

Holmleigh Care Homes Limited

Care at Home (Swindon)

Inspection report

The Shaftesbury Centre
Percy Street
Swindon
Wiltshire
SN2 2AZ

Tel: 07783138396

Website: www.careathomeonline.co.uk

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care at Home (Swindon) is a supported living service providing the regulated activity of 'personal care' to people with a learning disability, autistic people and other people with complex needs in their own houses. Not everyone who uses the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we consider any wider social care provided.

At the time of the inspection, 39 people were receiving personal care in eight different supported living settings. We visited some people who lived in adapted houses where people had their own bedrooms and sometimes individual or shared bathrooms, as well as shared communal areas. People received a variable number of care hours per week, depending on their assessed needs.

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.

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

The service was not able to fully demonstrate, across all supported living settings, how they were meeting some of the underpinning principles of Right support, right care, right culture. People did not always receive consistent good standards of care.

Right Support

Two out of three premises had deregistered from residential to supported living and did not always maximise people's choice and independence. There needed to be more focus on continuously developing meaningful activities, independence and quality of life. The provider had identified this and employed an external consultant to help drive improvement with staff in the way of 'on the job' training, guidance and role modelling to ensure improvements were made.

Some features in these premises were similar to a 'care home' and did not meet guidance in respect of having good access to the local community and its amenities. They were geographically isolated and the lack of public transport and staff who were drivers meant people were not always supported to be as independent as they could be. The provider was undertaking improvements in two of the settings to improve accessibility such as new kitchens.

There were not always enough staff to meet people's preferences with how they wanted to spend their day and do things they wanted outside of their homes. At one of the settings, the provider was delivering the support hours currently commissioned, but had requested, and were awaiting outstanding needs

assessments for people from all relevant funding authorities. This was to ensure staff numbers accurately reflected people's needs including social preferences, so they had support to do things they wanted outside of their homes.

At two of the three previous care homes that had now become part of the supported living scheme, we found people were sometimes placed at risk of avoidable harm. Risk assessments were inconsistent and did not always detail the relevant information staff would need to meet people's assessed care and health needs. The provider had put processes in place to address these areas of concern, but not all had been identified prior to the inspection. A new manager was in post and an action plan was being worked through to address the concerns. The provider was updating all relevant bodies of actions taken.

Right Care

We found no evidence that people had been harmed, however, there were failures to record, monitor and improve the quality and safety of the service, and failure to maintain accurate records. We also identified concerns around the safe management of medicines and risks in two of the supported living premises. The provider was addressing these concerns and an action plan in place to track improvements.

We observed positive interactions between people and staff. People were comfortable approaching staff when they needed support and we observed staff respected people's choices.

People or their relatives felt comfortable in raising issues or concerns. There were systems and processes in place to safeguard people from abuse.

People were not always supported to have maximum choice and control of their lives. The practices in some supported living settings did not always support people in their best interests.

Right culture

The provider had not always evidenced that leadership had ensured people were supported in a culture that supported leading inclusive and empowered lives. However, the provider had identified the need to improve the culture in one of the supported living settings and was in the process of embedding improvements with the aim of embedding these to ensure consistent high-quality care. The provider was working with external stakeholders to improve people's lives consistently across the service. The provider had also appointed a Regional Operations Director and Operations Support Manager to ensure that a significant amount more oversight was available in the settings to ensure that the settings delivered in line with the providers minimum expectations of good.

All staff we spoke with displayed caring and person-centred values and a commitment to make the necessary improvements.

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 outstanding (published 26 June 2019).

Why we inspected

The inspection was prompted, in part, due to concerns about one of the settings received from a local authority. This was in relation to people's care and safety including risk assessments and care records not being updated, staff training and levels of staff. The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection. We have found evidence that

the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home (Swindon) on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, person centred care, and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Care at Home (Swindon)

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

The inspection on site was carried out by three inspectors and a member of the CQC medicines team. An Expert by Experience made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in eight '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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

The provider's statement of purpose showed the location required three registered managers. At the time of the inspection there was only one registered manager for one of the supported living settings. The other seven supported living settings had no registered manager. We heard after the inspection that the manager currently at one of the settings would be applying to the CQC to register as manager. We were informed that recruitment had commenced for a registered manager for the remainder of the settings. In the interim, the operations manager and a deputy manager were overseeing these settings.

Notice of inspection

We gave a short period notice of the inspection because we needed to visit some of the settings and needed consent from people to do so. We also needed to be sure that the provider or manager was available to support the inspection.

Inspection activity started on 6th September 2022 and ended on 21st September 2022. We visited the location's office/service on 12 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We visited three supported living properties on 6th, 7th and 12th September. We spoke with five people and nine relatives about their experience of the care provided. We spoke with 15 members of staff, including four support workers, three senior support workers, the registered manager for one of the premises, a manager for another of the premises and deputy managers for two other premises. We also spoke with the operations manager, regional operations manager and external improvement professional.

We reviewed a range of records. These included 10 people's care records and eight people's medication records. We looked at staff records in relation to recruitment, training and other records relating to the management of the service, including audits, policies and procedures and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and records relating to the management of 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.

Using medicines safely

- In two of the supported living settings we visited, people's medicines and the associated risks were not always managed safely.
- Temperatures were not monitored in the medicine storage room or medicines refrigerator. If medicines are not stored at a temperature recommended by the manufacturer, they may not have the desired effect. We asked the manager to consult with a pharmacist to assess the safety of these medicines.
- Where people had been prescribed thickeners to ensure fluids were the right consistency to reduce choking, these were not always stored securely. This created risk for people using the service of accidental ingestion of fluid/food thickening powder.
- There was a medicine policy in place for medicines management. However, staff members did not always follow it. For example, expiry dates of prescribed medicines were not regularly checked as per the provider's policy and procedures. Expired medicines are likely to be clinically ineffective or could cause actual harm.
- Medicine administration records (MAR) were not written appropriately and were not always in place for prescribed medicines. The staff handwrote some MARs. However, they did not follow the providers own policy and did not check and sign the handwritten MARs. This meant if an error was made while writing a MAR, it could not be identified and corrected if required. For one person who was prescribed medicines for pain among other medicines there was no MAR in place. This meant staff members were not administering them their prescribed medicines and did not have a record of their medicines.
- We observed staff give medicines to people. We observed staff made changes to the dosage instructions of a medicine prescribed for one person without consulting the local GP who had prescribed the medicine. This meant the staff member had made an unauthorised change to a prescribed medicine and hence the person would not be given their medicine as prescribed.
- Staff received training and were competency assessed to handle medicines. However, our findings during the inspection evidenced staff did not have the skills to handle medicines safely and maintain up to date and accurate medicine records.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe use of medicines. This placed people at risk of harm. This was a breach of regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above findings were reported to the management team on the day of the inspection and immediate action taken to reduce the risks.
- In other supported living settings, we found medicines had been managed safely.

Assessing risk, safety monitoring and management

- We were not assured the provider was keeping people safe through assessing and managing all risks to their health and safety.
- Risk assessments had not always been completed to identify risks to people. For example, one person had moved into a property three months before the inspection, and we found there were no risk assessments in respect of the person's support needs. The registered manager confirmed this and said they would be completed by the end of the week.
- Not all guidance to keep people safe had been followed. One person's personal emergency evacuation plan (PEEP) and risk assessment relating to fire stated that an evacuation sheet should be positioned under the person's mattress. This was not found, and the manager was informed. Another person in one of the services had risk assessments in support plans relating to maintaining a safe environment (including fire evacuation) but these had not been reviewed since 17 October 2019.
- A person with epilepsy experienced two different types of seizure. The care plan detailed actions staff should take regarding emergency medicines for each type of seizure should the person require these. However, the associated risk assessment only stated the procedure for one of the seizures. This was brought to the managers attention.
- Although CQC does not regulate premises in supported living settings, we assess whether the provider is doing all they can to ensure people's property is safe from risks such as safe management of hazardous substances. We observed cleaning products left in unlocked rooms such as the laundry room and the staff toilet, which people could access and potentially come to harm.
- We saw fire risk assessments for three of the supported living settings. These had actions to assess staffing levels in the case of evacuation at night. We asked the provider what action had been taken in respect of assuring themselves of safe overnight staffing levels. The management informed us that all people were being reviewed by the local authority to assess their current level of support. A number of these were still outstanding. One of the supported living settings had increased their overnight staffing levels in line with the fire risk assessment recommendations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from relatives was that they had no concerns about people's safety. Comments included, "[Person] has lived there since she was [age]. I have no concerns and [person] is very happy. I visit her and she comes home and stays with me. She is always happy to go back after she has stayed with me", and "I have no concerns about his safety, and security is fine. I visit weekly and [person] phones every day. I think the staff would let me know if there were any problems".
- The provider and managers of one setting had been working closely with the local authority and safeguarding teams to address concerns at one of the supported living settings. This included reviewing people's placements at the service to ensure people were receiving the appropriate support they needed. A continuous improvement plan was in place to drive the necessary improvements for this setting.
- Some staff across other supported living settings had worked with people for a long time and knew them well. A person was very unwell at the time of the inspection and we saw that all efforts to support the person had been sought including health input and equipment and a timely request for increased staffing to support the person.

Staffing and recruitment

- Some people's relatives told us they were concerned about staffing levels within the service.

- Staff said staffing levels were an issue and agency staff were used regularly to backfill vacancies. Not all agency staff could undertake all support tasks which impacted upon staff being able to carry out all the duties required. For example, if a person required two to one support out of the home regularly, it would mean low staff levels for people remaining at the home. Comments included, "Staffing levels are 'okay' but sometimes it can be difficult with agency staff. It's okay for basic care but difficult to get people out or do activities. The manager and deputy will fill in when needed though." This meant people's quality of life was impacted as people were restricted on what they could do, due to staffing levels. The provider told us they had requested a reassessment of people's needs at this setting to ascertain the correct level of staff required.
- Management were trying to recruit more permanent staff. The rural location of two of the settings proved a challenge with recruiting staff due to the lack of public transport. The provider was an approved employer by the Home Office for staff requiring Certificate of Sponsorships and it was hoped this would make improvements to staffing levels.
- Staff were recruited in a safe manner. Appropriate checks were carried out on staff before they began working in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People had support plans relating to management of finances. Financial transactions were meant to be recorded and signed by two staff members and amounts checked three times a day. In one of the premises, records reviewed showed that these checks had not been carried out for two people on three consecutive days. The manager was informed of this and said that they were aware.
- Staff knew how to report concerns about people's safety. The provider had ensured the relevant authorities were notified as required.
- The provider had processes in place to ensure any allegations of improper care and/or abuse were investigated and acted on.

Preventing and controlling infection

- We saw that yellow bins with clinical waste were being kept in communal areas where people could easily access the contents.
- PPE was being worn by staff in line with current guidance.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had introduced LOLA (Learning Outcomes, Leadership Alert). This was a lessons learnt process which senior management had oversight of to ensure learning was cascaded throughout the company. We saw situations had been scrutinised by this process to share learning.
- Route cause analysis meetings and analysis records took place to review incidents each month to ensure trends and triggers were risk assessed and addressed.

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 were not always enabled and supported to understand choices and discuss with a competent health professional the balance of risks and benefits of choices available.
- One person had guidance in place about consistency of diet and choking risks which had been completed by a Speech and Language Specialist (SALT) in 2014. The guidance stated the person should have a 'soft diet' and there was a list of foods to avoid. We saw from the person's daily records that food given included foods that should be avoided. We spoke with staff who said, they had only ever given the person blended food. They said, "We blend everything, even tinned mac and cheese, and even if something has a sauce". This was not in line with the guidance which stated food needed to be soft (not blended). There was no information in the person's support plan or risk assessments about why they were on a blended (restricted) diet. There had been a recent incident where the person was seen to be given food that should have been avoided. This had been investigated and staff were reminded to give the person a blended diet (not soft as per the person's guidelines).
- Records stated the person 'had capacity'. We asked the person who told us what they liked to eat, and we asked if they understood the risks if they did not have a soft diet. The person indicated they did but were not able to describe what these risks were. The lack of an up to date assessment and clear decision making around risks put people at risk of infringement of their human rights.

We found no evidence that people had been harmed however, not all people had received an up to date assessment of their needs and care had not been designed with a view to supporting people to understand choices available to achieve the person's preferences alongside ensuring their needs were met. This placed people at risk of harm. This was a breach of Regulation 9(1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- In one setting, there was no mental capacity assessment forms for a person who had recently moved to the service. The registered manager said that these were being 'worked on'.
- Support plans contained mental capacity assessment forms relating to day to day decisions such as continence pad changes, medicines, washing and showering, finances, use of hoist, bedrails, lap straps and health care needs. There was a specific support plan regarding decision making that stated, 'You must not assume that I can't make a decision or make a decision on my behalf without asking me first.'

Staff support: induction, training, skills and experience

- We spoke with a new member of staff who stated they were happy with the way they had been supported since arriving and confirmed that they had undergone induction training. They stated that more experienced staff were able to help inform about people's needs and they had access to people's support plans. They said there was always a senior member of staff on shift.
- Staff understood people's care needs. A member of staff was able to describe a person's epilepsy and their different types of seizures and how these presented. They also knew the person had to be checked regularly.

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

- People's eating and drinking support plans were detailed in a document called 'Living Skills'. There was not a specific support plan for eating and drinking, therefore information on how to support people with this was not always clear, placing people at risk.
- Records of meals and drinks people had consumed were recorded in their 'daily notes file'. We found the detail of what people ate and drank during the day was sparse and did not indicate any choice.
- The food appeared well cooked and nutritious. One person was involved in preparing a meal. Where people needed support with their eating, we saw they received the appropriate support.

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

- People's support plans contained records of visits from health professionals such as GP's and specialists such as neurology and psychiatry.
- We observed staff working with other healthcare agencies and that appropriate referrals had been made most of the time. For example, an appointment with a neurologist had been arranged for a person with epilepsy. Another person had been referred to an orthotic service, community dental service and an optician.

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 outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's relatives consistently told us care staff were kind and caring. Relatives comments included, "The staff are 100% kind and caring"; "When we visit, they always give us privacy in [person's] room"; "The staff are fantastic", and "I assume the staff are kind. If not, I think I would know".
- Staff understood the need to support people at difficult times. One setting held a memorial service for a person who had lost a relative during the pandemic and was unable to attend the funeral. We saw appreciation had been expressed from the person's family with helping the person with their grief at a difficult time.
- We observed people were relaxed when communicating with care staff. We could tell from their interactions that they were happy. One person liked music, and we observed through their facial expressions they enjoyed the subject when we interacted with them.
- Staff spoke with people in an appropriate way throughout the inspection.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and electronically.

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

- People's support plans recorded any cultural and spiritual expression followed.
- Staff had face to face equality and diversity training on induction to ensure people's diverse needs were respected.
- Relatives felt that people were treated well and supported appropriately. Comments included, "The staff treat [person] well, they care about her. If my friends see [person] out in town they say she is always happy. She knows the staff who are on duty. She does her own shopping, chooses her clothes. She cooks with the staff. She can choose what she has to eat. She can get herself up in the morning and goes to bed when she wants to. If there are any problems, I am confident that the staff would let me know".

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

- Care staff were aware of the need to seek people's consent before proceeding with care.
- Relatives told us that people were given choice. Comments included, "[Person] goes to bed when he wants, which can be really late" and "I think generally speaking, [person] is given quite a bit of choice, maybe in what she wears. She always looks nicely presented. I know she was included when they were decorating her room".
- The provider referred people to a local advocacy service where necessary. An advocate is a person who can help to support or represent a person's choices and decisions.

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 outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- The care and treatment of people did not always meet their needs and reflect their preferences. Since the last inspection, the provider had added three settings to the supported living location. These settings were previously care homes. The transition to supported living settings did not fully comply with national guidance, including the CQC guidance Right Care, Right Support and Right Culture. For example, in two of the premises, which are people's homes, these were being used by managers and staff for the purpose of running the service.
- Observations at the time of the inspection, evidenced there were enough staff to meet people's basic needs throughout the day but not enough staff for meaningful, communal activities to take place.
- The provider's Statement of Purpose stated one of its aims as, 'The ethos of our Service is continually encouraging clients' participation and involvement to achieve their positive outcomes. Community access is paramount to clients' health and well-being, staff work closely with our clients to empower their confidence to promote their social engagement. We did not find that people at all of the premises were being fully supported to meet this aim. Daily notes at one of the premises were not always reflective of what people were doing to ensure their assessed needs and preferences were met.
- The provider had not always ensured people were able to follow their interests and take part in activities important to them. We were not assured that people were able to enjoy their preferred activities. One person's daily notes stated they were in the garden, watching films and TV and walking around. However, this person had a car, and there was no record of any activities outside of their home. Relatives also raised concerns about the lack of meaningful activities and had been told the provider was waiting for more staff. Other people also had their own vehicles in line with their disability benefits. However, these were not fully utilised as staff didn't always drive.

We found no evidence that people had been harmed however, not all people's support had been designed and delivered to achieve their preferences. This meant people were not always receiving person centred care. This was a breach of Regulation 9(1) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At one of the supported living settings, people's support plans had been updated in line with the provider's action plans following concerns about out of date documentation. We saw that relevant people had been involved in this including the person, their family or representatives and social care professionals.
- Support plans covered personalised needs that included physical health, communication, personal care, mobility, finances, relationships, culture, religion, activities, accessing the community, living skills,

behaviours, medication, ageing, death and illness.

- Staff were required to sign a record sheet to say that they had read and understood the support plans and we saw these had been signed by care staff.

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 communication plans in place which were detailed and person centred. For example, one communication plan provided a comprehensive reflection of a person's non-verbal communication style and description of responses. A relative commented, "I think the staff may use picture boards to communicate. It seems to work okay" and "The staff seem to be able to communicate with [person] okay. She can understand but can only say basic words."
- The provider informed us that people in some of the support settings had helped to create an easy read document with Gloucester advocacy team on understanding supported living and their tenancies.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint.
- One relative had a number of concerns which were being investigated by the person's social worker and advocate. The concerns were considered during the overall inspection of the service.
- One relative said, "I haven't had any concerns recently. I have made a complaint in the past which was dealt with okay." Other relatives told us they had not had any concerns or made a complaint. Comments included, "I haven't any complaints. I would know how to complain if I needed to"; "I have never had to complain about anything. I would be happy to if required"; "I have no concerns. If I did, I would be on the phone. We have regular reviews" and "I have no complaints about her actual care. She is very happy when they collect her to go back to the home."
- The provider investigated and resolved complaints in line with the provider's policy and procedures.

End of life care and support

- Where appropriate, people were asked about their end of life wishes and their plans recorded. At the time of the inspection no-one was receiving end of life care from the service.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

- Some of the supported living settings had characteristics which were not in line with the right support, right care, right culture guidance. For example, one setting suggested a 'care home' setting on a campus, rather than an independent supported living setting. Some settings were located in geographically isolated areas with limited public transport which reduced people's opportunities to access facilities easily and reduced their independence. The locations also proved challenging in recruiting staff due to lack of public transport. One of the settings also had an office which does not meet the supported living guidance.
- The provider's statement of purpose stated the aims and objectives of the service were to, 'Provide the highest possible standard of care and support. We aim to enhance the quality of life for our clients and strive to enable them to live a secure, comfortable and independent lifestyle in the comfort of their own homes. We found areas of concern during this inspection that the provider was not meeting these aims and objectives throughout the service. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.
- The culture within the service was not consistently positive. There was disparity across the different supported living settings we inspected, which meant there was an increased risk of some people experiencing poorer outcomes as referred to in the safe, effective and responsive sections of this report.
- The systems and processes to assess, monitor and improve the quality of the service and health, safety and welfare of people in the service were not always effective in keeping people safe from the risk of harm, and providing good quality care and support. The provider had not identified all the concerns we found at this inspection, including relevant risk assessments and safe management of medicines. This meant people were at risk of harm.
- The concerns which led to the inspection were mostly in relation to two of the settings which had transitioned from care homes to supported living settings. The provider had implemented an action plan in one setting in response to concerns raised with them by the local authority. We looked at the plan and found examples of actions being incorrectly marked as completed, such as a medication audit in June 2022. However, we found a number of concerns in relation to medicines. This meant the provider was not addressing all known concerns within the service, putting people at risk of harm. However, the inspection findings found that other supported living settings needed robust quality assurance.
- Record keeping was not consistently completed in the service and audit documentation required improvement. We saw incomplete records. For example, a body chart had been completed to show bruising.

However, there were no further entries on the chart to indicate actions taken. We raised this with the management team who said they would investigate to see what action had been taken.

- We found records did not always contain the detail to ensure people's support and care plans were being delivered. For example, information on people's activities and diet had limited recording to evidence that people's needs and preferences were being met.
- The provider had identified some, but not all, of these issues prior to the inspection in one of the settings and were currently in the process of making improvements as required. However, all supported living settings needed more effective quality assurance and oversight to ensure the service was consistently safe and of high quality.

We found no evidence that people had been harmed however, systems and processes were not implemented sufficiently to demonstrate that quality and safety was effectively assessed, monitored and improvements made where necessary across the service. This placed some people at risk of harm. This was a breach of Regulation 17 (1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was only one registered manager in post for one of the settings, the other settings had a manager overseeing the day-to-day running of the settings. After the inspection, we were informed of the provider's intention to recruit another manager to become registered to ensure effective governance of all the settings in the service.
- The provider had identified some staff needed more support to improve their practice. The service had started to undertake an organisational culture improvement project with an external professional underlining areas to improve and develop such as better communication between staff, management feedback and leadership within the service.
- We saw in other properties, care plans clearly demonstrated the involvement of people using service, their families and relevant health care professionals to achieve positive outcomes.

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

- Relatives of people using the service were not always clear about differences between the previous care home registration and the move to supported living. We received comments from relatives of people who were unclear about why the model of care had been moved from a care home to a supported living setting. Comments included, "It was all going fine, but for the past three years, since they started talking about transitioning to supported living, it has all gone pear shaped. Supported living isn't appropriate for [person]. They are short of staff due to Brexit, a lot of staff left, and the good staff left when it changed to supported living", and, "I wasn't really informed that it had changed to supported living. There was a meeting in February, but due to the storms, a lot of people were unable to attend. We asked for the minutes of the meeting, but still haven't received them".

Working in partnership with others

- While CQC does not regulate premises in supported living homes, we expect providers to work in partnership with other agencies to ensure people receive consistent high standards of care. People may lack the capacity to make decisions about the environment they live in and the quality of facilities they use. There was evidence in some of the properties of poorly maintained environment such as decoration and refurbishments. This may impact on people living more fulfilling lives. The provider was working with their maintenance contractors, to improve the portfolio of properties.
- The provider was working with key statutory organisations, which included the local authority, to improve the effective support and care of people using the service.

- Some positive relationships had been developed with external professionals, staff were able to access advice and any equipment required and provide professionals with accurate evidence for why it was needed.
- The service worked with professionals such as social workers, occupational therapists, psychiatrists and psychologists.
- The service told us they had worked in partnership with a transplant and dialysis team and diabetic team who trained and supported staff. The local police community officer also visited some people's homes to give help and advice to people on keeping safe.

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

- We did not see any evidence of any incidents that met the duty of candour requirements to report and act.
- The provider had submitted statutory notifications as required. This is information about events occurring at the service, which the service is legally required to notify CQC about.
- Relatives told us they were kept informed about any incidents or accidents.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Not all people had received an up to date assessment of their needs and care had not been designed with a view to supporting people to understand choices available to achieve their preferences alongside meeting their needs were ensured.</p> <p>Regulation 9 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems and processes were not robust enough to demonstrate the safe management of medicines.</p> <p>The systems and processes to ensure risks were identified and managed safely were not always robust enough to demonstrate safety was effectively managed and reduced potential risks.</p> <p>Regulation 12 (1)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality and safety of the service had not been fully assessed, monitored and improved to improve people's experience of care and support.</p>

Records were not all accurate and complete to evidence the care, support and treatment provided to each person.

Not all information had been evaluated to improve the provider's practice.

Regulation 17 (1)