Sussex Oakleaf Housing Association Limited

Daubeny House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 29 May and 4 June 2018 and was unannounced.

Daubeny House provides personal care and accommodation for up to 11 people with enduring mental health needs. At the time of this inspection, six people were living at the service. This service is located near to local shops and cafe's that can be easily accessed by people living at Daubeny House. These premises are registered with the Care Quality Commission (CQC) as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this location the provider has overall accountability to provide care and support and some aspects of the building maintenance and repair. A separate landlord had responsibilities for aspects of the building and maintenance works.

At the last inspection conducted on the 31 March and 1 April 2016 the service was rated as 'Requires improvement' in the well-led key question and as 'good' overall. This was because we found one breach of Regulation 18 (notification of other incidents) Care Quality Commission (Registration) Regulations 2009. The registered person had failed to notify us of incidents which had occurred whilst services were provided to people. Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question well-led to at least good. We returned sooner than we are required to do so to carry out this follow up inspection to review the progress and any improvements the service had made. Under the Care Quality Commissions (CQC) new methodology we can no longer rate any service as 'good' with breaches of Regulation. At this inspection we found that the new manager had notified us of incidents to people.

There was no registered manager in post when we conducted this inspection. A new manager had joined the service and we were told that they were in the process of applying to become the registered manager with the Care Quality Commission (CQC). Following this inspection, the new manager's application was received by us. The new manager was only based at the service for two days a week because they also managed two other services within the Sussex Oakleaf group. 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'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The new manager and the head of residential care and housing for the Sussex Oakleaf group, told us that the service was currently going through a period of transformation and that the organisation was working through a "restructure". This meant that the service was not yet established with the new management and staff team and that further discussions with commissioners were to decide the future model for the service.

There were only three permanent staff ['recovery workers']. The permanent staff knew people very well and acted as their 'key worker' to support them to attend regular CPA (Care Programme Approach) meetings

with mental health professionals. We found that the service used Agency staff employed by an external employment provider. At times the agency staff were the only people on duty and they didn't know people as well. Staff did not always have sufficient 'time to care' for people in the way they liked to due to staff shortages and there was a lack of planned and meaningful activities for people. However, despite this, people were supported to engage in some meaningful activities that were important to them. People were supported to have maximum choice regarding how their mental health was treated and had control of their lives. Staff supported people in the least restrictive ways possible. Despite this, there was a lack of clarity for staff surrounding the application of the Mental Capacity Act 2005 and when this should be used to ensure people were supported in least restrictive ways when they lacked the mental capacity to make informed decisions.

People were not always suitably safeguarded from abuse or risk of harm. Staff had not received up to date training to safeguard people and risks to people were not always assessed and managed safely. This included fire risks to people who were using prescribed creams which were paraffin based. Accidents and incidents were recorded for people and actions were taken to refer to appropriate external service for sport as required. For example, we saw that a person who had fallen was referred to an appropriate falls prevention service to reduce future risks to them. At the time of this inspection, the outdoor garden space was not well maintained. Wooden garden furniture was 'stacked' in a way that may pose risks to people using the outdoor areas. There was also a collection of disused furniture that was disposed of in the front car park of the service. We were not always notified of safeguarding incidents that had occurred.

Medicines were mostly assessed and managed by the recovery workers and people were supported to eat and drink enough and to maintain their independence by preparing some of their meals in the communal kitchen area with staff support. However, staff were not always suitably trained or skilled to meet people's needs effectively and safely. Risks to people using prescribed and non-prescribed creams which contained flammable ingredients were not always safely assessed and managed.

People knew how to raise concerns if they had them. There were no formal complaints at the time of this inspection.

At this inspection we found there had been a decline in the quality of care provided, and the service is now rated as 'requires improvement' with breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems and process were not always adequate to safeguard people from abuse and harm.

Risks to people were not always clearly assessed or mitigated which placed people at risk of harm.

Medicines were mostly managed safely for people. However, some prescribed creams had not been assessed for the risk of fire for some people who smoked, when the creams contained flammable ingredients.

People were not always protected from the risks of infection prevention as staff weren't always trained in infection control and food safety techniques.

Lessons were starting to be learned when things went wrong and systems were being changed to reflect this learning.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported by staff with the right skills to deliver effective care and support. Staff mandatory training was not always kept up to date which meant that people and staff may be placed at risk with unsuitably skilled or unqualified staff providing services to people.

People were supported to eat and drink enough and risks to people with complex needs relating to their eating requirements were managed. However, staff were not all trained in safe food handling techniques.

People had access to mental health services and support on a regular basis as their mental health needs required, but there was a lack of understanding and clarity regarding when people should be referred to primary healthcare for their physical health needs.

Is the service caring?

Requires Improvement

The service was not always as caring as staff would have liked.

Staff did not always have time or relevant training to care for people or to provide meaningful opportunities for people to live more independently.

People's needs were not always responded to quickly enough for people's wellbeing.

The key worker staff who knew people well, did recognise when people needed support from their mental health representatives and supported them to access this support.

People's views were sought and their confidential data was protected.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were reviewed on a regular basis and they were involved with decisions about their care.

People were supported to engage in some activities and engage in activities relevant to their personal interests which included swimming.

People knew how to raise concerns. There were no formal complaints at the time of this inspection.

People did not require support with end of life care at the time of this inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The new manager for the service was responsible for the management of three services. There was not a clearly visible strategy for the service.

Systems and processes were not always well-managed and we did not always receive notifications of incidents as required in Law.

People's views were captured but weren't always acted upon and people had limited control over the running of the service.

Staff and the management team worked with other agencies to improve the service.	

Daubeny House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before this inspection we reviewed the information we held about the service, including previous inspection reports to help us to decide which areas to focus on during our inspection. At the time of this inspection CQC were aware of a recent safeguarding adults concern at this service, so we ensured that we reviewed the service's approach to supporting people who were at risk of falls as a result of the information we had received. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

This inspection took place on 29 May and 4 June 2018 and was unannounced. The inspection team consisted of one inspector.

We spoke to three people, three recovery workers, an agency staff member, the new manager and the head of residential care and housing. We also spoke with mental health professionals that included three mental health social workers.

We looked at the care plans and associated personal records for three people. We reviewed other records, including the provider's internal checks and audits, policies and procedures, staff training records, staff rotas, accidents, incidents, complaints and compliments. Recruitment records for two staff were reviewed and staff supervision records.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe for people. People mostly received their prescribed medicines safely. There were clear medication care plans for people and medicines were stored safely. We saw clear "PRN" ['as required'] protocols for people which described the circumstances and specific behaviour that would require medication intervention for people. Staff were also able to describe when a person may require medication on an 'as required' basis. We observed people coming to the manager's office to collect their medicines from staff at the required times. We spoke to people who were happy to receive their medicines in this way. We asked the manager why people had not been supported to be more independent with their medicines. The manager stated that people had always come to the office to be given their medicines and that a number of people had lived in mental health services for many years and were not used to different methods that encouraged more independent living. This practice did not positively encourage people at the service to live more independent lives in line with a recovery model of care. Medicines 'errors' were monitored. This may be when a staff member had not signed to say that a person's medicines were given or that a person had not received their medicines as prescribed. We saw that for one person a prescribed medicine had not been given. No follow up contact was made for the person to establish if any harm had arisen as a result of the omission. The medication was to reduce a person's involuntary movements and was not life sustaining. No harm came to the person as a result of not taking this particular medicine.

People were not always protected from the risks of infection or of contamination to foods because staff were not all trained to provide safe food hygiene or infection control practices. We reviewed records held in the kitchen. These demonstrated that safe temperatures of foods, prepared for people by the staff, were not always checked to ensure that the core temperature of foods served was at a safe temperature to reduce risks associated with food poisoning. The manager and head of residential care and housing told us that staff training was out of date and that staff were in the process of being booked onto, "on-line" training to address this training shortfall.

People were not always safeguarded from abuse and harm. Staff had not all received up to date training in mandatory training in line with the organisations expected timescales, to safeguard people. The training that was out of date included infection control, food safety and safeguarding adults training. Before this inspection we found that a person had sustained fractures when they were known to be at risk of falls. No preventative measures had been taken to avoid reoccurrence before the concerns were addressed thorough more formalised safeguarding adult's procedures. Incidents were not always reported to us as required in Law. This indicated that staff did not have a clear understanding of when to refer people under safeguarding adult's procedures to keep people safe.

Risks to people who used creams that contained flammable ingredients were not assessed or managed safely. Some people who used these creams were also smokers which placed them at increased risks of injury from fire related incidents. The fire risk assessment for the service did not address the risks of people smoking in their bedrooms and no consideration was noted within the fire risk assessment for the increased risk of people's forensic background related to fire and potential risk to others. PEEPS (Personal Safety Emergency Evacuation Plans) were completed but did not consider the risks associated with smoking in

people's own bedrooms as they were at the time of this inspection. Staff were also placed at risk of inhaling 'second hand' smoke in people's bedrooms as there were no measures to protect staff from this occurrence. These concerns were raised with the manager during the inspection and we recommended that appropriate fire safety clothing and bedding were explored for people at the service. We referred these concerns to the local fire safety officer who contacted the service following the inspection.

This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The outside environment was not safe for people. Wooden furniture was 'stacked' on top on other wooden furniture which may have fallen onto people using the garden areas. One person told us that they had been into the garden to, "water the plants" and they gestured to show us where the plants were. It was evident that the person had watered plants near to the stacked garden furniture which had placed them at possible risk of harm from the furniture falling onto them. We raised this immediately with the new manager at the service. We saw further stacked disused furniture to the front of the premises in the car park which the manager stated they needed to, "get a skip" to clear the area. We also discussed the side access and means of escape in the event of a fire with the manager. The manager said that the side access garden area was, "impassable" for people as it was so, "overgrown". We were also told of how staff were expected to be responsible for the grounds maintenance which included cutting the grass at the service. We also observed that the kitchen required attention and modernising.

This was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a reduced number of permanent staff who worked at the service and agency staff were being used who did not always know people's needs well. Only three permanent staff remained employed by the service when we carried out this inspection. Staff told us of how they were and had been "short staffed" which had evidently had an impact upon their morale and motivation at the service. Despite the staffing shortfall, we spoke with a member of permanent staff who was experienced and knew the people for who they were the allocated to as their 'keyworker' very well. One member of staff [recovery worker] told us of how they had been able to provide information to support a safeguarding case and demonstrated a good understanding of safeguarding adult's procedures. However, this member of staff was not always on duty and at times when less experienced staff without up to date training were on duty safe practices may not have been followed consistently.

We saw for one person that there had been positive fire safety measures implemented at the service. The person lived with a hearing impairment and staff had sourced an appropriate, "vibrating pillow" which alerted the person during the night if the fire alarm sounded. There were records which showed the pillow had been checked on a weekly basis to ensure it was working properly. Records also showed that there had been "residents fire safety training" and staff completed regular fire safety training. There was a nominated 'lead' staff member for fire safety who had completed fire warden training which was in date. Appropriate fire safety weekly checks were completed by staff.

The head of residential care and housing told us that there was now a new health and safety group manager across the Sussex Oakleaf services. The new post holder would be visiting each service to complete regular health and safety audits at each location. We were also told of how monthly health and safety meetings would now be held, but this was not yet embedded in practice.

Other risks were managed appropriately and care plan records for people clearly noted other risks. For

example, one person's care plan contained useful behaviour management plans and 'relapse symptoms' as well as 'risk management plans' which detailed specific risks for the person and possible risks for others. One person had been identified as being at risk of choking. There were clear preventative plans and safety measures identified and documented for the person which they had been involved with and were aware of. We found that staff had been recruited safely with the required checks completed as required. Staff told us that they were provided with enough personal protective equipment (PPE) to maintain safe hygiene practice for themselves and others. We were told that the staff were responsible for maintaining the cleanliness of the premises and that staff supported or prompted people to maintain the cleanliness of their own rooms. We heard a member of staff saying, "[Person's name], it's Tuesday, have you managed to tidy your room and do your washing?" The person acknowledged that they had been able to achieve this.

We saw that monies were managed safely for people. Records were audited which protected people's finances. Accidents and incidents were recorded for people. We saw that action was now being taken when risks of falls were identified for people. For example, one person was referred to the local falls prevention team and occupational therapist following recent falls. The manager told us that the service had learned from the recent safeguarding adult's incident and that people at risk of falls were now appropriately referred to external falls prevention health specialists. Records confirmed this was now the case.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. The new manager acknowledged that staff training had become largely out of date and said that this had an impact of possible, "out of date knowledge" [for staff] and also of staff "not feeling valued." Records showed that staff training was out of date in many areas which included food safety, safeguarding and equality and diversity. A Staff meeting had taken place in the last six months and staff signed to agree and acknowledge the content of the minutes. The new manager told us that a staff meeting was booked to take place in the month of this inspection. New staff had not completed the Care Certificate. We discussed this with the new manager and head of residential care and housing who had not been made aware of this national training expectation for recovery workers who may be new to working in the care industry. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

The training at the service had also not been tailored to the individual needs of people living at the service. For example, people were living with a diagnosis of schizophrenia and the staff had not received any specific training regarding this condition. The permanent staff knew people well but there was risk that people may not receive care that reflected current best practice due to the lack of appropriate training received. Despite the fact that the new manager had now started to complete supervisions with the regular staff at the service, these had not been completed regularly prior to the new manager starting their position at the service.

This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's mental and physical health and some social needs were assessed with appropriate treatment and support being given to people in line with current best practice for people living with enduring mental health conditions. People were supported to attend regular Care Programme Approach (CPA) meetings with appropriate others which included health and social care professionals and representatives. The CPA is there to support people's recovery from mental illness. CPA is a framework used to assess and plan people's needs using a multi-agency approach. People's keyworkers also accompanied them to these meetings which ensured that recommendations and actions arising were included in the person's care plan and relevant risk assessments. Some people were supported by their keyworker to attend weekly CPA meetings to support their 'leave' agreement from the service. This ensured that the person remained as safe as possible with presenting risks. The new manager told us that people living at Daubeny House don't currently have any personal care intervention from staff and that staff "prompt" personal care for people, but do not physically support people in this way.

The premises were not well maintained and the outdoor garden space was not very accessible for people. This is addressed under the 'safe' section of this report. The building was leased from a different housing provider whom had responsibility for some aspects of the maintenance of the premises. The ongoing maintenance would be discussed by the head of residential care and housing and second housing provider. People were not able to have a significant influence the service's environment because the building was owned by another housing provider and leased by Sussex Oakleaf. One staff member told us that, "there are

long going issues with [owner housing provider]" and "things aren't getting done [maintenance]."

People were supported to live in least restrictive ways if they lacked the mental capacity to make best interest decisions for themselves and where any other restrictions were applied under the Mental Health Act 1983 (MHA). Staff supported people to live as freely as possible. Staff had received training in The Mental Capacity Act and understood how to support people using least restrictive methods. People were mostly able to come and go as they wished and were supported by staff to leave the premises. 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were not subject to DoLS authorisations at this service at the time of this inspection and the new manager told us that no other means of restraint or restrictive practice were used for people living at Daubeny House. We observed staff asking people for their consent when medicines were being given and staff were able to tell us how they supported people to be fully involved in any decisions about their care and treatment.

People told us that they had enough to eat and drink and that they had access to healthcare when they needed it. Records showed that people had access to healthcare check-ups which included eye tests and 'health summary notes' showed when people had been referred to their GP. We also saw that if a person sustained any minor injuries during their day to day lives that staff took them to the emergency department for appropriate care and treatment at the local hospital. People were happy with the food and choices they received. One person said, "The staff make my appointments and make sure I've got enough to eat." People were supported with different dietary choices and specialist diets. For example, a person told us they were "diabetic" and how they are able to "watch" their "diet". One person was at risk of choking and was being provided with a suitable diet. Multidisciplinary health and social care meetings had taken place to monitor and discuss this risk to the person. A risk assessment was in place to reflect the agreed decisions made to support the person to remain safe when they ate.

Requires Improvement

Is the service caring?

Our findings

The service was not always able to be as caring as staff said they would like to be. Whilst the staff we spoke with were clearly committed to their roles at the service, there was a limited number of permanent staff [recovery workers] who were allocated as keyworkers for the people. Staff were able to demonstrate that they knew the people they supported very well. However, staff told us that they did not always have "time" to care for people due to the current staff shortages and use of agency staff who didn't know people as well. However, the new manager told us that, "We don't use a lot of different [agency] staff." We were told of how staff were expected to complete tasks at the service which included, grounds maintenance such as cutting the grass, domestic cleaning of the communal areas of the service as well as their role supporting people at the service. The new manager acknowledged that, "until we are able to appoint more staff" that there wasn't always sufficient time to spend with people to support their recovery.

There were some mixed views from people about the service they received at Daubeny House. Some people told us that staff didn't always show compassion when they supported them and some were very happy with the support they received. One person appeared anxious and in need of some reassurance. They said that this wasn't provided to them in a sensitive manner by a staff member. The person said, "I cried the other day and they [staff] told me to go to my room." People's comments were relayed to the new manager who agreed to explore this. On the second day of the inspection the manager stated they had addressed this and that there was no further concern. Another person said, "The staff are quite nice." Other staff were very openly caring and dedicated to the people they supported. Another person told us that they were very "happy" at Daubeny House and that they felt, "calm and relaxed and positively minded." A person also said that they were, "at the stage of my life where I'm in the green. I'm in control. The staff are there to help."

The new manger confirmed that people didn't require the support of independent advocates at this time as the staff supported people to access the support they required and that people also had a lot of input from mental health professionals and their keyworkers provided a lot of support to enable people to access CPA meetings as they required. This also enabled people to access the community under their 'leave' arrangements. We saw for one person their leave had been reduced due to safety concerns for the person. However, arrangements were agreed with health professionals to support the person to maintain as much independence as they could safely do so. We observed other people coming and going freely from the service with staff who supported them with minimal intervention to access the wider community.

The manager and head of residential care and housing had a good awareness of people's diverse needs and told us of how they attended a Sussex Oakleaf annual conference that had, "Good representation about LGBT communities and signposting [to different services for support]." The head of residential care and housing told us of how the organisation has, "Zero tolerance to discrimination" and that, "we challenge it." An example was given of how a person living at the service had used an inappropriate term to describe a person's ethnicity. This was challenged by the staff with the person being encouraged to use more appropriate and respectful terminology so as not to offend the person.

People were supported to be involved with decisions about who provided care to them. The head of

residential care and housing told us of how people are sometimes involved with the interviews of new staff at the service which enabled them to have some influence over the staff at the service.

Records were held securely in locked cabinets to protect people's privacy in line with legislative requirements. The registered manager was aware of new data protection legislation, the General Data Protection Regulations 2018 and were in the process of ensuring all staff understood the new principles of this.

Good

Is the service responsive?

Our findings

People were involved in the planning and reviews of their care with their key workers and allocated mental health social workers and other mental health professionals. People were supported to meet with or without their family representatives as they chose. We saw that for one person it was agreed with them, their key worker and their mental health social worker that they would attend a review meeting without their family representatives to enable the person to fully express their personal views and choices independently. One person told us, "I sign it [care plan review]. I sort it with my psychiatrist." They also said, "I last went about six months ago, I go about every six months [for a review]."

People were being actively supported to engage in activities, although the current activities provided did not always actively focus upon people's recovery whilst at the service. We saw an 'Activities Client Engagement' folder which the new manager told us was not currently "active" and so was not being completed to indicate any activities people may have participated in. However, one staff member told us that they had, "taken a person swimming last week." During this inspection we observed that people were able to independently leave the service to visit the local shops and to visit friends who lived nearby. On one occasion an agency staff member had gone out for a walk with a person. We spoke to people about what they liked to do during their time at Daubeny House. One person told us, "I like helping staff prepare vegetables on Sunday's for a roast," and "I do like it when the staff take me shopping." A member of staff told us what the service "could do better." They said, "Staff to take people out more," and, "getting activities into the service."

People were involved and supported to participate in regular 'client meeting's'. Minutes were available from the monthly meetings that had occurred throughout the year to date. The manager told us how a person liked to be involved and sometimes took the minutes of these meetings. The person told us, "I do enjoy helping with the minutes."

Care plans reflected people's communication needs which included sensory loss. Since August 2016, all publicly funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services.

People knew how to raise concerns if they needed to. The new manager told us that there weren't any formal complaints about any aspects of the service at this time. One person told us, "I have no complaints whatsoever," and "it's ideal for me [service], I have no intentions of going back to hospital."

End of life support was not required for people at this service at the time of this inspection. We were told that the service had not provided end of life care for people. Records showed that people had been asked about their end of life wishes regarding funeral arrangements.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. At our last inspection the service was rated as 'Requires improvement' in the well-led key question because the registered manager had failed to send notifications to us as they are required to do so. This was a breach of Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that the new manager did not always understand their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that we had not received a statutory notification from the service as required in regulation, when one person was subject to a safeguarding investigation. However, appropriate actions had been taken by the provider to safeguard the person and the local authority with the lead for safeguarding had been informed of the concerns.

We discussed the duty of candour Regulation that providers must adhere to following a serious incident, injuries and death of a person, with the new manager. This Regulation requires that providers operate in an open and transparent way regarding the care and treatment provided to people. We were aware of a recent safeguarding concern which involved a person who had sustained fractures. The person had a history of known risks of falls and appropriate measures had not been taken to minimise future risk to that person. The new manager had not written to the person or their representative, as appropriate and no formal apology had been offered for the incident. The duty of candour Regulation had therefore not been followed. This appeared to be a 'one off' isolated incident.

We recommended that duty of candour is adhered to for all cases in line with this Regulation's requirements.

The overarching direction of the service strategy was not clear at the time of this inspection due to the "restructure" of the service. The head of residential care and housing and new manager told us that there were discussions about the future model of the service but that this lacked clarity at this time. The changes to staff and management structure were still developing and permanent staff numbers were lower than required for the day to day running of the service which required external agency staff to be used. The new manager and newly promoted head of residential care and housing told us that they were interviewing for a new position of "senior recovery worker" who would oversee and lead the service while the manager was covering other services under their remit. The new manager was responsible for the oversight of three Sussex Oakleaf service locations. We reviewed the Sussex Oakleaf website which detailed the 'vision' of Sussex Oakleaf. The 'vision' was, "for a world where people with mental illness and mental health issues are inspired and supported to fulfil their potential and to live their lives as independently as possible". We did not see that people received a service that reflected this vision fully. People living at the service did not communicate that they were 'inspired' or 'supported to fulfil their potential' but people were mostly supported to 'live as independently as possible'. We saw that people were supported to access the wider community on a day to day basis and that staff supported people to attend regular CPA meetings to agree how people could live their lives as independently as possible.

Systems and processes were used to monitor aspects of the quality and safety of the service. Audits were

completed for, health and safety, environment checklist and risk assessments were seen as well as medication audits and audits of people's care plans. However, these audits were not always effective and had not identified the gaps in staff training, maintaining current best practice with regards to staff induction which was not followed, or concerns regarding the unsafe garden areas and some unsafe fire safety aspects and staff welfare from 'second hand' smoke as addressed within the 'safe' section of this report. We asked a staff member if they felt valued. They said, "not really" and they also felt that the staff handover, "could be improved on" as it was just "verbal at the moment." They also said, "communication is key." Staff also told us there was a communications book that was used on a daily basis to improve communication between staff. We asked staff if they felt listened to. One staff member said, "Sometimes I do, sometimes I don't."

This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe care and treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises was not always suitable for the purpose for which it was being used

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not adequately monitoring the quality and safety of the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive regular mandatory training