

Flourishgate Care Services Ltd

Flouishgate Care Services Barking

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Flourishgate Care Services Barking provides personal care to people with learning disabilities or mental health needs in a supported living service. The service can support up to five people and at the time of the inspection, two people were using the service. People lived in shared houses and flats that were in residential areas.

People's experience of using this service

Improvements had been made in the service following our last inspection in January 2021. The provider had developed more robust quality assurance systems to monitor the safety and quality of the service. However, these improvements would need to be sustained and remain consistent over a period of time.

People were protected from the risk of abuse. The provider's safeguarding procedures included procedures for adults and young people. Staff were trained in how to identify abuse and report it. Risks to people were assessed and mitigated against. Staffing levels were suitable to support people in their own homes. Staff were recruited safely to ensure they could support people appropriately. Accidents and incidents were reviewed and analysed to learn lessons and help prevent their re-occurrence. Procedures to prevent and control the spread of infections were in place. Medicines were managed safely.

Staff were supported by the registered manager. They received training and ongoing supervision to maintain their skills and development. People were able to choose their food and drink preferences and were supported to attend healthcare appointments. Staff respected people's privacy and treated them with kindness. People's dignity and independence was maintained. They had developed positive relationships with staff. They were supported by staff to maintain relationships with family and friends to help avoid social isolation.

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

Care plans were personalised to meet the needs and preferences of people. There was a complaints process for people and their relatives to use. People were provided information in a format they could understand. Their communication needs were understood by staff. Feedback was sought from people and relatives to help make continuous improvements to the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- People had choice and control of how their care and support was delivered to them. They were supported to live as independently as possible in their own homes.

Right care:

- Staff supported people in a person-centred way and promoted their dignity, privacy and human rights.

Right culture:

- The values and attitudes of managers and staff encouraged people to feel empowered in their daily lives.

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

Rating at last inspection

At the last inspection, the service was rated Inadequate (report published 19 April 2021). There were multiple breaches of regulation and we issued a Warning Notice to the provider.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 19 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating and to check whether the Warning Notice we previously served, in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Flourishgate Care Services Barking on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Flouishgate Care Services Barking

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

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.

The service had a registered manager, who was the provider of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. They and the registered provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This was an announced inspection. We gave the registered manager 24 hours' notice because it is a small service and we needed to be sure they would be in the office to support the inspection. Inspection activity started on 2 November 2021 and ended on 5 November 2021. We visited the office location on 2 November 2021.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager and one support worker. We were unable to speak with some people due to their needs but spoke with relatives.

We viewed documents and records that related to people's care and the management of the service. We looked at two care plans and staff training records. We also viewed documents relating to quality assurance, medicine management, recruitment and infection control.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two relatives for their feedback about the service and two support workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to implement systems to ensure all people using the service were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were systems to protect people from the risk of abuse. This included children and young people because the service was registered to provide support to them. At our last inspection, the provider did not have child protection or safeguarding children from abuse procedures in place. This put people at risk because staff did not have guidance on how to protect children and young people from abuse.
- After our last inspection the registered manager sought advice and guidance on implementing child protection policies from professionals. We saw there was now a policy in place and additional information containing contact details of local child protection teams and local safeguarding teams.
- The provider ensured all staff had read and understood the procedures as part of their ongoing training. Staff received training on safeguarding people and protecting children. Relatives told us they felt the service was safe. One relative said, "Yes [family member] is safe and I am happy with the service."
- Staff told us they knew the procedures for reporting safeguarding concerns for adults and children and what action to take. A staff member said, "I have had the training and know how to identify abuse and who to report it to."

Assessing risk, safety monitoring and management

At our last inspection the provider did not have robust systems to demonstrate all risks to people were effectively managed and mitigated against. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection in January 2021, we found people that were referred to the service in an emergency did not have risk management plans in place. This put people at risk of coming to harm because staff did

not have guidance on actions they should take to reduce risks to people's safety. The provider had since revised their risk assessment and needs assessment policies.

- The new policy stated that people referred to the service in an emergency, possibly because they had support needs but no alternative accommodation, were to be assessed for any risks within 24 to 48 hours of them moving to supported living accommodation. This would help staff be aware of specific risks and understand how to keep people as safe as possible. For example, if people could become threatening or aggressive, staff would be provided guidance on how to de-escalate the situation and encourage more positive behaviour.
- Risks to all people's safety was managed effectively. One person who was referred to the service in an emergency did have a risk assessment in place, which was completed within the specified timeframe. We found existing risk assessments detailed each risk to a person's safety and how they could be mitigated. These included risks relating to any health conditions, behaviours that could put the person or others at risk of harm and risks around their mobility, medicines and environment.
- We discussed the use of physical restraint on people because there were concerns about the use of restraint at the last inspection following a serious incident. Records showed all staff had now received training on the use of restraint but the registered manager said it was not required for people they currently supported.
- Staff told us the risk assessments were helpful and contained enough guidance and information to help them support the respective person it was for. Risk assessments contained guidance for staff should people get angry and possibly abusive towards them. They told us they understood how to support people and encourage more positive reactions. One staff member said, "I would stay calm and not react. If [person] gets agitated, I leave them be and this helps them to relax."

Staffing and recruitment

- There were enough staff in the service to support people. The registered manager devised a rota for staff which detailed their shifts for the week. Staff told us they were supported to carry out their duties.
- The registered manager told us they had recruited enough staff should the service start supporting more people. Records showed only two people were currently being supported at the time of our inspection. A staff member said, "Everything is OK. We have enough staff to cover, there isn't a problem with this."
- There was a procedure to ensure staff the provider had employed were safe and suitable to work with people in the service. Criminal background checks using the Disclosure Barring Service (DBS) were carried out. Application forms and returned professional references were assessed to determine if the applicant had the right skills and character to be employed. The provider also obtained their proof of identify and eligibility to work.

Managing medicines

- Medicines were managed safely. Staff supported one person to take their medicines and they followed procedures to record doses in Medicine Administration Records (MAR).
- These records were stored in the person's accommodation. We viewed a sample of records from the previous month and saw these were completed accurately.
- The registered manager audited and checked these records to ensure there were no gaps or errors. They also audited medicine stock balances to ensure medicines were managed and counted correctly. There was a procedure for PRN medicines, which are administered to people as and when needed.
- Staff were trained and followed medicine procedures. Their competency to administer and record medicines safely was assessed.

Learning lessons when things go wrong

- At our last inspection, we found the provider was not effectively using their own procedures to review

accidents or incidents and reflect on learning outcomes to prevent reoccurrence. We found incident records were not fully completed and sections to describe the action taken to prevent the incident re-occurring were left blank.

- At this inspection, accident and incident records were completed fully and the registered manager investigated, analysed and reviewed incidents. Action was taken by staff and the registered manager to ensure people remained safe, for example by reviewing staffing arrangements. This helped them to learn lessons and minimise the risk of re-occurrence.

Preventing and controlling infection

- Systems were in place for the prevention and control of infections, including COVID-19. People were supported to maintain hygiene and go out in public safely.
- Staff confirmed they had access to Personal Protective Equipment (PPE), such as gloves, face masks and aprons. Staff told us they washed their hands before and after they gave people personal care.
- We were assured that the provider was preventing people from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure staff were adequately trained and supported to carry out their roles effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were provided with training to help them carry out their roles and provide them with the necessary skills to support people in their homes. At our last inspection in January 2021 we found staff supported young people who presented high level risks. However, not all staff had received specific training around positive behaviour support and using physical intervention or restraint safely.
- At this inspection we saw that all staff had completed training in the use of non-restrictive physical intervention with children and adults. The training was delivered by an accredited provider and compliant with restraint reduction standards.
- New staff received an induction to help them understand the requirements of their role and the policies and procedures for the service. All staff completed essential training in areas such as infection prevention and control, safeguarding adults and children, the Mental Capacity Act (2005) and medicine management.
- The registered manager also arranged for specialist training to support staff and this included misuse of drugs and alcohol and understanding post-traumatic stress disorder. Staff completed the Care Certificate which is a set of nationally recognised standards for social care workers.
- We looked at a training schedule, which showed staff had completed their training in all essential topics. Refresher training would be provided to staff when due, to keep their skills up to date. A staff member told us, "It was very good training. I learned a lot."
- At our last inspection staff were not always supported with regular supervision. Supervision meetings between managers and staff are used to discuss any issues and actions to help staff in their roles. At this inspection, records showed all staff were now receiving supervision from the registered manager every three months, as per the provider's policy.
- Supervision records showed staff were discussing their work and any concerns they had. Staff told us they felt supported by the registered manager. A staff member told us, "[Registered manager] is very supportive, understanding and helpful."
- Yearly appraisals of staff were to be carried out to review their performance and set objectives for the

following year. Supervision meetings and appraisals were planned and scheduled in advance.

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

At our last inspection the provider did not carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed prior to their referral to determine if the supported living service was suitable for them. At our last inspection, the provider admitted people to the service at very short notice. However, this impacted on their ability adequately assess the person's needs at the time of the referral and the provider used information provided by the local authority about the person. They did not complete their own assessment until two weeks after people began being supported. This meant people were not being suitably assessed in a timely way to ensure staff could support them safely.
- The provider implemented a policy for emergency admissions after our last inspection to ensure pre-admission assessments were carried out within 24 to 48 hours after the person moved into their supported living accommodation. The registered manager now carried out full assessments of people's needs and risks after they had been referred to the service in an emergency or at short notice.
- The assessment used information from the referring agency to develop a pre-admission assessment that took into account specific risks, the person's health needs and choices and a brief history of the person to help staff learn about their past and circumstances.
- Where people were not referred to the service in an emergency, an assessment took into account their abilities and needs around their personal care, their current health, their relationships and mobility. People's choices were assessed to help them achieve effective outcomes for their care.

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

- People were supported to eat and drink to stay healthy. Their preferences were understood by staff and they purchased what they wanted and needed from local shops.
- Care plans set out how people could be supported. For example, staff supported people to prepare their own meals and use their kitchens safely. A staff member said, "Some people require supervision to use appliances but where they can make things themselves, we encourage them to do so, like make toast or a sandwich."
- Staff completed daily reports for each person and included whether they had their meals to ensure people were keeping themselves hydrated and nourished.

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

- Staff worked with health and social care professionals such as doctors, dentists, opticians, occupational therapists, support charities and social workers to help people remain in good health. Contact details of these services were included in people's care plans.
- Some people had specific needs and required external support from other agencies, such as local drug and alcohol dependency services. Staff and the registered manager ensured people received support from these services when needed and followed their recommendations.
- Staff told us they knew how to identify if people were not well and what action to take in an emergency to ensure people remained safe.

- Records showed people attended appointments so that their health and wellbeing was continually monitored and they received the treatment they needed. A relative said, "Yes the staff are helpful with [person's] appointments."

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

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

People can only be deprived of their liberty to receive care and treatment 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.

- People's capacity to consent to decisions made about their care was assessed. There were records of Court of Protection applications and decisions where people were deprived of their liberty in their own home for their own safety.
- Staff had received training on the MCA and staff told us they understood its principles. Staff told us they asked for people's consent at all times and respected their decisions. A staff member told us, "Yes, when I go to someone's flat I ask if I can come in and ask for their consent before I do my tasks."
- Records showed the provider ensured people participated and were consulted on reviews of their care and support needs. Meetings with other professionals were held to discuss decisions that needed to be made in people's best interest.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider did not always collaborate appropriately with people when carrying out an assessment of their needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, the registered manager made decisions about people's support without giving time for people to express their views and consulting other external partners, such as social workers. The registered manager told us they had since learned from this. They followed best practice to consult relevant professionals and gave people the opportunity to express themselves.
- Records showed people were supported to express their views and make decisions for themselves, where they were able. A staff member said, "I give people options and [person] chooses what they prefer, and I respect this." People and their relatives or representatives were consulted about their care and support requirements. For example, records showed the registered manager visited people and listened to their views about treatment they were recommended to have.
- People's views and opinions were respected. Staff worked closely with people and had meetings with them to discuss their support and their objectives. These were recorded with the person's agreement. A staff member said, "[Person] is happy to open up and talk to us. We discuss how they are feeling, their health, their medication, their outcomes and what makes them feel comfortable."

Ensuring people are well treated and supported; equality and diversity

- Relatives told us the staff and managers treated people well. One relative said, "Yes staff are nice and friendly. They are caring and sensitive towards [family member]."
- The provider had policies to promote equality and diversity and human rights in the service. Staff understood forms of discrimination and one staff member said, "I treat people equally and not based on their colour, religion or sexuality. Discrimination is not right."
- People's equality and diversity needs were understood by staff, such as their disabilities, sexual or religious and cultural needs. These were included in their care plans. For example, staff were required to understand people's personal circumstances and support them with managing their sexual health.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A relative said, "I think the staff and manager are respectful and kind. They seem very nice and helpful."
- Staff told us they supported people with their personal care in a respectful way. One staff member said, "It is important to give people personal space in their own home. I do not impose myself on people and I ask for people's consent and permission when I see them."
- Staff told us they had got to know people well and they had a positive relationship with them. A staff member said, "I always use kind words and am polite and friendly. [People] talk to us when they want to."
- Care plans contained information about people's levels of independence and what they could do for themselves such as cooking, cleaning and maintaining their personal care. Some people required more support than others. One person's care plan stated, "[Person] is supported through prompting, encouragement and reassurances by their keyworker because they can lack confidence and motivation with some tasks and chores." This showed people's independence was promoted.
- Staff told us they protected people's personal information and confidentiality. They had read and understood the provider's confidentiality policy and did not share confidential information with unauthorised persons.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider did not adequately assess people's preferences and choices. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider's new policy for emergency referrals included developing personalised care and support plans after their initial needs assessment was undertaken, within 24 to 48 hours of their referral. We saw evidence this procedure was followed after one person was referred to the service in September 2021.
- Care and support for people was delivered in accordance with their preferences and choices. All care plans were personalised and included details of the person's preferences, relationships, goals and outcomes they wanted to achieve and their lifestyle choices.
- For one person, their care plan stated, "[Person] travels independently to familiar places in their local community. They have an interest in activities related to arts and sport." This information also helped the registered manager assess the staff that would be most appropriate to support the person. For example, staff with similar interests, to help them settle into their accommodation.
- Staff told us care plans gave them a good insight into the person, their backgrounds and how they like to be supported.
- People's care and support needs were reviewed monthly to check on progress made with outcomes, and this involved the person, their relatives and other professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in an accessible and easy to read format. The provider had developed and improved these after our previous inspection to help people understand the information

presented to them. For example, using bright colours, pictures and plain language for the person's care and support plan and welcome guide.

- People's communication needs were understood by staff. A communication plan was developed to describe how people wished to be spoken to or addressed, what they liked to talk about and what they did not like. This helped to meet people's communication needs.
- Staff told us they had got to know people well and this helped them communicate with each other. A staff member said, "We don't really have communication issues with the service users. We understand each other well."

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

- People were supported to maintain relationships and avoid social isolation. Relatives told us they were in regular contact with their family members and with the service. Staff supported people to develop positive relationships with others to help maintain their wellbeing and feel part of the local community.
- People's interests such as music, arts, sports and cinema were acknowledged and understood for staff to be able to support them to pursue.
- A daily plan for people was used to help structure their day and encourage people to be independent and go about their lives and favoured routines.

Improving care quality in response to complaints or concerns

- A complaints policy was available for people and relatives to make a complaint if they were not happy about the service or had concerns. There had been no complaints since our last inspection.
- The registered manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

End of Life care and support

- The service did not support people needing end of life care at the time of our inspection. However, we noted that the registered manager was working with professionals to explore people's wishes should they require end of life care and support in future.
- The registered manager told us they would have plans in place to ensure people's end of life wishes were respected and understood, such as their funeral arrangements or cultural requirements.
- Support would be sought from end of life care health professionals to ensure people were treated with dignity and respect.

Is the service well-led?

Our findings

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

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

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

At our last inspection, robust systems to effectively assess and manage risks to people were not in place, which put people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection, we found the provider did not have adequate systems to ensure risks to people's safety were assessed and managed. For example, procedures to safeguard young people and children were not in place, despite the provider being registered to support them. Adequate training was not provided to staff. People that were referred to the service at short notice or in an emergency did not have their needs assessed upon entry.
- Following our inspection, the provider completed an action plan and this included implementing these policies and procedures. At this inspection, these were now in place. However, the registered manager said, "We would still like to support young people in future but only when we are in a position to do so, such as supporting them in accommodation that is only for young people. We will not place young people with adults anymore."
- After our last inspection, the registered manager established systems to monitor the service to check people were safe and records were being completed. Audits were carried out to check medicine procedures were followed correctly, daily reports were completed and monthly key-working reviews were carried out. We found the systems to be comprehensive and up to date.
- We were assured the provider had effective systems to monitor the safety of the service. The registered manager said, "I feel we have come a long way since the last inspection. I am passionate about the service and want to do my best to support people."
- Staff were clear about their roles and responsibilities and told us they understood how to protect people from risks associated with their care and support.
- Staff told us the registered manager was supportive. A staff member said, "The manager listens and responds to staff and service users. We have improved a lot and we are doing things in a more professional and organised way."

Continuous learning and improving care; Working in partnership with others:

At our last inspection, there was a lack of overall good governance. Effective systems were not in place to learn lessons and make suitable improvements to the service. Partnership arrangements with external agencies were not robust to ensure people were given the right support.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for continuous learning and improving the quality of the service were in place. We found the provider had made improvements since our inspection in January 2021.
- The registered manager acted on the feedback we provided and also feedback from the local authority to help make these improvements. Staff received the training they needed and received regular supervision to perform their roles effectively.
- People were supported in a person-centred way and their needs were assessed and understood. However, further improvements in the management of the service were required over a sustained period of time.
- We noted that one care plan and risk assessment had some inconsistencies in the information that was presented, which could affect how staff supported the person. We pointed this out to the registered manager, who said they would go through the information and make the necessary corrections.
- The registered manager also acknowledged that continuous improvements were needed in the service. The registered manager said, "It was a very difficult period for the service last year and we have reflected on them, seen where we went wrong and improved."
- The registered manager improved their collaboration with partner agencies and we saw their involvement in multi-disciplinary agency meetings to discuss and review people's support needs. Records showed they consulted social workers regarding people's support.
- The local authority carried out their own review of the service and they were satisfied the provider had made improvements and people were safe. We saw positive feedback from social care professionals about the service. One professional had written, "Thank you for all of the hard work you have done supporting [person] and for working with me to ensure [person's] needs were met. You have dealt with a lot of complexities well."

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 registered manager was open and honest with people and relatives when things went wrong. They looked at learning lessons to improve or prevent recurrences of incidents. They took the necessary disciplinary action against staff where they did not follow procedures or perform their roles to the standards expected of them.
- The registered manager had improved their understanding of regulatory requirements and how to ensure the service was compliant with health and social care regulations. They notified the CQC of significant events or incidents in the service without delay, as they are legally required to do. This was also an improvement following our previous inspection, when we found notifications were not sent to us in a timely way.

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

- Relatives and staff were positive about the service. Staff felt they could approach the registered manager

with concerns and there was an open culture.

- Staff spoke about people respectfully and told us they supported them to achieve the outcomes the person wished for their care, such as improved health and wellbeing. Daily reports we viewed also demonstrated that staff were respectful of people and their choices.

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

- There were systems for people to be involved and engaged in how the service was run. The registered manager obtained feedback from people through surveys and questionnaires. The results were analysed to identify further areas for improvement. The feedback from the last survey was positive. Relatives told us the service was well managed. One relative said, "I speak to [registered manager] regularly. They always listen and try to help where they can. The staff are also very good. They do their best, even though [family member] struggles with their health."
- People's equality characteristics were understood by staff and recorded to ensure they were respected at all times.
- Meetings were held with staff to share important information, provide updates on people's support needs, staff training, policies and any issues that needed to be discussed as a team.
- Staff were given the opportunity to provide their feedback to the registered manager. A staff member said, "[Registered manager] always asks us for feedback to help make improvements wherever we can. [Registered manager] is very encouraging and responsive."