

Creative Support Limited

# Creative Support - Bedford Services

## Inspection report

Unit B  
Bedford Business Centre, Mile Road  
Bedford  
MK42 9TW

Tel: 01612360829  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

Date of inspection visit:  
08 February 2022  
18 February 2022

Date of publication:  
23 June 2022

## 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

Creative Support- Bedford Services is a 'supported living' service providing personal care to people living in seven 'supported living' settings. The service was supporting 26 people with personal care at the time of our inspection.

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.

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

#### Right Support

- Staff were not always supporting people to pursue their interests or achieve their aspirations and goals. Services were not always fully staffed meaning that people were unable to leave their homes when they chose to.
- Reasonable adjustments were not always made so that people could be fully involved in discussions about their support, including support to travel where they needed to go. Staff did not always communicate with people in their identified and preferred methods.
- In one setting, people were not being supported to upkeep their homes to ensure they were clean and well maintained.
- People were not always supported to access specialist health and social care support. Appointments had been cancelled by staff with no recorded reason as to why this was.
- Staff worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.
- Staff supported people to take their medicines in their preferred way. People were supported to live healthy lifestyles and staff members promoted healthy choices in areas such as eating and drinking.
- People had been supported to personalise their rooms.

#### Right Care

- The services did not have enough appropriately skilled staff to meet people's needs. People were safe, however were at risk of social isolation and not being able to follow their interests as a result of this. People were unable to follow tailored social pastimes whenever they chose to do so and were not being supported to try new things which they may enjoy.

- People who had individual ways of communicating such as using body language, sounds, or pictures and symbols could not always interact with staff because not all staff had the necessary skills to understand them. Staff had requested more training in this area.
- People's care, treatment and support plans and risk assessments reflected their range of needs for the most part although this did vary from setting to setting.
- For the most part, people received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff had supported people living at the service for a long time in some cases.
- 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.

#### Right culture

- People were not always supported to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff did not feel well supported by the provider and found it difficult to raise concerns with them.
- The management and staff team did not understand some of the key principles of guidance such as Right Support, Right Care, Right Culture. Audits completed at the service by management had not picked up on areas that could have been improved to help support a more positive culture.
- Information of concern we shared with the nominated individual of the service, shared with us by the staff team about the support from management, was given to the senior management team to review. This meant that there were missed opportunities for an independent person to look in to concerns that were being raised by the staff team.
- People and those important to them, were not always involved in planning their care. It was unclear how staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- Staff knew people well and were responsive to their support needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service when it was registered under the previous provider was good (report published 16 August 2017).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned inspection based on when the service first registered with us. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 section below.

**Requires Improvement** ●

# Creative Support - Bedford Services

## **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

Two inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. 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 seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the settings are small, and people may have been out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 08 February 2022 and ended on 18 February 2022. We visited the office

location on 15 February 2022.

#### What we did before 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 spoke/ communicated with 18 people who used the service and 12 relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols and their body language.

We spoke with 22 members of staff including support workers, team leaders, the deputy manager, the registered manager and the service director.

We reviewed a range of records. This included four people's care records and numerous medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection, under a previous provider this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not enough staff to support people with their one to one support hours. People were unable to follow social past times and interests at times they chose because of this. Low staffing levels meant that people were unable to leave their homes at some times of the day. One relative told us, "[Family member] has not been getting out and about and really needs some stimulation. I do not think [staff] are supporting them to try new things. [Family member] is not listened to."
- Rotas, daily records and audits completed by the provider showed some areas of the service were running short of staff. The provider had 'minimum safe staffing levels' in place for the services, and whilst this meant people's basic needs were met, it also meant there was a lack of stimulation and opportunities for people to leave their home. One staff member said, "People are not leaving their home and do not get the one to one staff they need. We end up just doing the basics to make sure that people are safe."
- The number and skills of staff did not always match the preferences of people using the service. For example, there were not enough staff qualified as drivers to support people to leave their home. Some staff also did not understand the communication methods which people used, such as signing. One relative told us "There are no drives so [family member] must pay for a taxi but they do not like doing this so end up staying at home."

We found no evidence that people had come to harm. However, staffing levels were not being provided in line with people's assessed needs and preferences. This meant that people were not always receiving their one to one support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service director and registered manager showed us their initiatives in place to recruit staff and help ensure that staffing levels improved. Several new staff had started working at the service recently and this would help alleviate staffing pressures. Weekly meetings were also held to make sure that staffing levels remained safe at the service.
- Staff recruitment, including the use of agency staff promoted safety and checks were completed in line with legal requirements.
- Despite our findings some people and relatives told us staffing levels were appropriate. One person said, "I know all the staff and they take me out when I want." Another person used signs to tell us that staff were 'good.' Staffing levels were lower in some settings than at others.

### Preventing and controlling infection

- In one house, people were not being supported to keep their living areas such as bedrooms and bathrooms clean and tidy. There was a noticeable build-up of dust and cobwebs, as well as visible food stains on the walls of people's bedrooms. When we showed this to staff, they immediately cleaned the bedrooms, however we could not be assured this would have been done without our prompting.
- In one house, people's bathroom's needed repairs and the repairs needed had the potential to be an increased infection control risk. One staff member said, "We report things to [line manager] all the time but nothing gets done. I feel sad that [person] has to live with a bathroom like this."
- The service director and registered manager addressed these concerns following our inspection. This included putting a system in place to help ensure that repairs were followed up more robustly. These enhanced checks would help ensure that people were being supported to keep their homes clean.
- People had been supported to keep their homes clean in the other houses. One person told us, "[Staff] help me clean my flat. Do things like the hoovering and washing up."
- Effective measures were in place to help prevent the spread of infections such as COVID-19. These included the use of Personal Protective Equipment (PPE) and following government guidance around staff testing for COVID-19.

#### Using medicines safely

- Medicines were not always managed safely. Some people had protocols in place for 'as and when required' (PRN) medicines, however, some of these were not specific to the person and did not give clear guidance as to when they should be administered. Some people were prescribed variable doses of PRN medicines and guidance was not clear as to when staff should administer different doses. The registered manager took immediate action to address these issues.
- Relatives spoke to us about some of the issues that people had when being supported with their medicines in the past and how this had led to medicines errors. The service director explained the measures they had put in place to help prevent medicines errors from happening. This included more thorough auditing and checks completed by managers. One relative said, "There used to be a lot of problems with medicines, but lessons have been learned."
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). People had been supported to stop using medicines and use other methods to feel better if they were upset.
- Staff had training and their competency to administer medicines assessed regularly. One person said, "[Staff] are really good with all my tablets."

#### Assessing risk, safety monitoring and management

- Risk assessments were in place for people depending on their support needs. However, some risks to people had not been assessed, for example if they needed support to manage their finances. Risk assessments also varied in detail from setting to setting, with some giving very detailed guidance about how to reduce risks, and other being more generic.
- However, on the whole risk assessments gave staff a clear overview about how to support people to stay as safe as possible. One relative told us, "I have no qualms about [family member's] care. There are minimal risks and staff know how to keep them safe."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. People were not being supported with physical restraint techniques because of this. One relative said, "I have no reason to worry. Since [family member] has used the service they are much less anxious."
- Staff managed the safety of the living environment, such as completing water temperature checks and fire checks to help minimise risks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they/their family member felt safe using the service. Staff were trained to recognise potential signs of abuse. They knew who to report these to both internally and externally to organisations such as the local authority safeguarding team. One person said, "The staff make me feel safe.". A relative told us, "[Family member] is quite safe. If I raise any concerns about safety this is dealt with quickly."
- When accidents or incidents happened, these were recorded and reviewed by the management team. This helped ensure trends were identified, lessons were learned, and if necessary, improvements could be put in place at the service.

# 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, under a previous provider this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff were not receiving regular supervision to support their continual development and training. One staff member told us, "We do have supervision, but it does not happen regularly. Certainly not recently as we have been so short staffed, [line manager] has no time to do them." This meant that staff did not have opportunities to discuss their job role and any support they needed. We asked the provider to evidence supervisions for staff, however we were not provided with this information.
- Staff had training in several different areas such as moving and handling, first aid and safeguarding. However, staff told us they would like more specific training about supporting autistic people and people living with a learning disability, particularly around different ways of communicating. The service director and registered manager acknowledged that this was an area that could be improved and planned for more specific training to take place.
- Staff, including agency staff, were positive about their induction to the service. Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. One person told us, "The staff know what they are doing."

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

- Overall, people were supported to see health professionals where this was necessary. However, on some occasions, appointments for people had been cancelled by staff, with no recorded reason as to why this was. One professional told us, "Appointments with [health professional] were cancelled by staff, with no reasons given as to why. [Health professional] then withdrew the support and we had to put this back in place, which of course delayed the support from happening. [Line manager] did not seem to be aware that these appointments had been cancelled." This put people at risk of not receiving health support when they needed this.
- Some family members did not feel they could leave health appointments to be organised and attended by the staff team. One family member said, "I organise all [family members] appointments and take them to the appointments. Staff missed some appointments and I find it hard to trust them with this now." We fed this back to the line managers of the services and there was evidence these issues had been discussed with the staff team to ensure they did not happen again.
- Staff supported people to live healthy lives, for example, by encouraging healthy food choices. People were supported to attend annual health checks and had health action plans in place for health professionals to use to support them in the way they needed. One person said, "[Staff] would ring the hospital if I needed to go."
- Other people using the service were supported to see health professionals depending on their support

needs. For example, one person saw a district nurse on a regular basis, and staff kept detailed records of the district nurses' visits. This promoted effective, joined up working to help ensure the person received the right health 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. However, it was not always clear how the person had been supported to understand the decision that was being discussed. For example, how the information had been presented to the person was not clear.
- Some capacity assessments we reviewed also indicated that these were completed solely by members of the persons support staff, without any involvement from family, advocates or other professionals. This is not best practice, as people should have access to independent advocates when it comes to making decisions in their best interests.
- Staff demonstrated variable knowledge around assessing mental capacity, supporting decision-making and best interest decision-making.

We have made a recommendation to the provider to review capacity assessments and best interest decisions in place for people, to ensure they are in line with current best practice guidance and legislation.

- Despite our findings, capacity assessments and decisions were written according to people's best interests. Staff respected the rights of people with capacity to refuse their support and staff ensured that people with capacity gave their consent to being supported. One person said, "I do what I want when I want." A relative told us, "There are no restrictions at all. Staff are all nice and [family member] can have food or drinks when they want to."
- Where it was necessary people had applications made to the court of protection in line with legal requirements.
- Staff respected people's choices in their day to day lives and supported them in making daily decisions such as what to eat at meal times.

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

- Staff were not fully aware of all the principles of Right Support, Right Care, Right Culture and how this should underpin the support people received. Support plans in place for people did not always contain

detailed information about goals and aspirations, or how to promote people's independence. It was not clear if support plans had been reviewed, or how people and those involved in their care had been involved in the review.

- The service director showed us the initiatives they had used to increase staffs understanding of right support, right care, right culture. They assured us that this would continue to be addressed and that people's support plans would be reviewed.
- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Where people's needs changed, re-assessments were completed by the staff team. For example, some people had a specific support plan in place about communication needs. One relative said, "It was a smooth transition to the service. [Staff] took account of what person wanted."

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 and were involved in choosing their food and planning their meals. One person used signs to tell us their favourite foods and indicated that staff would cook it for them.
- People were supported to eat and drink in line with their preferences as far as possible. Staff encouraged a healthy diet as much as possible. One relative said, "[Family member] chooses their own food and they can have a snack at any time."

# 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, under a previous provider this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People did not always receive support that promoted their dignity and independence or showed kindness and compassion. One person, who was sitting on a chair, was moved by a staff member whilst on the chair so another person could pass them. Staff did not explain to the person what they were doing or what was happening. Another person asked to use the toilet and was informed by staff that they had 'already been'. This did not promote people's privacy or dignity.
- Staff told us it was difficult to fully support people according to their preferences due to low staffing levels. One staff member explained they did not have time to prepare food for a person who wished to eat food from a certain culture. Staff also told us it was hard to promote people's independence at all times due to low staffing levels. This meant that staff often did things for people, rather than supporting them to do things for themselves.
- The way that staff described people in documents such as daily records and support plans did not always show dignity. For example, people were described as being 'fed' when being supported to eat or 'having an episode' if they felt unhappy.
- We received mixed feedback from relatives about whether staff were kind and caring. Some relative comments included, "Some staff are kind and caring and some are not. It is clearly just a job for some staff members." and, "I do not think staff know [family member] well. They do not seem to understand them."
- Despite our findings, other observations showed staff clearly cared for the people they supported. In our discussions with staff they knew people well and spoke passionately about the way they supported people. We observed staff to be kind when they spoke to people using the service. People were visibly happy and relaxed being supported by the staff team.
- People and relatives gave some positive feedback about the support they/ their family member received. People indicated to us they liked the staff supporting them and one person told us, "[Staff] are lovely and beautiful to me." Relatives comments included, "[Staff] are very caring and do try and promote independence." and, "[Family member] is very happy and well looked after. I have no concerns and they are very happy."
- Staff knew when people needed their own space and respected this.

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

- It was unclear whether people were being fully supported to understand and make choices about their care and support. Records did not indicate how people and those close to them had been involved in making decisions. Relatives told us they knew about their family members support plans but had not seen

them in some time. Where goals had been set for some people, there was no evidence to show these had been discussed with them to ensure the goals were something they wanted to achieve.

- Staff supported people to make decisions about their day to day life. For example, what to eat or what to wear on that day. Staff respected people's choices and wherever possible, accommodated their wishes for the most part. One person told us, "I go where I want and choose my own food and drink." Another person was making a choice about which meals to have using pictures. Staff supported one person to choose their meal by cooking two or three choices as this enabled the person to make a choice more easily.

# Is the service responsive?

## Our findings

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

At the last inspection, under a previous provider this key question was rated as good. At this inspection this key question has deteriorated 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

- People were not always being supported to follow their identified preferred social pastimes and interests. Staffing levels at the service meant that people were often unable to leave their home to take part in these. For example, we reviewed three weeks of daily records for some people who had only been supported leave their home to attend a local day service or attend health appointments. One relative said, "There is no support for [family member] to follow their interests. [Family member] has [external company] come in once a week for two hours. Otherwise they sometimes go for a walk. Staffing is so tight."
- Staff told us people were unable to go out and follow their interests. People were not being supported to try new things and to develop their skills. One staff member said, "It has been really difficult to support people to go out and about. If you asked any of us the last time someone went out, we would not be able to tell you." In one house, a person had become anxious about going out in a vehicle as it had been a long time since they had used it. This had limited the opportunities for this person to leave their home.
- There had been changes in the staff team across the services. This had led to less staff members being able to drive, which was people's preference if they found it difficult to use taxis or other means of transport. One relative told us, "There are a lot of agency staff and no drivers so [family member] has to pay for taxis." This meant opportunities for people to leave their home had been reduced.
- Issues with recruiting staff and the COVID-19 pandemic had an impact on people being supported to follow social pastimes and leave their homes. Relatives told us they were worried that these interests had not been reinstated and there had not been other opportunities offered to their family member. One relative said, "[Family member] needs to be getting out more. They have not been out and about for a while now. They used to go to [place of interest] but this stopped and has not started again." There was no recorded evidence that alternatives to this activity had been looked in to so the person could continue taking part in their preferred pastime.
- Some staff did not support people in line with their personalised care needs and preferences. For example, one person was using signs to ask to go to the toilet. The staff member who came to support the person, did not understand what this sign meant. One staff member told us, "We would really benefit from more training about how to communicate with people."
- Some family members shared their concerns that staff did not know their family member well. One family member said, "I feel like I have to ring every day to check and make sure [family member] is alright. Communication needs to be improved."
- When we visited people's homes, people were being supported to go for walks or drives in the local area. However, staff told us that staffing levels had been increased in response to us visiting the service and was not normal practice. One staff member said, "We have been told to take people out today because you are

visiting. Trust me when I say usually staffing levels mean we are unable to take people out." Rotas and daily notes confirmed that this was the case.

- Staff were not supporting people to set and achieve meaningful goals. Goals such as, going swimming or having a 'pictorial timetable put in place' were noted in people's support plans. However, it was unclear if people had been involved in setting these 'goals' and there were no specific steps in place to guide staff how to support them. Staff were unclear about what people's goals were and how they would support people to achieve them. When we asked staff what goals people had been supported to follow, staff told us about birthday parties and one-off events such as barbecues. This showed a lack of understanding about how to support people with their goals and aspirations.

We found no evidence that people had come to harm. However, staffing levels were not being provided in line with people's assessed needs and preferences. This meant that people were not always receiving their one to one support. This was a breach of regulation 9 (Person Centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings, most staff knew the people they were supporting as individuals. Staff knew people's likes, dislikes and preferences. One person said, "Staff know what I like." A relative told us, "[Staff] seem to know [family member] well. They are always happy when I see them."
- We saw evidence that people had been supported to engage in social pastimes and interests over 2021. This included volunteering at a local garden centre and going for local walks and visits to pubs and restaurants.
- People's support plans were detailed for the most part and gave good guidance to staff about how to support people in line with their preferences.
- At one service assisted technology had been bought in to support people's changing needs. This had enabled people to have more independence and freedom.

### 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.

- Some staff did not understand the different ways that people communicate, as detailed earlier in this report. Other staff had a better understanding of communication methods such as using signs or pictures. For example, we saw one staff member support a person to choose a drink using picture cards.
- There were limited use of visual structures, including photographs, symbols and other visual cues which helped people know what was likely to happen during the day and who would be supporting them. Some people who may have benefitted from these being in place.
- People's support plans and activity plans were written in plain text. This may have made them difficult to understand for some people and would have made it difficult for them to take part in reviews of their support. Similarly, meetings that staff held with people on a one to one basis were also recorded in plain text. Team leaders at the services told us they would review how information was recorded and presented to people in these documents.
- Documents such as complaints and safeguarding procedures were available for people in a number of different formats. The new registered manager had produced an easy-read document to introduce themselves to people using the service.

### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives told us they tended to speak to staff at their family members home and were unsure who to contact from the management team. One relative told us, "I am not sure who I would contact at the office. I tend to speak to staff or [family member's] social worker."
- Complaints were recorded and responded to in line with the providers policy and procedures.

#### End of life care and support

- People had been supported to put plans in place for the end of their life if they chose to do so. These focused-on people's preferences at this time of their lives.
- Staff told us they would approach outside organisations for support if they needed to support people at the end of their life.

# 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, under a previous provider this key question was rated as good. At this inspection this key question has deteriorated 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; 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; Continuous learning and improving care

- The service director and line managers completed audits to monitor the quality of the service. These were effective in identifying improvements in areas such medication errors. However, when audits picked up on improvements that were needed, such as those identified at this inspection, the actions taken were not effective in addressing the issues and putting improvements in place. These issues included staffing levels, people's communication needs, and preferences around social past times not being met, and people not being supported in line with Right Support, Right care, Right Culture.
- Audits identified staffing levels were not meeting commissioned hours for people at some of the services. The action to resolve this was recorded as 'recruitment'. There were no interim plans about how resolve this issue in the short term. The service director and registered manager told us about the initiatives they had in place to recruit new staff and to discuss shifts that had not been covered on a weekly basis. However, these had not been effective in addressing the staffing levels.
- Governance systems were not effective in advocating for people using the service. For example, systems were not in place in some services to record and monitor how staff supporting people to upkeep the maintenance of their home. Audits did not focus on whether goals set for people were meaningful to them or how they had been achieved. There was a lack of focus on whether people were leaving their homes and following their social past times and interests.
- The provider had not fully invested in staff by providing them with quality training to meet the needs of all individuals using the service. For example, staff told us they needed more specific training how to use different communication methods which people used. Staff were also not receiving regular supervision to discuss any support they may need in their job roles.
- Staff did not consistently know and understand the provider's vision and values and how to apply them in the work of their team. Staff did not feel valued at work since the provider had taken over the service. Staff comments included, "[Provider] does not put people at the centre of the service. Staffing levels have reduced and are not being replaced and we are so stretched." and, "I do not think we have been supported to give people what they need from the service. People are being cared for and not supported."
- Staff told us that senior leaders had told them not to give us any negative feedback during the inspection process. One staff member said, "We have been told we will lose our jobs if we give you any negatives about the service. [Management team] have told us what to say to you but I do not think this is honest and our first

duty should be, to be open and honest." This showed a lack of duty of candour from the provider.

- We received several anonymous concerns during the inspection process which indicated that the senior leadership team were not supporting staff. We shared these with the nominated individual of the service. However, the nominated individual asked the senior leadership team to look into these concerns. This meant that there were missed opportunities for an independent person to look in to concerns that were being raised by the staff team.
- The provider had not fully kept up to date with national policy to inform improvements to the service, such as Right Support, Right care, Right Culture. Audits had not been effective at driving improvements at the service.

We found no evidence that people had been harmed. However, audits were not effective in putting actions in place where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new registered manager and the service director had the skills, knowledge and experience to perform their role and a clear understanding of people's support needs and oversight of the services they managed. They told us about some of the plans they had to improve the service, and this gave us some assurances that issues would be addressed.
- The service director had improved medication practices at the service, which had led to less errors occurring and being reported.
- The provider informed CQC of events that happened in line with legal requirements.

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

- Staff were kind and caring and treated people as individuals. However, staff did not feel well supported by the provider and felt unable to raise concerns with managers without fear of what might happen as a result. One staff member told us, "It is hard to talk to the management. With previous providers we were able to raise things and actions were taken. Now, we raise issues, and nothing gets done and it is people's quality of life that is impacted."
- Staff told us that senior managers visited the services, however, did not consider issues such as low staffing levels, or people not being supported to leave their homes when they wanted to. One staff member said, "I am worried as we have all been told to tell you that things are OK, when really they are not."
- Relatives felt that some aspects of the service culture needed improving. Relatives comments included, "There is a lack of communication and no senior leadership presence at evenings or weekends. There have been issues for a few months now and it is a constant worry for me." and, "I think staff are caring but there has definitely been a change recently. [Family member] does not seem as busy as they used to be. When I speak to them, they are either watching TV or going for a walk."
- Relatives told us that communication could be improved at the service. Most relative did not know who to contact if they had an issue that could not be dealt with by the immediate staff team. One relative said, "Communication has not been as good as what it could be. I used to get videos of [family member] doing things like cooking but haven't had these for some time."
- Despite our findings, we found that people were happy and relaxed being supported by staff and there was a homely feel in people's homes. One person told us, "I could not be happier. It is beautiful here." Relatives comments included, "Fantastic service and it gives my family member their independence, so I am very happy." and, "I am happy that [family member] is being looked after so well."

- The registered manager and service provider had set up and held recent meetings to collect feedback from relatives. These had been well received.
- People had been living at the services a long time and were settled with the way staff supported them. A lot of the staff team had supported people for a long time and described them as 'family.' Staff respected people as individuals with their own personalities and preferences.

#### Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. Staff spoke about their plans to support people to access external opportunities that had not been possible during the COVID-19 pandemic.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>We found no evidence that people had come to harm. However, staffing levels were not being provided in line with people's assessed needs and preferences. This meant that people were not always receiving their one to one support.</p>

**The enforcement action we took:**

Notice of Proposal

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, audits were not effective identifying where improvements were needed regarding people's lived experience in the service and ensuring that best practice guidance was being followed.</p>

**The enforcement action we took:**

Notice of Proposal

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence that people had come to harm. However, staffing levels were not being provided in line with people's assessed needs and preferences. This meant that people were not always receiving their one to one support.</p>

**The enforcement action we took:**

Notice of proposal