

G P Homecare Limited

Radis Community Care (Reading Supported Living)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Radis Community Care (Reading Supported Living) is a domiciliary care agency and supported living service, which provides personal care to people living in their own homes in the Reading area. This includes 24-hour care and support to people living in 2 'supported living' settings, so they can live in their own home as independently as possible. At the time of inspection, the service was supporting 3 autistic people, with associated complex needs, including eating disorders. In supported living services people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Radis Community Care (Reading Supported Living) receives a regulated activity. The service supports other people who do not receive personal care. 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 is also registered to support older people, younger people, people living with dementia, learning disabilities, mental health needs and misuse of drugs and alcohol.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, they needed to make improvements to fully meet these.

Right Support:

People did not always experience good quality care with good outcomes. There were not always enough staff with the right mix of skills and experience to meet autistic people's care and support needs. Staff had not completed required training to support people living with autism and other associated complex needs, including eating disorders. People did not always receive care from staff who they knew and trusted, which had an adverse impact on their mental health and wellbeing. Staff had not always been recruited safely, which meant the provider could not be assured all staff were safe to work with vulnerable people.

People were not always supported to have maximum choice and control of their lives. However, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported least restrictive practice.

Staff had training in safeguarding and knew how to report any concerns. People's risks were clearly assessed, and clear guidance given to staff to minimise and manage risks safely. People were supported to

manage and take their medicines safely and on time.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people lead confident, inclusive and empowered lives. The provider had not promoted a positive culture within the service that was person-centred, open, inclusive and empowering, which achieved good outcomes for people. People and staff consistently told us they did not feel valued or listened to by the registered manager. The registered manager had failed to consistently assess and monitor the quality of the service and effectively operate systems and processes to ensure compliance with the regulations. This meant the provider could not be assured that required learning and improvements had been identified and implemented.

Right Care:

People did not always experience person-centred care which promoted people's dignity, privacy and human rights. People were not always supported to express their views and be involved in making decisions about their care. The registered manager did not always make sure that staffing was organised so that people consistently received care and support from familiar staff. People told us that agency staff did not always understand how they wished their privacy and dignity maintained. This resulted in people not always feeling they were respected or valued. The service did not always understand the importance of ensuring that staff had the skills and time to recognise when and how to give people compassionate support when they need it. People were not always enabled to make choices for themselves by the provider. Relatives and social care professionals were concerned that autistic people were not supported by staff who were trained to the right level to meet their complex needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (report published 19 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We identified breaches in relation to recruitment, staffing and quality assurance of the service.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Radis Community Care (Reading Supported Living)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2023 and ended on 8 June 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed notifications and information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance and safeguarding team, and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We visited the site office on 27 April 2023, during which time we reviewed various material in connection with the management of the service. We also arranged to complete home visits on 2 May 2023, with two people and a hospital visit with another person who was undergoing a review of their prescribed medicines. We revisited the site office on 3 May 2023 to review further material relevant to feedback received during the home visits.

We spoke with 3 people who use the service and 3 relatives of 2 different people. We spoke with 10 staff, including the registered manager, the area operations manager, 3 team leaders and 5 support workers. 4 support workers chose not to engage with the inspection process.

We reviewed a range of documents, including people's care records and daily notes. We looked at 5 staff files in relation to recruitment, staff training and supervision. These included the most recently appointed staff within the service. We examined a variety of records relating to the management of the service, including the provider's policies, procedures, accidents and incidents and quality assurance audits.

After the site visit, we continued to seek clarification from the registered manager to validate evidence found and received additional documents and information to inform our inspection. We received feedback from 6 health and social care professionals who engaged with the service.

Is the service safe?

Our findings

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

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing

- The service did not always provide enough staff that had the right mix of skills, competence or experience to support people to stay safe and meet their needs.
- People using the service overwhelmingly told us their regular, preferred staff fully understood their complex needs relating to autism and eating disorders. However, people consistently told us that they were frequently supported by agency staff who did not know their needs, which rotas confirmed.
- People also told us that when they were not supported by agency staff it was often new staff they did not know or staff with whom they had no rapport. People told us the inconsistent staffing had an adverse impact on their wellbeing and increased their anxieties.
- Rotas provided by the registered manager demonstrated a high level of agency staffing was used. Due to the format of the rotas, we were unable to quantify the precise extent of agency usage. We requested analysis to identify the percentage usage of agency staffing at the time of inspection, but this was not supplied by the provider.
- People and relatives told us that inconsistent planning did not support the structured daily routines required to support people's individual needs and wellbeing. People told us they did not feel listened to, whenever they raised concerns about the allocation of their staff. One person felt another person's needs were prioritised over theirs in relation to the allocation of preferred staff.
- People's relatives told us staffing continuity and consistency had deteriorated during recent months, leading to their family members' being supported by staff who did not understand their individual diagnoses. For example one relative said, "There is a regular staffing issue, and while there is some good support, there often isn't, which has a great influence on how [person] manages and projects her anxiety" and, "There has been a noticeable decline in [person], which does not always seem to be noticed, recognised or understood by support staff and the manager, with no adjustments made to support her."
- Most staff raised concerns that people were not being supported by their preferred staff or were being allocated agency staff who did not know them, which was causing people increased anxiety. For example, staff told us, "People have preferred staff, but this is not allowed by the management" and, "[People] feel their regular staff are great, which in turn, boosts our morale but they [people] do say that when they mention to the manager about who they prefer to work with staff wise, it gets ignored."
- Feedback from community professionals regarding staffing was mixed. For example, four social care professionals told us inconsistency of staffing with the required mix of skills matched to people's complex needs had an adverse impact on people's wellbeing. Conversely another social care professional praised the service for being flexible and responsive with their staffing allocation to meet people's changing complex

needs. Two social care professionals told us, "There was a noted increase in staffing changing which has remained a constant issue and having a clearly negative impact on [people]." One social care professional told us, "[Person] is overlooked with staffing plans despite their wishes and social worker request to review rota's."

- Most social care professionals believed that staffing was always reactive, rather than taking people's preferences into account. During our home visit 50% of the day staff allocated were absent due to illness. These vacancies were covered by the registered manager and a staff member who volunteered to come in at short notice. However, the replacement staff member was not of people's preferred gender.
- Staff had completed basic autistic spectrum disorder awareness training. However, in isolation, this was not at the required level to meet the complex needs of people being supported.

The provider had failed to consistently deploy enough suitably qualified, competent, skilled and experienced staff to ensure people's care and treatment needs were met. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment

- Staff recruitment, induction and training processes mostly promoted safety, including those for agency staff. However, one senior staff member had been appointed without evidence of a Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of inspection, the registered manager believed a DBS check had been completed, although evidence of this was not available. At the time of completing this report no evidence to demonstrate the staff member had a current DBS had been provided. This meant the provider could not be assured they were of good character.
- Staff selection interviews did not evaluate the quality of candidates' responses and performance to demonstrate whether they had achieved the provider's required standard.

The provider had not effectively operated procedures to obtain required information to assure that all staff were of good character. This was a breach of regulation 19 (1)(a) 2(a) 3(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider checked prospective staff's conduct in previous care roles and their right to work in the UK. Where necessary the provider had completed risk assessments to assure that applicants were suitable to support people living with a learning disability.

Systems and processes to safeguard people from the risk of abuse

- People and those who matter to them had safeguarding information in a form they could use. People told us they knew how and when to raise a safeguarding concern. One person told us, "I talk to [preferred staff] about staying safe and when I am worried." Another person told us, "I trust [regular staff] who know me and know what to do if I feel anxious."
- During our inspection one person raised concerns with the registered manager. The registered manager took immediate action to protect the person and dealt with these concerns in accordance with the provider's safeguarding policies and procedures, government legislation and local safeguarding authority guidance.
- Staff had completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance.
- Staff knew how to recognise and report abuse. One staff member told us, "If we have concerns, we tell [registered manager or team leaders] and "If the managers don't take action, we can whistleblow to you

[CQC] or the council [local safeguarding authority].

- Staff explained how they recognised when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Assessing risk, safety monitoring and management

- Before people moved into the supported living service, a comprehensive needs and risk assessment was completed by the provider's assessment and referrals manager. People and where appropriate their family members or appointed representatives, were involved in completing their risk assessments and developing support plans to manage their risks.
- People's needs and risk assessments were person-centred, proportionate, reviewed regularly, taking equality and diversity into account to protect people's human rights.
- Risks to people's safety had been identified and assessed. People told us the registered manager and staff had spoken with them about how they wished risks to be managed. Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to mitigate the risk of choking, malnutrition, dehydration and accessing the community.
- Risk assessments were reviewed regularly with people and relatives, where appropriate, staff and multi-disciplinary team professionals. Regular review ensured risk assessments were up to date and accurately reflected people's changing needs.
- Staff supported people to remain safe whilst maintaining their freedom and giving them choices, in accordance with their support plans.
- People had positive behaviour support plans, which detailed how to keep people and staff safe. For example, people had support plans to minimise the risk of self-injurious behaviour, including ligature protocols to protect people from strangulation injuries.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. For example, at the time of inspection, one person had been supported with a temporary hospital admission to have their medicine regime fully reviewed.
- Where people had PRN medicines, for example for pain or anxiety, there were protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.

Preventing and controlling infection

- Staff supported people to follow effective infection, prevention and control measures to keep people and staff safe. People had arrangements for keeping their individual homes clean and hygienic. Staff and people completed cleaning schedules to demonstrate that daily, weekly and monthly tasks had been completed.
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns and report incidents and near misses. However, accident, incident, and behavioural incident reports did not always record whether analysis of the circumstances had been completed. This meant the provider could not be assured that any necessary learning had been identified and shared with staff to prevent a further recurrence.
- The registered manager assured us that all accidents and incidents were reviewed daily, although this was not always recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included nutritional, physical and mental health needs.
- Support plans set out people's current needs, promoted strategies to enhance their independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Social care professionals and commissioners raised concerns about the quality of staff training in relation to supporting autistic people living with associated complex needs, including eating disorders.
- Commissioners of people's care told us the provider had assured them there was an autism specialist 'in house' to support the complex needs relating to people's autism. However, shortly after two people's care was commenced, this specialist left the provider group. Commissioners told us the lack of expertise allied to the increased inconsistency and lack of staff continuity has had an adverse impact on people's mental health, resulting in self-harming behaviours.
- This feedback is consistent with views expressed by people, relatives and staff. One person told us, "The staff I trust, who know me know how to make me feel safe if I'm upset. New staff don't understand me and agency staff don't seem to care."
- Due to the complex needs relating to people's autism and associated complex needs people, relatives, community professionals and staff told us it was essential that people were supported by staff who had received the required training at the appropriate level. One relative told us, "[Person] especially needs the support of autistic, post-traumatic stress and eating disorder aware staff, when [person] is struggling or in crisis, this is not always available due to inconsistency of staff experience."
- Staff had completed autistic spectrum disorder training. However, they had not completed the provider's 'Autism and eating disorders across the lifespan' or the 'Oliver McGowan learning disability and autism training'. This meant the provider could not be assured that staff deployed always had the required skills and competence to support people to meet their needs safely.
- On 9 March 2023, as part of our monitoring processes, we reviewed the service training schedule. At this time, the schedule identified numerous gaps in staff training. The registered manager assured us that most training had been completed and undertook to update the schedule to demonstrate the true status of staff training. At this inspection the training schedule had not been updated to demonstrate what training had been completed.

- The registered manager and area operations manager undertook to update the training schedule during our site visit. On 28 April 2023 we received the updated training schedule. This schedule demonstrated that most staff had not completed the provider's externally sourced positive behavioural support i.e. 10 out of 13 staff shown (77%).
- Other training recorded on the updated schedule showed that no staff had completed information governance and General Data Protection Legislation (GDPR) training and only one staff member had completed dignity in care training. The primary aim of information governance is to ensure both paper and electronic information are treated appropriately and confidentially. In particular, it ensures compliance with legal and regulatory obligations, including GDPR. GDPR governs the way in which we can use, process, and store personal information about an identifiable, living person. This meant we could not be assured that all staff had the required training to provide people with positive behaviour support, tailored to their individual needs or to deal with people's personal information appropriately.
- The updated schedule did not show the training records for the registered manager and two team leaders. The registered manager provided individual staff records for staff, not including their own training records and those of two team leaders. This meant we could not be assured that the registered manager and two team leaders had the required skills and competence to support people to meet their needs safely.

The provider had failed to ensure that all staff had received training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. This was a breach of regulation 18 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that due to covering staff absence and managing domiciliary care provision which was not regulated, they had not been able to complete staff supervisions in line with the provider's policy.
- The provider's supervision and appraisal schedule had not been completed for 2023. The registered manager maintained a supervision tracker which showed that most staff had a recent recent supervision, although no other supervisions appeared to have been completed since 2019.
- The provider had not established a competency framework to ensure that staff delivered care and support in line with their training. The registered manager told us the often worked alongside staff and observed their competencies, although this was not formally recorded.
- Staff must receive appropriate supervision in their role to ensure they demonstrate and maintain competence in understanding the needs of people with a learning disability and autistic people, including knowing how to support them in the best way.

The provider had failed to ensure staff received appropriate supervision to ensure they understood people's needs and were competent to support them in the best way possible. This was a breach of regulation 18 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since commencing support for the three individuals in receipt of personal care, the service has developed further training for staff tailored to support people with their individual needs in relation to eating disorders.
- Staff completed the provider's induction process before delivering care and support to people, including completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Social care professionals told us that people had raised concerns to them regarding inappropriate comments made by staff, overheard by people. For example, staff conversations about diet, calorie counting

and weight, which had exacerbated people restricting calories and encouraged competition with other people. The registered manager told us that they had spoken with staff to ensure staff conversations were not overheard.

- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by supporting them to participate in preparing their own meals.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health. For example, staff understood the texture of certain food led one person to feel overwhelmed and anxious, whilst another was a vegetarian and did not drink cow's milk.
- Staff monitored and recorded what people ate and drank on nutrition/fluid intake charts, in accordance with their support plan. This alerted staff when people may need additional support.

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

- People were supported by staff to arrange and attend healthcare appointments.
- Each person had a health action plan which reflected the support they required to maintain good health and wellbeing, including an annual health check, screening and primary care services, in line with best practice for autistic people.
- Staff ensured multi- disciplinary team professionals were involved in developing support plans to improve people's care.
- The provider worked effectively in partnership with health and social care professionals from different disciplines to benefit people and make sure there were no gaps in their care.

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

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

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

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

- The provider was working within the principles of the MCA. At the time of inspection people had capacity to make their own decisions. The service did not currently support anyone whose liberty was restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The service does not always understand the importance of ensuring that staff have the skills and time to recognise when and how to give people compassionate support when they need it. Relatives and social care professionals were concerned that autistic people needed support from staff who were trained to the right level to meet their complex needs. One relative told us, "This [level of expertise] is not always available due to inconsistency of staff experience not being available or who know [person] and due to this [person] then masks their true feelings and is unable to voice them, especially to staff they do not trust."
- People told us they were happy with their preferred staff but due to staffing issues they were often supported by either agency or new staff, with whom they did not share the same bond. Due to their diagnoses, this sometimes had an adverse impact on their wellbeing and mood.
- People were consistently positive about the caring attitude of regular staff. People felt valued by their preferred staff who showed genuine interest in their well-being and quality of life. People told us they experienced close relationships with their preferred staff, with whom they had developed a special bond. One person told us, "I don't always get the staff I like, which isn't good. But I wouldn't want to live anywhere else."
- The registered manager told us, wherever possible, people were matched with their preferred support workers, with whom they felt at ease, happy, engaged and stimulated. Most staff told us they thought people would benefit from more effective deployment of people's preferred staff, to meet people's needs and wishes, whilst accepting this could not be achieved all the time.
- We reviewed positive feedback from relatives of a person who had recently left the service. Relatives said, "The support workers are excellent and know him well". We reviewed other positive feedback which praised the positive behaviour support team leader for their availability and commitment to people.
- Staff told us it was important to be patient and use appropriate and different styles of interaction with people, depending on how they were feeling.
- During home visits we observed people consistently received kind and compassionate support from staff who used positive, respectful language, which people understood and responded well to.
- The management team and staff demonstrated flexibility to meet people's wishes, especially when people changed their minds.
- Staff spoke with pride about the people they supported. One staff member told us, "I am so happy at work. I just want to see them [people] reach their goals and be happy."

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

- People were not always enabled to make choices for themselves by the provider who ensured they had

the information they needed.

- At the time of inspection, two people were considering moving into new accommodation at a supported living setting already used by the provider. Social care professionals raised concerns regarding these planned moves.
- Social care professionals told us they believed [people] had been misled by the provider telling them the proposed move was happening, when this had not been ratified by the designated social workers. The registered manager told us they were still in the consultative process.
- During our home visits, staff supported people to express their views and were given time to listen, process information and respond. We observed staff were calm and attentive whilst supporting people to express their views and be involved in making decisions about their support and planning daily activities.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. We reviewed records which clearly demonstrated people's wishes in relation to whom they wished to be involved in their health care planning and decisions.
- People told us staff supported them to maintain links with family members and respected their wishes if they did not wish to do so. People's support plans clearly detailed people's wishes in relation to this.

Respecting and promoting people's privacy, dignity and independence

- The service did not always make sure that staffing schedules were organised so that people consistently received care and support from familiar staff. People told us that agency staff did not always understand how they wished their privacy and dignity maintained. Whilst this may not be intentional, it resulted in people not always feeling they were respected or valued.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed lifestyle plans which identified target goals, aspirations and supported people to achieve greater confidence and independence.

Is the service responsive?

Our findings

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

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

Improving care quality in response to complaints or concerns

- People and relatives did not feel confident that if they complained, their complaint or concern would be explored thoroughly and responded to in good time. People's concerns and complaints mostly surrounded not being supported by their preferred staff or staff who knew them well, which could trigger anxieties and frustration. For example, one person told us, "I keep telling them [management] but nothing changes." A social care professional told us the person believed the registered manager demonstrated favouritism in the scheduling of staff to others.
- One relative told us, "They [the provider] constantly put agency staff with [person] knowing full well [person] can't cope with change and that it takes [person] a very long time to open up to staff she doesn't know. So, to me that's not person-centred care."
- The registered manager was able to demonstrate that whilst people did not always receive support from preferred staff and sometimes were supported by agency staff, the deployment of staff was fair and equitable.
- One person and their relative told us they had made a complaint regarding inappropriate comments made by a staff member. They believed the provider had taken no action in relation to this complaint. We spoke with the registered manager who confirmed the area operations manager had not yet responded to the person with the outcome of their investigation and would arrange this to be done as soon as possible.

The failure to investigate and take necessary and proportionate action in response to complaints was a breach of regulation 16(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were provided with a copy of the complaints procedure, which was available in an easy read format. People and relatives were aware of the provider's complaints process and knew how to use it.

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

- People were involved in developing their care, support and treatment plans. Their needs were identified, including needs relating to their individual protected equality characteristics, choices and preferences.
- Care planning was focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. People had individual health action plans in line with best practice guidance.
- Staff provided personalised, proactive and co-ordinated support in line with people's communication plans, sensory assessments and support plans. For example, staff used person-centred planning tools and focussed on positive behaviour support to enable people to achieve their goals and aspirations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had personalised autism passports, sensory profiles, positive behaviour and communication support plans. These documents provided staff with comprehensive guidance to ensure autistic people received information in a way which enabled them to process and understand it. For example, one person communicated with staff writing messages on their phone, until they had developed sufficient trust with the person, to communicate verbally with them.
- Communication support plans outlined the most appropriate times to share information with people, considering their mood and mental wellbeing. For example, one person wore wristbands, with different colours to denote their current mood and used a journal to communicate their feelings about something concerning them.
- People and staff were encouraged to complete 'Talk Time', an opportunity to think about the day, what went well and what could have gone better. This process was to facilitate open communication with staff, so people were confident their voice is being heard.
- People with sensory impairments were supported to understand information in line with their communication support plans and sensory profiles. For example, staff were provided with specific guidance about how to support a person to understand information who had a partial hearing impairment but did not like to wear a hearing aid.
- Where autistic people had other associated sensory needs, support plans detailed how to communicate information to them, including written information. For example, one person had written information provided using large font in contrasting colours, avoiding long sections of text, broken down into bullet points.
- Staff were enabled with clear guidance to ensure people had understood information. For example, 'When communicating with [person], staff should explain things clearly and in simple terms and allow [person] time to process information. Staff should then revisit conversations to ensure [person] has understood what has been said.'

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

- People were supported to maintain relationships with people important to them, including friends and family. People had personalised plans to support them with personal relationships and their sexuality.
- People were encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis. For example, making social media videos, art and scrap booking, diamond painting, keeping pets and reading poetry.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. For example, one person was being supported with their ambition to become a veterinary nurse, with an incremental strategy aiming to achieve the necessary educational qualifications. Another person was being supported to attain qualifications through independent distance learning at home and to explore their interest in medicine and potential employment in this field. Staff were supporting another person to pursue their dream of becoming a mental health nurse, initially by exploring educational courses in health and social care.

End of life care and support

- No people were receiving end of life at the time of the inspection or anticipated to be so in the immediate future. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not yet been fully explored.
- The registered manager undertook to explore this area of support with families where appropriate, the multi-disciplinary team of professionals supporting people, to ascertain when and how this could be achieved without causing distress to people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance framework did not ensure that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed effectively.
- The registered manager had not ensured that quality assurance arrangements were applied effectively. The registered manager had failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations.
- The registered manager had failed to identify and address breaches of regulation in relation to staffing and recruitment we found during the inspection. This exposed people to the potential risk of harm.
- Quality assurance processes had not been completed in line with the provider's policies. For example, behavioural incident reports had not been completed fully, including the second page detailing analysis of the incident and action taken to support people.
- The provider's monthly audits in relation to environmental safety, infection control and fire safety had not been completed. Weekly 'client' and location audits had not been completed.
- Some ad hoc audits had been completed recently relating to fluid and nutrition monitoring charts, 'Talk Time' and daily planners. There were no records of these audits other than the signature of the team leader. These audits did not generate any learning or identify any required improvements.
- During our monitoring process on 9 March 2023 we discussed the registered manager's failure to submit a statutory notification relating to a person potentially self-harming. These circumstances had been appropriately reported to the local safeguarding authority. We reviewed these circumstances with the area operations manager who provided assurance that they had addressed the registered manager's development needs in this area.

The failure to effectively operate processes and systems to ensure compliance with regulations was a breach of regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and social care professionals told us the service was not always well-led.
- The culture of the service was not always open and transparent. Staff did not always feel engaged or empowered.

- Most staff told us they did not feel valued and the service experienced poor leadership, which created a negative culture within the service. For example, staff members told us, "I feel that our manager is lacking in some ways. She isn't listening to service users" and "People feel they have no voice. [Registered manager] does not understand people's needs and does things to upset them, like changing their routine without telling them" and "People are not happy where I am working, they say that [registered manager] never listens and they do not feel valued."
- People, relatives and social care professionals told us staff were unhappy and openly discussed their grievances in the presence of people. For example, one relative told us, "We [relatives] have picked up that support staff seem unhappy with the current house setup. They [staff] have openly voiced their concerns and opinions in the house, which has a detrimental impact on people living there."
- Social care professionals had been told by people they support, that inappropriate comments had been made by staff about people, which had the potential to trigger negative behaviour in relation to their eating disorders.
- People and staff consistently told us that the registered manager did not listen to their views and concerns and did not act on them to develop the service and culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied. The registered manager was aware of their responsibilities and ensured these were met.

Continuous learning and improving care

- Quality assurance arrangements were not robust. The registered manager had not always applied quality assurance processes consistently. This meant the provider could not be assured that required learning and improvements had been identified and implemented.

Working in partnership with others

- We received mixed feedback from social care professionals regarding partnership working. For example, some social care professionals experienced poor collaboration and cooperation with the provider.
- Other social care professionals told us they worked effectively in partnership with the service to support care provision, service development and joined-up care.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The registered manager had failed to investigate and take necessary and proportionate action in response to complaints.</p> <p>Regulation 16(1)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered manager had failed to consistently assess, monitor and improve the quality of the service and to effectively operate systems and processes to ensure compliance with the regulations.</p> <p>Regulation 17(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not effectively operated procedures to obtain required information to</p>

assure that all staff were of good character.

Regulation 19 (1)(a) 2(a) 3(a)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

How the regulation was not being met:

The provider had failed to consistently deploy enough suitably qualified, competent, skilled and experienced staff to ensure people's care and treatment needs were met.

The provider had failed to ensure that all staff had received training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role.

Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.