improvements will be made. The registered manager planned to send these surveys out again in 2021 to get an updated view of people's experiences of using the service.
- Relatives had been asked for their feedback through completion of surveys. A relative told us, "We have had some surveys, but I've only filled one in, I worry if I say too much then it will come back on [loved one] and he loves living there." Some relatives told us communication between the service and them as relatives could be improved. They gave us examples of when communication had not worked so well.
- Staff told us they felt supported by the registered manager. Staff had been surveyed to ask their feedback. One staff member had written, 'Management are very understanding. I do know that I am supported in my job and my managers are there to help me feel at ease when some days get tough.' A staff member said, "I feel confident to raise concerns or suggested changes to management. Communication is key."
- Staff meetings had been held. These had taken place using computers at times to enable staff to join the

meetings remotely which adhered with social distancing measures to keep people and staff safe. A staff member said, "We have staff meetings, they are usually once a month, normally [registered manager] will bring up any concerns or changes."

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

- There was an open and transparent culture within the service. A member of staff told us, "It is such a welcoming and friendly place, everybody there has the service users' best interests at heart."
- People approached the registered manager and deputy manager during the inspection. The management team knew people well.
- Relatives were involved in people's care. Where things went wrong or there were incidents, relatives were informed where this appropriate. One relative said, "I have been informed if there have been any incidents." Another relative told us, "If there were any problems, I know I can ring them if I need to."

Working in partnership with others

- The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes. However, the provider and registered manager had not always shared with people's local authority care managers details of incidents which may inform the local authority of people's changing needs.
- The management team had taken the opportunity to attend video link local forums and national events to liaise with others and keep up to date with good practice. This included local infection prevention and control provider and manager networks, which they had found useful.
- The registered manager maintained contact with local authority commissioners and staff as well as health care professionals such as GP's, district nurses and consultants.

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 had failed to notify CQC in a timely manner about incidents that had occurred. Regulation 18 (1)(2) of the Care Quality Commission (Registration) Regulations 2009. |

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 | Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to adequately plan person centred care Regulation 9 (1)(2)(3) |

The enforcement action we took:

We imposed conditions on the providers registration.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent Registered persons had failed to provide care and treatment with the consent of the relevant person Regulation 11 (1) |

The enforcement action we took:

We imposed conditions on the providers registration.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to manage risks to people's health and welfare. Registered persons had failed to ensure staff have the qualifications, skills and competence to provide safe care. Regulation 12 (1)(2) |

The enforcement action we took:

We imposed conditions on the providers registration.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Registered persons had failed to protect people from abuse and improper treatment Regulation 13 (1)(2)(3) |

The enforcement action we took:

We imposed conditions on the providers registration.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had failed to effectively monitor and improve the service and failed to assess, monitor and mitigate risks and maintain an accurate complete record of care. Regulation 17 (1)(2) |

The enforcement action we took:

We imposed conditions on the providers registration.