

Eeze Old School House Ltd

Eeze Care London

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

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.

About the service

Eeze Care London provides supported living services to people with a learning disability or autism and people with mental health needs. At the time of our inspection the provider operated 3 of these services, 1 was based in the London Borough of Ealing and 2 in the London Borough of Croydon. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Only 2 adults were receiving personal care at the time of our inspection.

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

Right Support

The service did not always support people with their medicines in a way that promoted their safety and independence and achieved the best possible health outcome.

The provider did not always follow appropriate recruitment procedures to ensure only suitable staff were recruited to work at the service.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems at the service did not support this practice.

Staff supported people to maintain their health and access healthcare services.

Staff supported people to take part in activities and pursue their interests in their local area.

Staff communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, but some of the language used at the service did not always promote this.

People's support plans did not always reflect their range of needs to promote their wellbeing and enjoyment of life.

Staff knew and understood people and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. We have made a recommendation about the management of shared supported living services.

Staff knew and understood people well and were responsive to their needs.

People and those important to them, including advocates, were involved in planning their care.

The provider had a vision for the service based on a culture of improvement to enhance people's quality of life.

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

Rating at last inspection

This service was registered with us on 8 July 2021 and this is the first inspection.

Why we inspected

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

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 support and risk management, medicines support, safe recruitment, promoting mental capacity, record-keeping and 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 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 

Eeze Care London

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 was conducted by two inspectors.

Service and service type

This service provides care and support to people living in three '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 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 not a registered manager in post. There was a service manager managing the day to day running of the service when we visited. 2 other managers had submitted applications to register and we were assessing these applications at the time of writing this report.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 11 October 2022. We visited the service's registered location on 12 October 2022 and 1 of the provider's supported living services on 13 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with us. 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 spoke with the service manager and housing manager. We also spoke with 3 support workers members of staff, a relative visiting a person using the service and a service lead for the supported living service with visited. We reviewed a range of records relating to the management of the service, including checks and audits, recruitment records for five staff, records of care and the support plans for 2 people.

After our visits we spoke with 2 relatives of people who use the service and 4 professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at training, procedures and management records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Risks to people's safety were not consistently assessed, monitored and managed so they were supported to stay safe.
- Staff handled some people's money to support them with day-to-day spending. Their money was held securely in a safe, staff kept records and receipts of any expenditures and the accounting was checked each day by shift leaders and then audited weekly. However, staff were required to record a balance of a person's collective monies as held at both the provider's head office and on site, but staff only had access to the person's money held on site. This meant staff were making records about a person's money which they were not able to actually check. This indicated the provider's systems were not accurately recording and accounting for the handling of people's money by staff at their home. This placed people at risk of financial harm.
- People had risk management plans in place to reduce risks to their safety and well-being, but the provider had not always assessed the risks to individuals' health and wellbeing or done all they could to reduce risks. The provider had identified that a person was at risk from a tendency to consume inedible items, but there was not sufficient detail in their risk management plan on how staff should support the person to minimise the risk of harm from this. Similarly, there was not enough detail on how staff should support the person with a tendency to try to eat compulsively when they could see food around them.
- Another person's risk management plans stated they were at risk of harm from moving around their home due to their sensory needs. However, the actions to mitigate this risk only referred staff to the person's positive behaviour support plan and offering pain relief medicine and did not set out proactive measures staff should take to help the person to be safe.

We found no evidence that people had been harmed however, these issues indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed staff had completed first aid training to help them support people in case of a medical emergency.
- Staff also regularly checked that a person's epilepsy seizure sensor device was working properly. This meant they were assured it would alert them if the person was experiencing a seizure during the night.

Using medicines safely

- The provider had processes in place to support people to take their prescribed medicines but did not

always implement these safely.

- Staff supported a person to take their prescribed medicines covertly, or hidden, in some food when they refused them. The manager told us the person lacked the mental capacity to understand and consent to this administration. While covert administration was noted on the person's medicines administration records (MARs), this arrangement was not set out in their agreed support or risk management plans and there was also no clear record that this support was safe for the person. This meant they were at risk of receiving medicines in an unsafe manner. We raised this with the manager so they could make improvements. They implemented a covert administration protocol promptly and contacted the medicines prescriber to arrange a best interests meeting about these arrangements.
- The provider made sure weekly and monthly audits took place to check people's medicines support was safe, but these had not identified and addressed the issues we found.

We found no evidence that people had been harmed however, these issues also indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff used medicines administrations records (MARs) to record when they supported people to take their prescribed medicines. The MARs we saw were up to date, provided suitable information and staff had completed them appropriately.
- There were protocols for supporting people to take 'when required' medicines, such as for pain relief or in an emergency, that provided information for staff on their safe use.
- Staff had completed training on how to administer medicines to people safely and the provider had assessed their competency to do so. Staff we spoke with demonstrated a good awareness of people's prescribed medicines and their support with these.
- There were appropriate arrangements for storing people's prescribed medicines safely, including controlled drugs.

Staffing and recruitment

- The provider had not always operated robust recruitment procedures to make sure new staff were suitable for their roles.
- We looked at the recruitment records for 5 members of staff. The provider had not always made reasonable efforts to complete appropriate recruitment checks for 3 staff before employing them. They had not ascertained 1 applicant's previous employment history or completed sufficient reference checks for the 3 applicants.

This meant the provider had not always operated suitable recruitment procedures to ensure only 'fit and proper' staff worked at the home. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other staff records showed the provider had completed necessary pre-employment checks so they only offered positions to appropriate applicants. These included detailing applicants' previous work history, gathering references from their previous employers or places of adult education and obtaining Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff during the day and overnight to support people safely and help them take part in activities and attend appointments when needed. Staff told us there were enough staff and they weren't

rushed when supporting people.

- People were supported consistently by the same staff. This helped people to develop relationships of trust with the staff working with them.
- The management team had developed contingency plans based on where staff lived and how they travelled so they could reduce the risk of not having sufficient staff on duty.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people using the service from the risk of abuse. The provider worked with other agencies to support people when safeguarding concerns were raised.
- Staff had training on how to recognise and report abuse. The manager and staff we spoke with knew how to do this, including 'whistleblowing' to report concerns to other agencies. The manager promoted staff awareness during regular team meetings.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff used domestic disposal processes to dispose of continence waste. We discussed with the manager how they may improve this.
- The service we visited was clean, the communal areas tidy and free of bad odours. This helped promote people's safety through the layout and hygiene practices of the premises. Staff supported some people at the service to undertake daily cleaning chores. A professional told us they were "Always impressed how clean the home [was]."
- Staff were provided with personal protective equipment (PPE) so they could support people safely. This included masks, gloves and aprons and staff said they were always supplied with enough. The provider had sufficient stocks to meet ongoing requirements and handle a short-term disruption in supplies. Staff received information and training on how to use the PPE safely and we observed staff wearing PPE appropriately during our visit.

Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents or accidents.
- The manager maintained a log of incidents and accidents. These noted what had happened and the actions taken in response to an event and identified lessons learnt from this to inform service improvements. We saw the manager discussed incident and accident reporting at staff meetings so as to improve practice.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support was not consistently supported by appropriately planned support.

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.

- While staff supported people to make day to day choices about their care, people's care planning arrangements did not always promote supporting people in line with the principles of the MCA.
- The provider had assessed that a person did not have the mental capacity to consent to their planned care and support arrangements. However, they had not then completed an assessment to determine if the arrangements were in the person's best interests.
- We found that a relative had signed to give consent to care for a person who did not have the mental capacity to do so themselves. However, the provider did not have evidence that the relative had the legal authority to consent on behalf of the person. Similarly, the relative had signed the person's tenancy agreement without evidence of legal authority. We discussed these issues with the manager so they could make improvements.

Whilst we found no one had been harmed, failure to ensure people's rights were respected in line with the MCA was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider completed an assessment of a person's needs before or soon after admission to the service. People's families were involved in these assessments. This information was used to inform and develop people's support and risk management plans.

- We saw the provider had developed a transition plan to help a person's move to the shared supported living service go smoothly and ensure staff could support them. However, it was not clear how the provider promoted people having a safe and comforting home when assessing a new person to move into the setting. For example, through considering the interpersonal relationships of people using the service or if people were given opportunities to have a say about who they lived with.

We recommend the provider consider current guidance on managing shared supported living services for people with a learning disability and autism and review their practice accordingly.

- The service supported some people who expressed emotional distress when they were feeling anxious, bored or frustrated. We found one person's support plan did not always set out clearly strategies to help them when distressed. Another person's plan included some functional assessment to understand how their behaviours helped them to communicate, as well as proactive and reactive ways for staff to support people at these times. The manager explained they were in the process of updating the plans, informed by positive behaviour support training they had attended recently.
- A professional told us, "[Staff] have tried their best to manage challenging situations with some clients with complex needs." Another professional told us a person who had moved to the service earlier this year had settled well due to the consistent support they had received. This meant the person was at less risk of self-injury as they now expressed distress less frequently.

Staff support: induction, training, skills and experience

- Staff accessed a range of training and received supervision to support people safely. This included training on working with people with a learning disability and autism. Staff had completed training in the month prior to our inspection on understanding people's behaviours of distress and providing positive behaviour support. This training was in line with the Restraint Reduction Network training standards.
- Staff told us they found their training helpful for their role. A member of staff said the manager had "Put me forward for various training, which I am really enjoying and I am excited about what the future holds." The manager had recently introduced a new learning needs analysis process through which staff could identify the further training they thought they needed.
- New staff received an induction when they started and staff had periodic supervisions with senior staff. We saw the provider had provided development opportunities for some staff, such as leadership and performance management training.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people to have a drink or snack when they wanted. We saw this happened regularly. and they were given guidance from staff about healthy eating. Staff supported people to eat healthily by helping them to manage their portion sizes and include fruit and vegetables in their diet.
- People's support plans set out their food preferences. Staff demonstrated a good understanding of people's likes and dislikes.

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

- The service supported people to meet their day-to-day health needs, including their oral care.
- Staff worked with people and their families to support people to maintain their health and access healthcare services. This included working with GPs, dentists, a psychologist and an occupational therapist.
- The service adapted people's support based on their health needs. For example, the service has identified that a person experienced increased distress due to their menstrual cycle and provided sensitive support to

help them navigate these times.

- A relative said the service keeps them updated about any health appointments staff support their family member to attend.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with dignity and respect when they supported them. However, at times the language used at the service did not always promote this. Staff sometimes referred to adults' continence aids as "nappies". Records of a person's support noted that some of their health appointments "could not be completed because of challenging behaviour." We discussed the use of respectful terms with the manager so they could work with staff to make improvements in the service.
- Relatives told us they found staff were caring, although one relative told us that regularly they observed support staff using their phone rather than engaging with their family member. We raised this with the manager who took steps to investigate this feedback.
- We saw staff treat people appropriately and a professional told us they had observed staff being kind, compassionate and respectful. Staff described how they promoted people's dignity and privacy when providing support, such as personal care.
- Staff were patient and used appropriate styles of interaction with people. They were mindful of individual's sensory perception and processing difficulties.
- Staff appeared motivated to help people feel settled in their home and do things for themselves. A member of support staff told us, "[The people] have come so far and are always full of joy. It is so lovely to see how happy they are with the right support, living their best life." We saw staff had supported a person to learn how to use a taxi for travel to and from college.
- People were supported to maintain and develop their relationships with those close to them, such as their relatives. Staff helped people manage their relationships with the other people using the service.

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

- Staff described how they involved people in day-to-day decisions about their care, such as when helping to choose clothing and when receiving personal care, using pictorial aids to make this accessible to them.
- Relatives told us they felt involved in people's support and care, including reviews of people's support plans.
- Service records demonstrated that the manager and staff advocated with and for people when required, such as with the service landlord and other agencies. For example, staff had advocated with agencies on a person's behalf to secure additional resources so they could support a person to go out in the community more often and engage in more activities outside the home.
- The provider had recently approached statutory agencies to help source independent advocacy support for people. This also helped to give people using the service a voice.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met in a planned way.

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

- The provider did not make sure people received care and support in a planned way that recognised and reflected their individual needs and personal preferences.
- Support and risk management plans set people's care and support needs but did not always reflect how staff met those needs or provide sufficient guidance for staff on how to do so. For example, the manager explained to us how staff supported a person, and others around them, to be safe when they became upset. However, this support was not detailed in the person's plan. Also, their plan was clear that staff should not use any physical intervention with the person unless there was a direct threat of immediate harm to people, but it did not describe what intervention was appropriate to use.
- Support plans set out some of people's care preferences, such as certain meal or music likes, but lacked further personalising information. For example, both staff and a relative described a person's specific, individual preference for how they ate certain foods. While an 'eating' risk assessment noted this, it was not detailed in the 'nutrition, eating and drinking' section of their support plan. That section also then stated there no risk assessment associated with this support. People's plans did not set out any consideration of whether they preferred to receive personal care from female or male staff.
- We discussed these issues with the manager who acknowledged that plans needed more detail to reflect and they would review these to make improvements.
- There was a lack of evidence that the service had used person-centred planning tools and approaches to plan and review people's support to ensure it was always personalised, holistic, and strengths-based.

The provider did not always ensure people received care and treatment which was appropriately planned to meet their needs or consistently reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with knew the people they supported well and understood how to support them. Each person had a keyworker who was responsible for coordinating aspects of their support, finance checks and maximising their benefits, supporting people to try new activities and arrange special events. A support worker said, "[People's support is] all aimed at ensuring it benefits people's lives and the keyworker system really gives you the opportunity for that 1:1 focus." Support plans records showed that staff reviewed them regularly.
- Relatives and professionals told us they felt the service met people's needs. One professional commented, "They have been accommodating, flexible and person centred in terms of care they provided."

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.

- The service supported people to meet their communication needs.
- Staff demonstrated that over time they had developed a good awareness of and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. The manager explained, "The manager explained, "It's really important that we listen to the people we support, although they cannot verbalise how they want to be supported. We have ways of communicating and the experience and time spent with each person helps us know exactly what they want, or don't want."
- Staff used communication cards and pictures to communicate with a person and help them choose and know what was happening during the day. For example, to help them choose an activity and to know when it was time for a meal or bed. A professional also commended the service to us for using visual aids to promote people's communication.
- People's support plans set out their communication and sensory needs. There was a clear focus on understanding how a person communicated through their behaviour when they could not use words to express themselves. The service provided accessible information to people about issues such as how to make a complaint and the COVID-19 pandemic.

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 staff supported people to maintain relationships with people important to them. Relatives told us staff supported people to visit them and also they could visit the service when they wanted. We saw the service changed these arrangements to suit a relative when needed.
- Staff also helped people to keep in contact with their families using video and telephone calls.
- Each person had a timetable of activities in place based on their known likes and preferences and staff supported them to participate in these. These included sensory-stimulating sessions, walks, exercise routines and going to the local park. Staff had supported people to attend a Royal Jubilee party earlier in the year. A professional also spoke positively of the activities support offered to people.

Improving care quality in response to complaints or concerns

- The provider had systems in place for receiving and responding to complaints. The manager maintained a log of complaints to monitor these so they were resolved and to identify any learning for service improvement.
- The provider gave people who used the service information about how to raise a complaint. We saw accessible information about this on a noticeboard at the service we visited. Relatives we spoke with knew how to raise concerns they may have and felt listened to. For example, a relative had reported that they felt cleaning of the person's room could be better. Staff responded to the feedback and improved this.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's governance processes were not always effective in helping to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. This meant the service did not provide good quality support consistently.
- The provider's checks and audits to monitor the quality of the service and make improvements had not enabled the provider to identify and take timely action to address the issues we had found.
- The quality assurance systems had not always ensured that the service addressed risks to people's safety and well-being, provided appropriate medicines support, maintained personalised support plans, operated suitable recruitment procedures, consistently used respectful terminology, and supported people in line with the Mental Capacity Act.
- The provider did not always ensure maintain accurate and up to date records regarding the management of the service.
- Inaccurate recording on staff files appeared to indicate they had completed a number of days induction sessions on a single day. The manager acknowledged the way the induction forms had been used was misleading. We saw that the staff team provided an informative handover between shifts of how people had been so as to promote people's continuity of care. However, this was done verbally from staff memory without any structured record of the exchange. We discussed these issues with the managers so they could make improvements.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers and senior support staff completed assorted audits to monitor the quality and safety of the service. These included reviewing people's medicines support records, incident records, infection prevention and control practice and health and safety checks of people's home environment.
- Managers conducted periodic observations of staff providing care and support, including visiting the service unannounced during the early hours of the day. They took actions in response to their findings.
- The manager and directors met to review incidents and the ongoing management of the service so as to identify and action improvements. The manager was responsive to the issues we found at this inspection and took prompt action to make improvements. A professional told "They show they are willing to learn... if

there is anything to address. [They're] not defensive like other agencies."

- The manager maintained had an active service improvement plan that set out assorted improvements that had been made or were to be implemented. For example, learning from safeguarding concerns had been identified and keyworkers were to develop a 'life story' with people so their support plans were more holistic and personalised.

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

- There were opportunities for people, their families and staff to be involved in the running of the service.
- Relatives told us they felt involved in people's care and support and could contribute to support plan reviews.
- The manager had recently introduced a new monthly monitoring system to seek and record feedback from relatives about the service. We saw they had received positive feedback with the comment, "I am really happy with the service and staffing... I would like to refer this service to someone else."
- We saw the provider was planning to introduce a regular newsletter to keep people informed about the services and people's support.
- There were weekly meetings with staff to review, plan and reflect on operations of the service. The manager also held periodic team meetings. We saw these were used to discuss issues such as incident reporting, support visits to people's families, recognising people successfully moving on from the service, and completing daily records of care.
- The provider conducted regular surveys so staff could comment on the services and their experience. The manager created action plans in response to these. For example, they had made sure the provider's ethos and values were discussed at team meetings and implemented more room-based training.

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

- The manager worked to develop a culture that was positive and empowered people to be more independent.
- The manager described the vision of the service stating, "The aim of our strategy all the time is to support service users to live fulfilling lives... This has been effective at maintain people's emotional and social contact needs." Relatives and professionals spoke positively about the service and described the atmosphere of the service we visited as "settled." A professional said they felt the service was "good."
- A member of staff told us, "The people who live here are a pleasure to work with. No day is the same. Every day is quite different, it's always such a learning experience for me and others." Staff and professionals described the manager and director positively, saying they were approachable and responsive to issues. A member of staff told us, "My manager has been fantastic." The manager said they felt well supported by the provider.

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 had processes in place for responding and apologising to people when things went wrong.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, GPs and people's places of education, to help them provide coordinated care to people. Professionals told us the provider, particularly the nominated individual, was responsive to requests for information. One professional said, "The communication is grand."

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>The provider did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not always ensure that staff acted in accordance with the Mental Capacity Act 2005 Act when service users of 16 years or over were unable to give consent to their care treatment because they lacked the capacity to do so.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not always operating robust recruitment procedures to ensure that it employed fit and proper persons for the</p>

purpose of carrying on the regulated activity

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not operating effective systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.

The enforcement action we took:

Warning notice