

# New Directions (Robertsbridge) Limited

## Bishops Croft

### Inspection report

Bishops Lane  
Robertsbridge  
East Sussex  
TN32 5BA

Tel: 01580880556

Website: [www.praderwillisynndrome.org.uk](http://www.praderwillisynndrome.org.uk)

Date of inspection visit:  
02 February 2016

Date of publication:  
31 March 2016

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 02 February 2016. This inspection was unannounced.

This location is registered to provide accommodation and personal care to a maximum of eight people with learning disabilities. Eight people lived at the service at the time of our inspection. People who lived at the service were adults with learning disabilities. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. 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 registered manager was absent from work at the time of our inspection since 04 January 2016. The service was managed by a deputy manager. A registered manager from another of the provider's homes and a regional manager visited the service every week to provide support.

Staffing levels were not adequate to ensure people received appropriate support at all times to meet their individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Not all staff had received training in the Mental Capacity Act (2005) and how to implement this in practice. DoLS applications were not up-to-date in all cases to ensure people were lawfully deprived of their liberty.

There were audit processes in place to monitor the quality of the service and promote continuous service improvements. However, audits were not sufficiently robust. Shortfalls we found had not been identified as part of the provider's audit process. There was no service improvement plan in place to determine how the service would continuously develop and improve.

Each person's needs and personal preferences had been assessed. However people's care plans had not been regularly reviewed to ensure they were up-to-date and met people's preferences and needs. People's care plans were detailed, however the regional manager acknowledged information was generic in some care plans. They were working to make improvements to ensure people's care plans were individualised to meet their specific needs.

People did not always receive person-centred care. Staff did not consistently respond to people's individual needs and support people to meet their individual goals and aspirations. Where people had identified goals to achieve these were not consistently monitored and outcomes were not routinely recorded as part of people's care reviews.

The provider had obtained people's feedback about the service. However they had not routinely evaluated the feedback and recorded their actions in response to this feedback to improve the service

Staff received on-going training and supervision to monitor their performance and professional development. However not all staff found the training methods effectively met their learning needs.

We have made a recommendation about staff training needs and methods used to ensure staff have effective training to carry out their role.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines. However staff had not kept relevant records that were accurate in all cases.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were safe recruitment procedures in place which included the checking of references.

Staff supported people to have meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff treated people with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes.

People were provided with accessible information about how to make a complaint and recorded complaints had been dealt with in accordance with the provider's policy.

We found a number of breaches 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 this 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?

The service was not consistently safe.

Staffing levels were not adequate to ensure people received appropriate support to meet their needs.

Some records to include a business continuity plan was not made available and Personal Emergency Evacuation Plans (PEEPs) were not updated in all cases. These procedures did not robustly support continuity of the service in adverse conditions or support people to safely evacuate the premises in the event of a fire.

Medicines were stored and administered safely and correctly. Staff were trained in the safe administration of medicines. However staff had not kept up-to-date records in all cases.

Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the deputy manager or to the local authority.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Not all staff had received training in the Mental Capacity Act (2005) or knew how to implement this in practice. DoLS assessments were not up-to-date in all cases to ensure people were lawfully deprived of their liberty.

Not all staff were satisfied that the training methods effectively met their learning needs to meet the requirements for their role.

Staff had received regular supervision to monitor their performance and development needs.

People had access to appropriate health professionals when required.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

Staff listened to what people had to say and provided care with kindness and compassion.

People were treated with respect and dignity by care staff.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Staff did not consistently respond to people's individual needs and support people to meet their individual goals and aspirations.

The provider had obtained people's feedback about the service. However they had not routinely evaluated the feedback and recorded their actions in response to this feedback to improve the service.

People were encouraged and supported to develop and maintain relationships with people that mattered to them.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were quality assurance systems in place to drive improvements to the service. However audits were not always sufficiently robust to identify shortfalls and develop the service.

The home had a registered manager. However the registered manager was absent from role. The contingency measures in place to ensure the smooth operational running of the service in the absence of the registered manager were not sufficiently robust.

# Bishops Croft

## **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 checked whether the provider was 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.

The inspection was undertaken by two inspectors. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider 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 made the judgements in this report.

During our inspection we spoke with the regional manager, the deputy manager and five members of staff. We spoke with four people who lived at the service. We made informal observations of care, to help us understand people's experience of the care they received. We looked at two care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we talked with three relatives of people who lived at the service.

# Is the service safe?

## Our findings

People told us, "I feel safe living here" and "I am happy and feel safe here." Staff said, "I had safeguarding training around March last year. I would speak to the deputy manager if there was a safeguarding issue. They would send information to the safeguarding team."

The provider did not have accessible materials available to people visible within the home to support people to understand how to keep safe and what to do in the event they felt unsafe or at risk of abuse. This is an area that could be improved.

There was not an adequate number of staff available to meet people's needs. The deputy manager was in the process of recruiting new staff. They were awaiting recruitment checks to be completed prior to two full time support workers and one senior night support worker starting in role. They told us there had been staffing problems since October 2014 when some staff left their role. There was one outstanding part time support worker post to fill. Staff from the existing team were working extra shifts and staff from other local provider locations were allocated to work at the service. One relative said, "X is always anxious about lack of support staff and the high staff turnover."

One person said, "We need more staff, currently there not enough" and "Sometimes staff do not turn up to work and this requires cover." Two relatives told us there were staffing shortages at the home. Staff we spoke with had different opinions about staffing levels at the home. One staff member said, "I have no issues. They are currently getting more staff. Management are keeping us informed." Another staff member said, "I feel I am currently doing the work of four support workers. A few months ago I did 53 hours in three days. I am doing 52 hours this week. We need more staff." Another staff member told us, "I felt I had to do overtime because I felt I would be letting people down and the team." One relative told us, "Staff work long shifts and are tired and over stretched."

The deputy manager completed staff rotas to allocate staff to each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Sometimes agency staff were used to support some shifts. The deputy manager told us that agency staff were sometimes used for night shifts. They said there should be a waking night staff member and one sleep-in staff member on each night shift. They said that occasionally they had not been able to allocate a sleep-in staff member for night shifts as there was no available staff for these shifts. Therefore only one member of staff was allocated to cover these shifts.

One person was funded for 21 hours of one to one staff support. This was put in place due to a change in the person's needs and to reduce safety concerns. They required the additional funded hours to ensure they were fully occupied during the day and to ensure they had adequate staff supervision at all times. The person told us, "I am supposed to have 21 hours of one to one staff support but I don't have it due to staff shortages." The deputy manager said the person was not receiving the full 21 hours. They confirmed this was due to staffing constraints.

We asked how staff were flexibly deployed to meet the changing needs of people. The deputy manager told us that someone needed to attend a medical appointment on the day of our inspection. A staff member who was able to drive the provider's vehicle was allocated to support the person to attend the appointment. However this staff member was also designated the role of running the day service. They told us, "There are staffing concerns. I am not running the day service because I am the main driver. There was no vehicle today because one person had an appointment. This means we could not facilitate other people. I have told the managers that we need more transport and vehicles but nothing seems to get done. Today I had to drive someone to appointments even though there was a senior support worker on shift that could drive the vehicle. This meant that the workshop was closed. Public transport could be used but it is not a great service due to our location. People are missing out at the end of the day."

People where possible were encouraged to walk and use public transport to meet their health needs and promote their independence. However due to the geographical location of the service this was not always possible. There was some confusion on the day of the inspection. We were told that only two staff members were able to drive the provider's vehicle out of the full staff team. After the inspection we were advised that five staff members were qualified to drive the vehicle. Staff said there had been some disruptions to people's daily activities due to the need for staff with driving skills required on shift. For some activities people attended they required vehicle use. On the day of the inspection people's activity changed from swimming where a vehicle was needed to a walking exercise to enable the person to attend their appointment. Staff told us that due to people's needs they required structure to their day to manage their anxiety levels. One relative said, "Y's anxiety and need for routine are not taken into account. Plans are cancelled with no notice." Another relative told us that there were not always enough staff to drive people to planned activities. They told us people schedules were subject to change due to the need for someone to use the car for an appointment or to go and visit family out of area. Changes to their schedule could cause disruption and distress for people. People could not be assured they had their individual needs and preferences met.

The lack of staff available and deployed to cover all shifts, to meet people's needs and preferences and to meet the funded hours allocated for people is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported safely to take their medicines by staff trained in medicine administration. Records showed that staff had completed medicines management training. Most Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The deputy manager told us any medicines incidents were recorded and investigated by them. There was a protocol in place when staff made a medicines error. Staff competence was re-assessed to ensure they were competent to undertake this role and to ensure they had learned from the incident. There was one medicines recording gap in the MAR that we looked at. The deputy manager investigated this and spoke with the staff member. The person's medicine had been administered but not appropriately recorded.

We asked for a copy of the business contingency plan that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. However this was not provided to us. We could not verify that procedures were in place to ensure continuity of the service in the event of adverse incidents.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. However, in one person's PEEP a statement was recorded which read, 'There may be an element of panic if they were to feel trapped'. There was a note attached asking the staff member to add details as to



what would happen if the person were to panic and to record this in the PEEP. No further changes had been recorded since 07 August 2016.

The lack of accessible and up-to-date records is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. There were plans for a night fire drill to take place. All staff had attended fire safety training. The fire alarm was tested weekly and all fire equipment was serviced every year. Staff stayed at the service overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. All electrical equipment and gas appliances were regularly serviced to support people's safety. To reduce the risk of potential scalding incidents, sink and shower taps were temperature controlled. They were regularly checked to ensure they met required safety measures.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the deputy manager and the local authority safeguarding team. Records showed 92% of staff had completed training in safeguarding adults. Safeguarding incidents were reported to the local authority and investigated. One safeguarding incident involved two people at the service. Recommendations from the outcome of the safeguarding investigation were implemented. One person was supported to identify key staff with which they had a positive relationship to approach for emotional support if they were feeling upset. This was set up to support the person to manage their anxiety levels. Another person was referred to a specialist for support to manage their behaviours. An individualised behaviour support plan was being developed to meet the person specific needs. Staff and the person were involved in tailoring this plan to their individual needs. There was a whistleblowing policy in place. Staff told us they would not hesitate to report any concerns they had about potentially poor care practices.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable. Where staff were awaiting a DBS check they worked supervised at all times until this was received. Where staff did not work to the required code of conduct, there were disciplinary procedures in place. The deputy manager followed these policies to ensure staff performance levels were monitored and addressed.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the deputy manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. One incident recorded where someone had absconded from the service. The person was discreetly followed by staff to ensure they were aware of the person's whereabouts. The person returned home safely after a short period of time. There was a risk assessment in place to support the person should this type of incident occur. The incident was reported to the local authority. Recommendations were made for the provider to contact the person's funding authority to complete a full review of their care provision. These risk management measures were taken to reduce the risk of future incidents occurring.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. Care plans were developed from these assessments and where risks or issues were identified, the deputy manager sought specialist advice appropriately. One person had a risk assessment in place to support them to manage behaviours which may challenge. Guidelines were in place for staff to follow to support the

person to manage their behaviours. Guidelines included, 'Staff should leave me alone to calm down' and 'Staff should try and divert my attention' and 'Ensure other people leave the vicinity.' These measures helped to reassure the person, reduce potential behaviours which may challenge and help keep the person and others safe.

## Is the service effective?

### Our findings

People were satisfied with the support they received from staff. One person told us, "Staff help me if I am not happy with something." Another person said, "The staff that we have are amazing." We observed people to have a good rapport and warm, friendly interactions with staff and the deputy manager. We observed people were smiling and relaxed in their home. One person had a communication plan in place which provided staff with guidelines on how best to communicate with them. Staff needed to listen to them, give them time to express themselves and use visual materials to help them remember information. For example they had an activities planner to remind them of activities they had arranged to take part in each week. This helped staff to talk with people in a meaningful way and better understand people's needs. Although when plans changed due to staff constraints this did have an impact on people receiving effective care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The provider had not followed the requirements set out in the DoLS. The provider had not submitted new applications to a 'Supervisory Body' for authority to do so where people's DoLS applications had expired. In a number of cases people's applications under the DoLS were not authorised as they had expired in May 2014. Therefore the provider was not complying with the conditions applied to those authorisations. The provider had not submitted appropriate applications to the DoLS office to seek a review for these people to ensure lawful authorisation where people's liberty was restricted in their best interest. One person was awaiting a review of their DoLS authorisation since it expired on 27 May 2015. The provider had not contacted the Supervisory Body to seek a regular progress update on a review date in this case.

One person had been restricted from accessing their bedroom during the day for a period of time from November 2015 onwards. This measure had been signed off in the staff communication book by management. Best practice principles outlined in the MCA had not been followed to ensure this restriction was put in place lawfully and in the person's best interests. The regional manager told us that this had been brought to their attention and they had lifted the restriction. The provider had not properly trained and prepared staff in understanding the requirements of the MCA and the specific requirements of the DoLS. Only 56% of staff had completed MCA training. Management and staff competence in implementing this in practice had not been assessed.

The lack of authorised DoLS assessments, lack of adequate training for staff and the unlawful restriction implemented are a breach of regulation<sup>11</sup> of the Health and Social Care Act 2008 (Regulated Activities)

People gave their written consent to their care and treatment and for information to be shared with relevant professionals. Care plans were provided in an accessible format to help people understand their support needs.

Essential training was provided to staff which included medicines management, fire safety, manual handling, health and safety and safeguarding. There was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses. Staff received regular supervision every six to eight weeks. Supervision records contained information about staff training, performance and development needs. One staff member told us, "There is online training. I will be doing my level 2 and 3 apprenticeship. I have told management I would like to be a senior support worker. I would like to work my way up. I am confident they will assist me with this." Staff said, "I would like more face to face training. I have not received any autism or Asperger's training." Some people at the home had a diagnosis of autism or Asperger's syndrome. Staff had not received training to help them better understand the needs of people with this condition. The deputy manager told us that training in this area had been arranged for March 2016.

We recommend that the provider reviews training needs and methods used to ensure staff have effective training to support them in their role.

Staff had an induction and had demonstrated their competence before they had been allowed to work on their own. The regional manager told us they had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People liked the food and were able to make choices about what they wanted to eat from a wide range of healthy meal options. One person told us, "I like stir fry. I had that today for lunch. That was my choice. I like cauliflower soup." One person had written, 'I am provided with lots of choices from a balanced, low calorie, low sugar diet.' One staff member told us, "We have a four week rolling menu. There are two options for each meal each day. For the first Saturday of each month we have the 'Dish of the month'. Each month one person picks four dishes they would like and the other people get to vote on what they want to eat." The staff member said, "We started 'Pudding of the month' this month following a suggestion in a service user meeting."

Due to peoples' individual needs, risk assessments were in place to ensure they were constantly supervised and monitored whilst eating or when around food. The kitchen was locked all of the time unless this area was occupied by a staff member. Access to the kitchen was limited as this could increase people's anxieties and could cause people to seek food when in this area of their home. Due to exercise and healthy eating plans in place, people had been supported to sustain a healthy weight to support their physical health needs. One person was supported by staff to develop their cooking skills and contributed to ideas about new recipes for the menu. They worked alongside staff in the kitchen. They had made various dishes such as chilli-con-carne and sorbet. They had contributed to ideas about new recipes following a diabetes controlled, healthy eating diet. Staff told us they monitored people at all times when they were eating or around food. People needed structured mealtimes and no focus on food prior to mealtimes as this could raise people's anxiety levels. People had risk assessments in place which detailed what staff should do in the event a person's weight dropped below the assessed safe level. Staff were vigilant to changes in people's weight. All weight monitoring records were accurately maintained and signed by staff.

People had health care plans which detailed information about their general health. People had a 'Healthcare passport' containing pictures and accessible language. They could take this with them to health appointments to assist them to communicate their health needs to medical professionals. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. One relative told us that if their relative had health concerns, they were always taken to G.P. appointments to review their health needs.

## Is the service caring?

### Our findings

People said they liked the care staff. One person described staff as 'good' and 'fantastic' at their job and said, "Staff help me if I am not happy with something. "We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. People presented as relaxed, happy and comfortable and interacted positively with staff. We completed an observation at lunchtime. Staff sat and ate their meals and took part in general conversations with people. People were observed to engage in friendly conversations and staff knew people well and talked about what they had been doing with their day.

Support plans clearly recorded people's individual strengths and independence levels. People's daily records read 'give prompting with personal care only and 'give me enough notice when I am going out' and 'I have my own villa and I can arrange it how I like it.' Staff said, "One person was encouraged to prepare vegetables and make their own meals. Another person who was at risk around food was closely supervised and supported to make hot chocolate drinks. We observed one person was supported by staff in the kitchen to make some coffee. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge or their bedroom and staff respected people's space.

Staff understood people had different communication needs and took time to understand each person's individual needs. One person had a 'communication diary' in their care plan. This recorded in detail their individual communication needs and methods they used to communicate how their emotions. The diary talked about what the person did when they were happy and when they might be angry and certain gestures that they may use to convey how they were feeling. This supported staff to have a better understanding of the person's communication needs. Staff followed consistent guidelines to support the person to manage their anxiety and help them communicate their needs.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's preferences were clearly documented in their care plans. One person needed support when they became anxious. There were guidelines in place in their care plan on how to manage this. The person had written a section called 'feeling good and feeling bad days' and how they would like staff to support them, for example they recorded that staff needed 'To speak calmly'. People rooms were personalised to their taste and contained their own personal items and furniture of their choice. People moved around their home freely once a restriction on entering a bedroom for one person had been removed. One person told us they had painted their room pink and were looking for furniture to match. They told us they had chosen the décor and this was their favourite colour. People were involved in planning their care by talking with staff, attending house meetings and regular key worker meetings. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. People's care plans were written in an accessible format to help people get involved in their own care planning. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

We observed staff treated people with respect and upheld their dignity. Staff knocked on people's doors

before entering their rooms, to ensure people were happy for them to enter their private space. Staff referred to people at all times by their names and knew people's needs well. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records.

The deputy manager told us advocacy services were available to people at the service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. This helped people to keep informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Staff talked with people about making end of life care plans. People's wishes were documented in their care plans. People's decisions about the type of service, who should attend the service and the music they would like were recorded in these care plans. Some people had not wished to participate and discuss their end of life care plans, and their wishes had been respected. Pictorial end of life care planning tools were available to support people to understand and get involved in making end of life care decisions, should they wish to do so.

## Is the service responsive?

### Our findings

People talked with staff about what they would like to do and any issues of importance to them. One person liked to go to the Gateway Club disco and the pub every fortnight. One person said, "I enjoy swimming, walking and the gym" and "I enjoy arts and crafts and I love animals." One person told us, "I like it here. The staff are nice and helpful. I am knitting a blanket four times a week in the workshop. I get along with all the people. I would feel happy to speak to someone if I had any problems. I received support to stop smoking. I love living here." Another person told us, "I like living here because I am getting all the help and support I need to lose weight."

Some people told us they were not satisfied with the activities available to them as they did not meet their individual preferences. One person told us, "There are too many hours in the day for day service. I do not like arts and crafts and would rather go walking but there are not enough staff" and "There are not enough seats in the van. We would all like another vehicle. We can no longer use staff vehicles. If someone has an appointment it means no-one else can go out" and "One person said, "We need another vehicle as we can't go out together. We sometimes have to swap gym days due to there being only one vehicle." One relative said that they would be writing to the provider about the lack of sufficient vehicle access to support people to attend their scheduled activities. Their relative had asked them to write to the provider about this on their behalf. Staff told us that they had not been consulted about how best to support people due to a recent change in the provider's staff car use policy.

Staff told us they consulted people about some activities and other activities were 'set in stone' and others were restricted by budget. Staff told us, "We organise activities and we try to encourage people as much as possible to use the day service. We speak individually to each person to arrange activities for the following week. Some activities are set in stone such as going to the gym, library, pottery, computer club, voluntary work. The workshop activities are not and these are what we can discuss the week before. We can provide activities such as knitting, arts and crafts but this is restricted by budget." Another staff member said, "We have to do swimming and gym on set days. I have been told that activities like bowling should only be given as a treat not an on-going activity. There is a weekly budget for each service user. This also includes external activities. I am concerned that this means we cannot buy things for the workshop. We are not getting enough support with this."

People had recorded and agreed outcomes and goals they would like to achieve. It was not consistently recorded that outcomes and goals had been completed or reviewed to ensure people were supported to achieve their goals. For example one person had a recorded goal to 'Move back to live nearer family'. It was unclear what progress they had made to achieve this goal. Another person's goal was to increase their fitness levels. Between 30 January 2013 and 23 October 2015, 'no change' was recorded against each review completed. It was not clear whether the person had made any progress in meeting this goal. For one person a recorded goal was to do a new project in the workshop. Their care plan said that they needed motivation and support to achieve this. Details had not been recorded as to what the project would involve, how the person would be supported to achieve this or what progress they had made towards meeting this goal.



People had a key worker who they had chosen from amongst the staff team. People talked to staff daily. However in some cases people had not had regular key worker meetings to discuss different activities they liked to do and what was important to them. One person had no recorded key worker meeting notes in their care file. One of their goals was to work towards going to Hastings unsupported by staff. There was no information on how they would be supported to achieve this or what progress they had made in achieving this goal. On 22/06/2015 there was a goal set for one person to shop unsupported in Robertsbridge. This had not been reviewed and there was no outcome recorded. One person had their last recorded key worker meeting on 27 July 2015. Another person had their last recorded key worker meeting on 24 May 2015. Staff told us this was because they declined to attend the meetings. At their last key worker meeting they had requested to work at a cattery. We asked staff how this goal was progressing. The person had just been for a taster session over eight months later. It was not clear whether actions from key worker meetings were met, as progress in addressing actions was not routinely recorded.

People's weekly activity planners contained very little information in some cases. For example 'bus trip', 'home day' and 'visit Corner'. One person's activity planner for 11 January 2016 had gym as the only activity for the day on Monday, no recorded entries for Sunday and on Friday 'bus trip' was recorded with no further details provided. The activity planner for 11 January 2016 had no entries for Monday, Friday, Saturday and Sunday. It was not clear how this person was consistently supported to engage in meaningful activities to develop skills and meet their individual needs.

Surveys were sent to people annually so they could give feedback to develop and improve the service. The last survey was sent to people in June 2015. The regional manager told us they could not provide us with the survey feedback records. Feedback from people had not been reviewed to develop and improve the service.

People should have attended monthly house meetings to discuss issues of importance to them. However the deputy manager told us that house meetings had only recently been reinstated in January 2016. They had stopped in the summer of 2015. People's suggestions had been recorded at meetings held in November 2014, January 2015 and May 2015. People had chosen curtains and paint to decorate the house and had made changes to the supper menu and puddings menu, although little detail was provided as to what this involved and how it had been achieved. After July 2015, no meetings took place until January 2016. The house meeting minutes recorded people's views and preferences prior to May 2015. However, people's requests and actions taken to address people's suggestions and feedback were not recorded after this date.

The lack of person-centred activities designed to meet people's individual preferences is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The lack of up-to-date records and lack of recorded response to feedback from people is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples' care plans included their personal history and described how they wanted support to be provided. People's care files contained 'What is important to me' information. For example some people liked animals. Two people had pets, one person had a rabbit and another person had a hamster. Having pets to look after was their preference and staff supported them to meet this request. Three people worked at a local factory putting nuts and bolts in boxes and were paid for the work they did. Some people attended Friary Gardens where they grew their own fruit and vegetables. One person liked to attend computer club and went there unsupported. A risk assessment was completed to ensure they kept safe while travelling independently to the club. One person was doing a course in basic accountancy to support them to develop their skills.

People were supported through exercise and a balanced diet to maintain a healthy weight. One person had

lost a significant amount of weight since moving to the service. Staff said this was achieved by a 'well balanced, low calorie, low sugar and healthy eating plan.' Achieving the weight loss had helped them to increase their independence skills and they were able to carry out all personal care tasks independently. Their mobility also improved and they were able to go to the gym and go for frequent walks due to improvements in their health. Another person had been supported to successfully give up smoking. Staff had provided them with accessible education material on the harmful effects of nicotine to help them make an informed decision about whether to give up.

One person was supported to develop their independence skills by shopping for personal items independently. A risk assessment was completed to ensure risks were reduced. They were given information to raise their awareness of road safety and 'stranger danger'. They were supported to make a shopping list. They ensured they took their mobile phone with them if they needed to contact staff. They were given sufficient money to enable them to buy items they needed.

The deputy manager talked to us about someone who had behaviours which may challenge. A behaviour support plan was being developed by a specialist. They were working closely with the person and staff to develop a plan that supported them with their individual needs. Their care and support needs were being closed monitored due a change in their health needs. The deputy manager involved relevant health professionals to support the person to improve their well-being. Detailed guidelines were in place to enable staff to consistently support the person to manage their needs. Staff were guided to ensure other people were taken out of the vicinity if an incident occurred, all hazards were removed from the environment and staff monitored the person at regular intervals throughout the day. These guidelines supported staff to respond in a consistent way and reduce the risk of behaviours which may challenge.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. People visited their families and had regular contact with family members. One person maintained regular contact with their family using their mobile phone. Staff also drove them home to meet with their family. One person particularly liked their family to attend some health appointments with them. Staff ensured their preference was met. One person regularly attended church in line with their religious needs and preferences.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. This was available in the main reception for people to access when they needed it. The deputy manager showed us the complaints procedure. We saw that complaints had been received and the deputy manager had responded appropriately. One relative said that a previous complaint had been dealt with to their satisfaction. They said they had not needed to make any complaints recently, but would contact the deputy manager at the house if they needed to raise any issues.

## Is the service well-led?

### Our findings

We observed people approaching the deputy manager and staff to talk about things of importance to them. The home had experienced a period of management instability due to the registered manager being absent from role since 04 January 2016. One person told us, "The deputy manager is brilliant and excellent. We would fall apart without her working so hard at her job." The deputy manager said staff morale was 'quite good.' Staff gave us mixed feedback about how the service was led. One member of staff said, "I am happy with the current management set up. I have a lot more help since the deputy manager is in place. They give me the praise and support I need. I feel I can approach them about individual concerns. Other staff said, "There is a lot of stress put on the management and as a support worker I can feel this. The deputy manager is very approachable" and, "I do enjoy working here. I do feel that sometimes we are not valued as support workers and this is because of the stress that management are under."

The deputy manager completed monthly care plan audits. They told us that care plans needed to be updated. Care plans should be updated every month in line with the provider's policy. Some care plans were last updated in October 2015. One person had a detailed risk assessment in place for risks around potentially harming themselves. This had not been recorded as reviewed since 22 August 2015. Records and care plans were not up-to-date to ensure people's current care and support needs were recorded. People's care plans were detailed, however the provider acknowledged information was generic in some care plans. They were working to make improvements to ensure people's care plans were individualised to meet their specific needs. However it was not recorded when the required improvements would be completed.

Where actions had been identified from support plan audits, there was no evidence that actions had been completed. For example, a support plan audit was completed on 27 November 2015. It was identified that Multi-Disciplinary Team involvement records for someone were not available. It was recorded that 'This has been passed on to the manager.' There was no record of how this matter was addressed. There was no pre-admission assessment for one person identified as part of the audit and no follow up action was recorded as being taken. Their care records said, 'When I came to Bishops Croft I brought lots of information with me. Please take the time to read it and find out about me'. This person-centred care plan requirement could not be met as no pre-admission paperwork for this person was available.

Effective contingency measures were not in place whilst the registered manager was on leave. The deputy manager told us they were unable to access email correspondence sent to the registered manager about matters relating to the operational requirements of the service. The regional manager told us they could not find some audit information and previous survey results. They could not access all medicines competence records for staff on the day of the inspection. They sent us this information after the inspection.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs and policy issues. This was confirmed in meeting minutes. Where actions were recorded it was not clear in all cases whether these actions had been followed up and who was accountable for addressing those issues.

The deputy manager and regional manager could not provide any record of plans to improve and develop the service. There was no service improvement plan in place to determine when shortfalls would be addressed and necessary improvements made.

The lack of full access to records, the lack of up-to-date records and the lack of effective audits and a service improvement plan are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a registered manager. 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. However, the registered manager was absent from work at the time of our inspection.

A medicines audit had been completed by a pharmacist just prior to the inspection. The provider had received positive feedback from this. Two recommendations were made and the deputy manager was in the process of addressing those recommendations.

The home had been refurbished recently and the rooms and building presented as in good order and well decorated. Maintenance work and repairs were implemented based on a priority system taking account of people's safety in their environment. A maintenance person attended the home once weekly to carry out maintenance and repair work. Weekly and month maintenance checks and monthly room checks were completed by the provider to ensure the premises were safe and fit for purpose.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>1. <input type="checkbox"/> The care and treatment of service users did not fulfil the following:</p> <p>a. <input type="checkbox"/> be appropriate, b. <input type="checkbox"/> meet their needs, and c. <input type="checkbox"/> reflect their preferences.</p> <p>3. <input type="checkbox"/> The registered person had not:</p> <p>b. <input type="checkbox"/> designed care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>1. <input type="checkbox"/> Care and treatment of people was not provided with the consent of the relevant person.</p> <p>2. <input type="checkbox"/> Paragraph (1) is subject to paragraphs (3) and (4).</p> <p>3. <input type="checkbox"/> If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Mental Capacity Act.</p> <p>4. <input type="checkbox"/> But if Part 4 or 4A of the 1983 Mental Health Act applies to a service user, the registered person must act in accordance with the provisions of that Act.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>1. <input type="checkbox"/> Systems or processes did not enable the registered person to:</p> <p>a. <input type="checkbox"/> assess, monitor and improve the quality and safety of the services,</p> <p>b. <input type="checkbox"/> maintain an accurate, complete and contemporaneous record in respect of each service user,</p> <p>c. <input type="checkbox"/> seek and act on feedback from relevant persons to continually evaluate and improve the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>1. <input type="checkbox"/> There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet the requirements of this Part.</p>