

United Response The Hollies

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The Hollies is a care home registered to accommodate up to 14 people who have a learning disability, between the ages of 18 to 65. The service comprises a building with two distinct houses with separate entrances known as The Hollies and Number 84. The areas are connected by an internal door. Each building has its own communal areas and people have their own rooms.

There was no registered manager in place at the time of the inspection. 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 provider was in the process of appointing a new manager.

Summary of findings

People told us they felt safe living at the service and felt able to raise concerns with staff. Staff knew what action to take if they suspected abuse and had received training in

keeping people safe. We identified issues around the recording of medicines as medication administration records (MAR) did not always show whether people had received their medicines or not. The provider had arrangements in place for the safe ordering and disposal of medicines. However we identified failings in the safe storage of medicines as daily temperatures were not recorded in the medicines room.

New members of staff were checked to ensure they were safe to work at the service. There were enough staff to keep people safe however there were not enough staff to ensure that people's care was personalised and that their social needs were met. Staff told us that they felt understaffed and people told us about activities which had been cancelled as there were not enough staff to support them.

Risk assessments were in place but were not reviewed and updated to reflect people's current level of risk.

Staff received the training they needed to be able to support people however they did not always receive regular supervision or appraisals to support their development and allow the manager to monitor staff practice.

People had enough to eat and drink. At times people were involved in choosing their meals and in the preparation of meals, but this was not always consistent.

Staff were able to recognise changes to people's needs however they did not always take appropriate action when needed.

People's support plans were not always reviewed and updated as needed and information available to staff did not always reflect people's current needs.

Although the provider had a quality monitoring system in place, this had not been effective in identifying and actioning areas for improvement. There were a number of areas that required improvement. There was no registered manager in post and there had been a period of instability during this time.

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 end of the report.

Summary of findings

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 safe

There were insufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.

Medicines were not managed safely

Risks were identified and assessed, however, these were not reviewed regularly to ensure that any changes reflected people's current care needs.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

Inadequate



Is the service effective?

Some aspects of the service were not effective.

People's rights were not consistently protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) were not consistently followed.

Staff were not consistently supervised to ensure that they had the knowledge and skills to carry out their role effectively.

Staff received the training they needed to support people effectively.

People were supported to maintain good health and had access to health professionals when needed. However people did not always receive the required input from healthcare professionals for more complex issues.

Requires improvement



Is the service caring?

Some aspects of the service were not caring.

There were inconsistencies in how people were treated with dignity and respect. We observed several examples of positive and supportive interactions but also identified the language used by staff was not always respectful.

People were encouraged to maintain contact with their family and people that mattered to them. People were supported to maintain their independence.

Requires improvement



Is the service responsive?

Some aspects of the service were not responsive.

Staff did not always have the time they needed to deliver care in a person centred way.

There were not enough structured and meaningful activities for people to take part in.

Requires improvement



Summary of findings

People felt comfortable raising concerns however there were no written records for us to review and the manager was unsure if records had been kept previously.

Is the service well-led?

Some aspects of the service were not well led.

There was no registered manager in post at the time of our inspection, although the provider was in the process of recruiting a new manager.

Quality assurance systems were not effective in measuring and evaluating the quality of the service provided.

Staff felt able to discuss concerns or challenges with management but were not confident that these would be acted on.

Requires improvement



The Hollies

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.

The inspection took place on 15 and 17 October 2015 and was unannounced.

One inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is

required to tell us about by law. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 6 people living at the service, 6 members of staff and the acting manager, we also spent time looking at records. These included eight care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

During the inspection we spoke with the acting manager and five care staff. We spoke with one health care professional and one social care professional following our inspection.

Is the service safe?

Our findings

Medicines were not always administered safely. Medication Administration Records (MAR) charts from the previous month showed there were a number of gaps within the records where staff should have signed to confirm that people had received their medicines. We checked individual stock levels of people's medicines and these confirmed they had been given them as prescribed. However, recording gaps could mean that medicines were not administered consistently or as prescribed and could cause confusion in administering people's medicines. The manager told us that they were aware of this issue and had spoken with staff during supervision about the importance of recording. Staff told us they had annual training in the administration of medicines. Staff confirmed that they were confident in administering medicines and understood the importance of this role. The manager completed an observation of staff to ensure they were competent in the administration of medicines but this had not identified where staff were failing to follow the correct recording procedures. There was no method for monitoring the temperature of the room where medicines were stored which could have affected the efficacy of the medicines.

The manager told us they did not monitor or record the temperature of the storage of medicines but told us that a thermometer would be put in place and temperatures would be monitored and recorded daily to ensure that they fell within the appropriate range. Policies and procedures were in place, however, this policy did not mention the importance of recording the temperature of the storage of medicines.

Risk assessments were in place but had not always been updated to identify current risks and how these risks would be managed. Arrangements were not in place to review risks and therefore did not protect people from harm. We reviewed one person's risk assessments and there was no information regarding the risks related to them refusing support with personal care. Their risk assessment stated that "(named person) can harm herself through a lack of attention to personal care, which can lead to infections, rashes and sores". The risk assessment detailed what support to offer and how to support the person make any necessary medical appointments but did not contain guidance on how to manage the risk created when they refused support. We spoke with staff about this person's

needs and were told that they could make their own decisions about when to accept or refuse personal care. We reviewed this person's care records and saw that there was a decision making tool in place which stated that they were able to make decisions however the manager told us a Deprivation of Liberty Safeguards application had been made for this person so it was unclear whether they had capacity. This person's risk assessments were due to be updated in February 2015 but there was no evidence that this review had taken place.

On the first day of our inspection we had concerns about the cleanliness of one person's bedroom. We spoke with staff about the condition of this person's room and they told us they were concerned that mice might get into the room due to the state of the room and the food debris. Staff referred to the room and said, "we ought to be ashamed of ourselves". There was no bedding on this person's mattress, pillows or duvet and the bed and floor were covered with clothes, food wrappers, empty juice bottles, magazines and dirty plates and cups. We were told that the state of the room was caused by the person's hoarding behaviours and they would become distressed if staff tried to help them clean it. We reviewed this person's environmental risk assessments and they contained no information related to the potential risk for this person relating to the uncleanliness of their room. There was no guidance on how staff should support this person with this aspect of their care. The risk assessments were previously reviewed in September 2014 and the document stated they should be reviewed monthly or sooner if need. We raised a safeguarding alert with West Sussex County Council regarding our concerns.

Systems were not in place to ensure people received their medicines safely. Systems were not in place to assess, monitor and mitigate the risk relating to the people's health, safety and welfare, but these were not regularly reviewed to reflect people's current risk. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The previous inspection identified a breach of Regulation associated with safe staffing levels within the home. There were not enough qualified, skilled and experienced staff to meet people's needs. At the time of this inspection there was a continued breach of this regulation. The staffing levels detailed on the action plan submitted by the

Is the service safe?

provider following the previous inspection were not reflected during the inspection. The action plan submitted by the provider stated that rotas would be checked weekly by the manager and senior staff but this had not been done.

People told us “there’s not enough staff because we need new staff”. Staff said they felt they were frequently short staffed on shifts and found it difficult to ensure that people received the support they required. This included ensuring that people’s support plans were reviewed and updated as needed. We spoke with staff and were told, “There’s not enough staff on the rota. I was here myself yesterday and doors were getting fitted, people needed care and there was cleaning to be done” and added, “We have been very understaffed”. People told us that activities and events in the community had been cancelled due to shortages of staff. Staff told us, “It’s a job juggling everything like the guys’ activities” and, “I see it having an effect, one person can’t do everything for five people. You can’t be everywhere at once”. Another comment was, “It has an impact, we have to cancel activities like cookery class, French class”. Staff also told us that at times they had to rearrange doctors’ appointments for people as there were not enough staff available to support them to attend.

The manager confirmed that on the day of our visit there were ten people living at the service who had a range of needs including challenging behaviour. There were five people who lived in The Hollies and five people who lived at Number 84. People had variable levels of support with personal care needs, managing medicines and behavioural support. On the first day of our inspection there was one member of staff on duty in Number 84 from 8am to 2pm and one member of staff working from 2pm to 10pm. In the Hollies there was one member of staff on duty from 8am to 2pm and one member of staff from 2pm to 10pm. There was an eight hour “float shift” between 2pm and 10pm which was used to cover both houses. The manager of the service was also present. On the second day of our inspection there was an additional member of staff on duty.

The provider’s action plan following the last inspection indicated there would be 3 qualified staff on shift in each house, totalling 6 staff on shift for the whole service. The four weeks of rotas supplied dated 21 September 2015 to 18 October 2015 indicated that there were fourteen occasions when there were less than six members of staff

covering both houses. We reviewed the communication book and an entry dated 5 October 2015 reminded staff that the “float shift” was to be used to cover both houses. The manager told us that there was no system used to determine the number of staff needed to meet people needs and the staffing was not reviewed to ensure that it responded to the changing needs of people using the service. The action plan following the June 2015 inspection stated that the staff rota would be checked regularly to ensure there were appropriate numbers of staff on duty. The provider had no systems in place to assess staffing levels to ensure that people’s needs were met or to keep them safe. Therefore they could not be sure that sufficient staff were on duty at all times.

This was a continued breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our inspection we identified concerns about the cleanliness of the premises. On the first floor bathroom there was a strong smell of urine and toilets, sinks and shower cubical were dirty. The toilet was soiled and the shower curtain was heavily marked with black marks, the shower was also blocked. The floor of the bathroom and the mat around the toilet were unclean. There were dust and cobwebs hanging from the ceiling.

The second bathroom on the first floor was also unclean. The toilet was soiled and in a state of disrepair. We spoke with the manager about this and a plumber arrived to fix the toilet. The shower curtain was marked and stained and the water had not drained from the shower. There were cobwebs hanging from the ceiling of the bathroom was heavily marked with black stains. The pull cords within both bathrooms were heavily stained. The area which staff and people referred to as “no man’s land” was unclean. No man’s land was the corridor between the adjoining houses. There were cobwebs hanging from the ceiling and the walls were heavily marked and chipped.

Staff completed daily house jobs such as cleaning the lounge and bathrooms; these tasks were to be signed for when completed. There were significant gaps in the recording of these tasks. On the 10, 11 and 13 October 2015, staff had not signed to record that tasks had been completed. On the day of the inspection staff had signed to say that the bathrooms had been cleaned but we observed that the bathrooms were not clean and tidy. Staff told us that tasks would have been completed but not signed off.

Is the service safe?

Staff were not clear on their responsibilities in relation to the care and cleaning of people's rooms. Staff told us, "We were told to offer support with room care but if they refuse there's nothing we can do about it". We spoke with the manager and were told that staff were responsible for the cleanliness of people's rooms and to support people to clean their own rooms. The manager referred to people's rooms and said, "We appear to have lost our duty of care". A social care professional told us, "The service is a little bit unloved" and stated that they had previous concerns that people were not being supported with housework tasks.

The provider had not ensured that the premises used was kept clean and well maintained. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the previous inspection, we identified a breach of Regulations associated with safeguarding as the provider had not responded appropriately to allegations of abuse. They had not notified the local authority safeguarding adults team or sent the required notification to the Care Quality Commission. The provider sent us an action plan which outlined how they would achieve compliance in this area. At this inspection we found that improvements had been made and they were now meeting the requirements.

People were now protected by staff who knew how to recognise the signs of possible abuse. People using the service told us that they felt safe living there and would feel

comfortable speaking with staff if they had a concern. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and they knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained how they would respond to any concerns and said, "I would record it, report it to my manager, the duty social worker and my area manager". Staff said they felt comfortable referring any concerns they had to the manager if needed. The manager was able to explain the process which would be followed if a concern was raised and when they would notify the Care Quality Commission about incidents. We discussed whistleblowing with staff and were told, "The management team are very approachable. I would be listened to if I raised a concern. I'd make sure I was! I'd just whistle blow if I needed to. It could be my son, daughter or sister."

People were supported by staff whose suitability to work there had been assessed. Safe staff recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) were undertaken. DBS checks identify if potential staff are not suitable to work with people in a care setting. Two references were obtained from current and previous employers.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of people who lack mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions on their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The service had a DoLS policy in place which stated that “an assessment of the person’s mental capacity must be carried out and recorded on the assessment of capacity form”. We spoke with the manager and were told that applications had been made for all people at the service. However when we reviewed three people’s care records, the decision-making assessment stated that they had capacity to make decisions. When a DoLS authorisation had been requested a decision specific capacity assessment had not been completed. As there was no decision specific capacity assessment in place and the information within the decision making assessment stated that people had capacity and were able to make decisions, the reason the application was deemed necessary was not clear. Applications to deprive a person of their liberty should only be made where they have been assessed as lacking capacity.

The provider had not followed the principles of the Mental Capacity Act 2005 or the Mental Capacity Act 2005 Code of Practice for assessing those who were unable to give consent due to lack of capacity. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not consistently received appropriate professional development. Supervision records showed that staff had not received regular supervisions or appraisals. Records showed that one member of staff had last received supervision in March 2015, another member of staff had last received supervision in April 2015. Staff told us that when it took place they found supervisions useful as it allowed them time to talk about people and how best to support them. The lack of regular supervision meant that the acting manager could not ensure that staff

received guidance on best practice and any concerns which staff might have may not have been addressed. **We recommend that the provider puts systems in place to ensure that staff receive the appropriate support and supervision so that staff are able to carry out their duties effectively.**

New staff undertook a comprehensive induction programme which included essential training such as safeguarding adults and health and safety, alongside shadowing experienced care staff. Staff had completed the provider’s induction checklist which involved familiarisation with policies and procedures and support plans. It also covered handover, fire prevention and evacuation procedures. Time was allocated to allow new staff to familiarise themselves with people’s support plans. We spoke with a new member of staff and were told that they had been shadowing more experienced members of staff and they had been given time to read through people’s support plans.

People received care from staff who had the necessary skills and knowledge. Staff had undertaken all relevant training to ensure they had the skills and competencies to meet people’s needs. Learning was delivered on line or face to face. The manager told us that they prioritised training to ensure that staff were aware of best practice. Training records showed that staff had received training in fire safety, safeguarding adults at risk, medicines and autism awareness. Staff training records confirmed that all staff training was up to date.

People told us they enjoyed the food and comments were, “Fantastic. Nice meals. Sometimes I get a choice. I like everything and there’s always enough.” People enjoyed showing us around the kitchen, the food they liked to cook and what tasks they enjoyed completing themselves. We observed lunch time and that people were supported to have sufficient to eat, drink and maintain a balanced diet. People told us that were supported by staff to go to the shops and were involved in the selection of their food. One person was supported to write their choices on a chalk board in the kitchen or on a note pad. Staff supported people to cook meals and people chose what they wanted to eat. They were encouraged to be as independent as possible. There was open access to the kitchen so people could help themselves to food and drink at any time of the day. People were smiling and enjoying the interaction with staff while they prepared food together. However people

Is the service effective?

told us that while they were involved in the preparation of food at lunchtime they were not always involved at their evening meal, as there was not always enough staff available. Staff told us, “I like to get them to help in the kitchen – peeling spuds or washing up. We have a dishwasher, but if you’re washing and drying dishes, there’s communication. It’s about supporting them to do things.” However we were told there was a lack of consistency in that not all staff would support people with meal preparation tasks.

People’s weights were recorded, with their permission, and healthy eating options were available. We reviewed one person’s support plan which showed that staff had concerns about the person’s weight and unhealthy food choices. As a result, contact had been made with the community learning disability team and they were awaiting contact from the psychology department to look at developing strategies to support this person.

Guidance was provided for staff in people’s support plans on how to support people to communicate. One person with limited verbal communication provided information for staff on how the person would indicate ‘yes’ and ‘no’ and how they would show they were interested or disinterested. Another person’s communication plan stated that they preferred to write things down. Staff made sure

they had access to pen and paper and reminded them to use this when needed. This ensured that people could communicate their needs and wishes effectively to staff and others.

People had access to healthcare professionals such as the dentist and optician; however staff did not always work in collaboration with professionals such as the district nurse and psychiatrist when people had more complex needs. This did not ensure the best outcomes for people. We have explored this in more detail in the Responsive domain.

Staff handover meetings took place between shifts so that daytime staff could share information with the night staff. Handover sheets were signed by staff. These detailed which members of staff were on duty and what support had been offered and refused by people. We observed a staff handover and saw staff handover keys, look at the communication book and discuss concerns regarding people such as any challenging behaviour displayed and people’s mood. Staff meetings took place regularly and the manager told us that they tried to have one every month. Topics such as individual people’s needs, safeguarding and support plans were discussed at team meetings. This allowed sharing of ideas and providing feedback to ensure people’s needs were met effectively.

Is the service caring?

Our findings

People told us “it’s nice living here. No one is horrible to me.” People felt they were treated with respect and kindness. We spent time observing care practices in the communal area of the home and the atmosphere was relaxed. We heard friendly conversations between people who used the service and staff. People were heard having conversations with staff about their family and when they planned to visit and they appeared to enjoy this conversation. One person’s support plan stated that they would sing when they were happy. On both days of our inspection we heard this person singing throughout the day.

We spoke with staff about how they involved people and were told that they like to encourage people to eat together at the table in the dining room to create a homely atmosphere and encourage people to speak about any concerns they had. They told us that it helped to give a sense of being part of a family. However we saw inconsistencies in the way in which staff responded to people. We saw staff speak gently and kindly to a person who was upset and displaying behaviour which may be challenging. We also saw staff walked passed someone who was upset and displaying challenging behaviour and that they were not acknowledged or responded to. We reviewed this person’s positive behaviour support plan which stated that they could become frustrated when they felt they were not heard. The support plan detailed what behaviour this person would display when they became frustrated. We spoke with staff about how they supported people with behaviour that might challenge and staff were able to tell us the strategies as detailed in people’s support plans. The culture at times could be task focus and staff did not appear to have time to prioritise supporting people when they displayed behaviour which could be challenging.

We observed staff maintained people’s privacy and they knocked before entering people’s bedrooms. At times we saw staff knelt down when talking to people so that they were at the same eye level. Staff told us that they maintained people’s dignity knocking on people’s doors and ensured that doors, windows and curtains were closed before supporting people with personal care. However the language used by staff was not always respectful and did not always promote people’s dignity. We spoke with staff

about one person and the support they needed and were told, “She’s ‘me, me, me’ and I don’t get it”. We spoke with staff about the support people needed when they displayed behaviour which may be challenging and were told, “It’s like a two year old throwing a temper tantrum, if (named person) doesn’t get attention she’ll throw a wobbler”. We saw that the language that staff used was a topic that was discussed at the October 2015 staff meeting. We spoke with the manager about the use of language and were told that they were aware that this was an area which needed improvement. They told us, “the language can be punitive at times”.

We recommend that the provider give further consideration to ensuring that people are consistently treated in a caring and compassionate way.

People felt that staff knew them well and they felt listened to. We were told “I feel the staff listen to me and act on what I say. They know me well.” We heard staff speak with people using language that they would understand and repeating information when needed. House meetings were planned weekly; however, staff told us that these did not always take place as there was not enough staff. The house diary showed that they took place every second or third week. People told us that they enjoyed the house meetings and they discussed the plans for the upcoming week including what activities people would like to take part in and who wanted to help with the weekly shop. People told us, “We have house meetings but not often enough”. People’s support plan described what was important to them what was a good day and a bad day and who was important in the person’s life, including family and friends and a communication profile. This allowed staff to understand people’s wishes and preferences.

On the day of our inspection the entrance was decorated with Halloween decorations. People’s artwork was displayed at the entrance to the home. People’s rooms were personalised with possessions such as paintings, photographs and bedding to make them feel comfortable and at home. People told us that they were usually encouraged to be independent and do things for themselves. Staff actively promoted people’s independence where possible. People went out in the community independently. One person told us they had an arrangement with staff that they would phone them to let

Is the service caring?

them know they arrived at their destination and they had taken their medication when it was due. Therefore people were empowered to make choices and be independent wherever possible.

People told us that they were encouraged to maintain contact with their family and people that mattered to them.

Some people chose to regularly visit their family and others chose to phone them. Some people did not have family who lived nearby and they were supported to make phone calls to them. One person regularly visited their mum and stayed overnight.

Is the service responsive?

Our findings

The care and support which people received was not always responsive to their needs. Each person had a person centred support plan in place which contained detailed information about their health and personal care needs. Care records also included copies of social services' assessments completed by social workers. There was information in people's support plans about their background and preferences in their daily lives so staff had information about people's likes and preferences.

However, support plans had not been reviewed monthly in line with the provider's policy. Staff told us that they did not always have time to review people's support plans as they prioritised supporting people with daily tasks. We checked a person's support plan and found that it was due to be reviewed July 2015, but there was no evidence of a review. The review document stated that each section of the support plan should be reviewed monthly or more often if needed. We spoke with staff about care records and were told "if I'm on my own I can't sit and do paperwork and not be with the guys. There's supposed to be one day a week for paperwork but it rarely happens". People's needs and preferences may not have been reflected in the care and support which they received because their support plans were not reviewed regularly.

People were supported by a named keyworker who was responsible for planning all aspects of their care. The manager told us that key working meetings should take place monthly to discuss all aspects of people's care. However, we found limited information which related to keyworker meetings and discussions which had taken place. We reviewed the one to one meetings planned with four people and three people had not received these meetings since July 2015. Staff told us that people's support plans were not reviewed when needed due to staff shortages. "Our priority has always been that people are cared for and do activities, we are aware that paperwork needs to be addressed". Therefore people may not have had the opportunity to be involved in the review of their care to ensure it was still meeting their needs.

Some people displayed behaviours that could result in harm to themselves or other people. However there were inconsistencies in staff's knowledge on how best to support people who displayed behaviour which may be challenging. We reviewed one person's care records and

saw that staff had identified that they required additional support to manage their continence needs. However we did not find any evidence of onward referrals to health care professionals. The change in their continence needs was not reflected in their support plan. We spoke with staff about this person's care needs and were told, "I can't understand that someone so sensible can't feel when they are so wet." Assessments did not take into consideration people's specific issues such as continence and challenging behaviour which had a negative impact on the care people received. Advice was not requested from professionals when planning care for people's complex needs and staff had a limited understanding of how to manage this.

Some people were able to go into the community independently while other people needed support from staff. The activities available to people were often group activities and people's individual preferences were not always taken into consideration. People told us that they were not able to take part in activities they enjoyed because of a lack of staff. One person told us that they liked to go swimming but this had only happened once as there were not enough staff. We spoke with staff about this and were told, "Sometimes there are not enough staff to take them out." We were told that another person who enjoyed long walks was not able to take part in these. We reviewed this person's support plan and saw that taking a long walk was a way of reducing the anxiety and possible challenging behaviour this person experienced. Staff told us, "We do as much as we can physically. Understaffing – just getting them out is an issue. There's not enough staff to meet individual needs". They said, "I don't want to go to the pantomime but I have to go because everyone else is going." People's support was not always personalised which could negatively impact on their mood, behaviour and feelings of wellbeing.

People had a planned schedule of activities including French classes and cookery classes. However due to staffing levels people were not always able to attend these. People and staff told us a trip to a musical was planned in the summer of 2015 but it was cancelled at the last minute because there was not enough staff. We spoke with the person whose activity was cancelled and they told us, "Felt horrible. Been looking forward to it".

Daily records were kept in individual diaries for each person. These had a section to record what the person had to eat, what support had been offered and accepted. The

Is the service responsive?

diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. We reviewed these records and saw that at times the information within these records was limited and the activities taken part in had not been recorded. These gaps in the recording of people's activities records made it difficult to know how people had spent their time

and what activities they had taken part in. It was not always documented what support had been offered or refused by people. However we observed a staff handover and saw that this information was discussed.

The above information demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there were gaps in person-centred care identified, we also found examples where people received appropriate care and treatment which met their needs and reflected their preferences. We observed a staff handover and saw staff discuss how people had spent their day and what personal care tasks they had accepted or refused. At times staff took people's individual preferences and needs into consideration when planning activities although this was not consistent. We found examples where responsiveness of staff ensured good outcomes for people. A person's support plan contained individual plans including behavioural support plan and personal care support plan. Support plans contained a document which showed what the signs of a good day and bad day would be for someone with limited verbal communication. This advised staff what daily events may upset this person, how they would behave and provided guidance for staff on how to reduce the upset the person experienced. When one person had an increase in falls, advice and guidance was taken from the falls prevention team. We reviewed people's support plans and positive behavioural support plans were in place which detailed types of behaviour, triggers, aims and how to best support this person and reduce the likelihood of them becoming upset and displaying challenging behaviour.

Some people undertook voluntary work in the community and were able to travel independently. We were told, "I've got a job cleaning tables and floors, and stacking shelves. It's voluntary. I get free coffee and lunch." This person told us how much they enjoyed this work and it appeared to have a positive effect on their confidence and wellbeing. Another person told us that they went into the local village

on their own but had recently been bullied by local children. Staff had involved the community liaison officer and 'Voice' advocacy. Advice had been given on ways to reduce the likelihood of this happening. Staff were aware of the advice this person had been given and reminded the person of this when they made the decision about when to go out into the local community. The person told us that they enjoyed going into the village by themselves and now felt more confident.

People spoke positively about being able to make choices on their day to day routines. One person said, "I can stay up and watch the television programmes I want and can lie in if I want to". People told us that there were involved in the interview process of new staff. One person said, "I get to meet new members of staff and went to United Response to interview a new member of staff." We received a mixed response when we spoke with people about their involvement in their support plans. One person told us "I'm involved in reviewing my support plan. I think my care is reviewed as often as they can do". Two other people told us they did not know they had a support plan and one comment was, "I would like to be more involved." We spoke with staff about the review process and were told, "When we carry out reviews we invite family members, staff, day service and the service user". When we arrived at the service, one person answered the front door and enjoyed showing us around the service. People enjoyed showing us their bedrooms and we saw one person's room which was decorated in pink. People told us they were involved in the choices of their room's colours and how it was decorated and personalised. Some people had stuffed toy animals. One person told us "My bedroom is how I like it". People had a choice in where they ate their meals and we saw people chose to eat their meal in the dining room while others ate in the lounge. One person chose to eat their lunch in the garden. Staff checked on the person in the garden to make sure they were warm enough, whether they were enjoying their food and if they needed any support.

People told us they would feel comfortable raising a complaint with staff and were able to tell us about the complaints process. Staff demonstrated an understanding of how to deal with a complaint, the manager told us that they did not have any records relating to complaints which we could review. The manager told us that they were unsure if records relating to complaints had been kept prior to their appointment in August 2015. The support plans we reviewed contained information on how to make a

Is the service responsive?

complaint and stated that people would be supported to make a complaint. Some people were members of a local advocacy group which they attended weekly when staff where available

Is the service well-led?

Our findings

The service was not always well led. There was no registered manager in post at the time of the inspection which was a breach of the provider's registration conditions. There was an acting manager in post who was also the learning and development manager for the provider. They had been in post since August 2015.

Quality assurance systems were in place to regularly review the quality of the service that was provided. There was an audit schedule for aspects of care such as medicines, support plans and staff supervision. A service manager from another of the provider's services carried out the quarterly audit which was then forwarded to the area manager. However when issues were identified, they were not always resolved in a timely way and many remained outstanding at the time of our inspection. We reviewed the August 2015 quarterly check and it identified that not all people had had a full review of their support plans in the last year. It did not detail what action was needed, who would carry this out or what the completion date was. The care records we reviewed showed that this process had been started, but had not yet been completed. The August 2015 quarterly check also identified that from five staff members, four had not received supervision. No action plan had been developed on how to resolve this and ensure that staff had regular supervision. From the quality assurance records reviewed, actions had not always been identified or clear timescales set.

We identified issues with people's capacity assessments. The May 2015 audit identified that capacity to consent assessments were not in place. It stated that they should be completed by the keyworker by July 2015. The August 2015 quarterly audit continued to identify that capacity to consent assessments were not in place, but did not identify what action was needed to address this, who would complete this or contain a completion date. There was no evidence of additional guidance or support offered to the manager to achieve the action tasks set within agreed timescales.

There were checks on equipment and medication stock checks and 'hazards inspections'. Hazard inspections were completed monthly by the senior support worker and checked areas within the service such as the kitchen, bedrooms and laundry rooms. The July and August 2015 monthly check stated that there were no issues identified

with the cleanliness of bedrooms. We identified concerns at the time of our inspection regarding the cleanliness of premises and bedrooms which had not been identified by the provider's quality assurance process. We raised issues regarding the state of one person's room with the safeguarding team at West Sussex County Council as we were concerned about the person's risk of self-neglect.

On the day of our inspection we saw that there were curtains lying on the floor of the dining room. The manager told us they were unsure how long they had been there but staff said, "we're talking weeks". We spoke with staff about maintenance tasks and were told "Maintenance doesn't get done". This issue had not been recorded or action taken through the provider's quality assurance system. The monthly hazard checks stated that several areas with the service including the hallway, kitchen and bathrooms needed new flooring. Carpets within these areas were in poor condition and staff told us that they had been raising these issues for three or four years but senior management had not taken any action. There had been no action plan set or timescales agreed on how to address these issues. There were additional areas where we identified concerns but these had not been identified by the provider's quality assurance process. For example, the recording of temperatures of medicines storage. The August 2015 quarterly check stated that risk assessments were up to date. From the records we reviewed we saw that risk assessments did not accurately reflect risk and were not updated. Quality assurance systems were not effectively used to drive continuous improvement within the service.

The manager was not able to produce any feedback or responses to questionnaires which had been received from friends or family. They were aware that previously family questionnaires were sent but were unsure if this had been requested recently. The provider did not have a system in place to monitor and respond to feedback from the relatives of people who used the service.

The above evidence demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the service had a 'quality checker' where a service user from another United Response home came to the service and carried out a quality check. This person was responsible, with support from staff, for carrying out a quality check of another service run by the provider. A person who used another service by the provider visited

Is the service well-led?

and carried out a quality check at The Hollies. This check looked at the home, the support people received and how people were respected and their independence promoted. This allowed people who use the service to feel involved in contributing to the running of the service however given the concerns identified at the time of the inspection it did not appear that this had a positive effect on the quality of the support provided.

At our previous inspection in June 2015 we identified concerns relating to the report of safeguarding concerns. The acting manager understood the home's safeguarding and whistleblowing policies and told us they would contact West Sussex Safeguarding team with any concerns. There was a whistleblowing policy in place and staff knew how to respond if they had a concern. Staff were able to explain the process and advised that they would feel comfortable speaking with the manager. Staff told us they felt they would be listened to and supported by the manager if they raised a concern. The provider had monitored staff's understanding and response to safeguarding. The August 2015 quarterly audit stated that staff on duty could identify signs of abuse and knew what action to take when abuse was suspected.

Throughout the inspection, the manager spoke with people and staff in a warm and supportive manner. Staff spoke positively about the acting manager and told us, "The management team are very approachable. I would be listened to if I raised a concern. I'd make sure I was! I'd just whistle blow if I needed to. It could be my son, daughter or sister." Another staff member said, "I can talk to the manager, he's approachable. I feel listened to" And "He's fantastic, he gets things done". The manager's mobile number was posted on the office wall to be used in the event of an emergency. Monthly staff meetings took place and topics discussed included safeguarding, people they supported and support plans. Staff said staff meetings allowed them to communicate their views about the policies and procedures in the home as well as to discuss arrangements for meeting people's needs.

Staff told us, "We've been in the thick of it, we've had three managers in two years". Staff told us that they did not always feel valued and that they found it difficult to plan and take their annual leave due to staff shortages. One staff member told us that their annual leave had been cancelled several times this year as there was not enough staff to cover their leave. They told us, "I feel exhausted but there's no-one else to do it". We discussed management changes and concerns we had identified at inspection with the manager. The manager told us, "There's been mixed messages due to the changes in management but we still have duty of care". We spoke with the manager about the visions and the values of the service and they told us, "We provide support that maximises independence as much as possible". We spoke with staff about the vision and the values of the service and were told, "They have not been communicated to me. The seniors get that". Management and staff did not always have a shared understanding of the culture of the service.

Staff felt that since the manager had been in post there had been positive changes within the service and concerns were responded to. Staff told us, "We're recovering from a pretty grim time, we've been through several managers. With the current manager things are starting to pick up". Another member of staff told us they felt they received more support since the acting manager started.

We received an inconsistent response when we spoke with staff and the manager regarding the provider. Staff told us that they did not feel listened to or valued. A member of staff told us concerns had been fed back through hazards inspections regarding the condition of the carpets to the provider for three or four years and no action had been taken. We spoke with the manager about the provider and they told us they felt supported. They said, "The organisation listens, they are absolutely a supportive organisation". The manager felt that they received the support they needed and told us that the provider was in the process of recruiting a new manager and they would apply to be registered with the Care Quality Commission when the recruitment process was completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had not ensured that the care and treatment of service users had met their needs and reflected their preferences. Regulation 9 (1)(a)(b)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment had not been provided with the consent of the relevant person because the registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(1)(2)(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The provider did not ensure that the premises were clean and hygiene standards maintained. Regulation 15(1)(a)(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured that people's risk were assessed and mitigated. Regulation 12(2) (a)(b)

The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2)(g)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured that systems and processes enabled the assessment, monitoring and improvement of the quality and safety of the services provided in the carrying on of regulated activity (including the quality of the experience of service users in receiving those services).

Regulation 17(1)(2)(a)(b)(f)

The enforcement action we took:

We have served a warning notice to be met by 2 January 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured that sufficient numbers of suitably qualified persons were deployed in order to meet the requirements. Regulation 18(1).

The enforcement action we took:

We have served a warning notice to be met by 14 December 2015.