Lifeways Community Care Limited

Lifeways Community Care (Exeter)

Inspection report

Unit 5, Cranmere Court, Lustleigh Close
Matford Business Park
Exeter
Devon
EX2 8PW

Tel: 01392829888
Website: www.lifeways.co.uk

Date of inspection visit:
12 June 2017
13 June 2017

Date of publication:
10 October 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 12 and 13 June 2017 and was announced. The last inspection of the service took place on 3 June 2016 when we rated the service as 'Requires improvement'. There were no breaches but we made three recommendations relating to their complaints procedure, supporting people to understand the support and choices offered to them, and reviewing their quality monitoring system. During this inspection we found insufficient evidence of actions to address these areas.

Lifeways Community Care (Exeter) provides personal care and support to people living in their own homes in Exeter, Mid Devon, East Devon, North Devon, Plymouth and Newton Abbot areas. At the time of this inspection there were 32 people who received personal care. In addition they provided support to a further 109 people who required support without personal care. This part of the service is not covered by CQC legislation and therefore was not included in this inspection.

There was a registered manager in post who was appointed at the end of 2016. In the last year there have been three changes of 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. Staff told us the new registered manager had introduced many positive changes and improvements. Comments on the registered manager included "Absolutely fantastic! Things filter down now. Praise for staff is passed on."

The provider had systems in place to monitor the quality of the service. However, they did not always take prompt or effective action to address any areas where improvements were needed. We also found that where the provider had made improvements in the past, these had not always been sustained.

Staff morale had been very low in the last year, and staff turnover had been high. There were signs this was improving following a recent recruitment campaign that had resulted in most vacant posts being filled. Actions by the new registered manager had helped to build staff morale, for example by visiting most of the shared houses and meeting people who used the service and many of the staff team. However, some concerns raised by staff related to the provider's management of the service. Team leaders had insufficient management hours to enable them to carry out their managerial tasks such as regular supervision for support workers. We also found some staff had not received supervision at the frequency laid down by the provider. In previous inspections we had also found there had been problems due to low staff morale and high staff turnover. Where improvements had been made, these had not been sustained.

Progress towards supporting people to achieve independence and control over their lives had been slow. Some positive steps had been taken, for example, forums had been set up in some areas to enable people to have greater involvement in the service. People had been involved in drawing up and agreeing their support plan before the service began. However, some people were unsure if they had been involved in regular reviews of their support plan. Progress toward supporting people to hold a copy of their support

plan, or hold their own medications, had also been slow. Support plans provided staff with detailed and up-to-date information on all aspects of people's support needs but were not always provided in a format that enabled people to understand or be fully involved in planning their support needs.

New staff received induction training that provided them with a good basic level of knowledge and competence before they began working with people. There was an on-going training plan offering staff regular updates on health and safety related topics, including some topics relevant to the individual health and personal care needs of the people they supported. However, some target dates for staff to complete these training topics had been missed. The registered manager told us they were aware of the need for staff to complete the training and they were making progress towards meeting the targets.

Each person had a plan in place giving instructions to staff on how to support the person. Support plans had been reviewed and updated in the last year, and provided clear and detailed information on all areas of the person's health and personal care needs, including any risks. However, where changes had been made to the copy of the support plan in the person's home, the copy held in the agency office had not always been amended at the same time. This meant that if problems or queries were raised with senior members of the management team, they did not have access to up to date or accurate information about each person's needs to enable them to make informed decisions or take appropriate action to ensure people received a safe and responsive service.

Arrangements were in place to receive and investigate people's concerns and complaints. People told us they knew how to make a complaint, and most people said they were confident these would be listened to and acted upon promptly. A person told us "I have been given information about how to make a complaint in my file, and it's by the telephone." The provider invited people to complete a survey in 2016 which included questions about the complaints process. People were asked "If you ever make a complaint do things change for the better?" The results of the survey showed that 58% of people agreed that this had changed for the better after they had made a complaint. However, 29% of people were not sure and 13% disagreed. At the time of this inspection we found the level of confidence in the complaints procedure was beginning to improve.

People were protected from abuse and harm by staff who had received training to enable recognise potential abuse and knew how to report it. Towards the end of 2016 we received a number of concerns and complaints about the service, including concerns raised by whistle blowers. These were passed to the local authority safeguarding team who investigated the concerns and met with the senior management to draw up and agree an action plan to address the concerns. At the time of this inspection we found improvements had been made in a number of areas, including staff recruitment and management of medications. A member of staff told us "I am one hundred per cent certain I could contact the appropriate person if I had any concerns (about potential abuse)". Safe recruitment procedures were followed which ensured new staff were trustworthy, honest and had the skills and aptitude to meet the needs of the people they supported.

People received support from staff who were caring. A person told us "Staff are very kind to me. If I am upset they will talk to me and comfort me." A relative said "Staff are very kind and compassionate. When my (relative) was in hospital recently the carers came into the hospital to visit her and be with her. The Consultant and ward staff commented on how kind and compassionate the staff were."

We found two 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?

Good

The service was safe.

People were protected from the risk of abuse because staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

People were supported to receive their medications safely.

Is the service effective?

Good

The service was effective.

People received effective care and support from well trained staff who understood their personal and health needs and how they wanted to be supported.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People were not fully supported by staff to achieve independence and control over their lives.

Support plans provided staff with detailed and up-to-date information on all aspects of people's support needs but were not provided in a format that enabled people to understand or be fully involved in planning their support needs.

People were not given information about their support visits in a format they could understand.

Arrangements were in place to receive and investigate people's concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor the quality of the service were not fully effective because the provider has failed to take action to ensure improvements were carried out and sustained.

People's views on the service were sought but actions were not taken to address issues arising from the questionnaires.

Staff were supported by a local management team who were approachable and listened to any suggestions they had for continued development of the service provided. However, communication with the provider and senior managers could be improved.

Lifeways Community Care (Exeter)

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 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.

This inspection was carried out on 12 and 13 June 2017 and was announced. We gave the service 48 hours' notice because the location provides a supported living service and we needed to be sure the manager would be available for the inspection. It also gave the service enough time to ask people if they would be happy to allow us to visit them to and check they are happy with the service they received.

The inspection was carried out by one inspector and one Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the first day we visited the agency office in Exeter where we met the registered manager and two service managers.

On the second day we were accompanied by a senior member of staff to visit three properties in Exeter and Newton Abbot where we met six people who were supported by Lifeways Community Care (Exeter). The people we met had varying levels of verbal communication, and therefore we also relied on our observations of interactions with staff with those people who were unable to tell us about the service they received. We also met six support workers. The Expert by Experience spoke with one person who used the service and two relatives on the telephone.

.

Before the inspection the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

People continued to receive a safe service. They told us they felt safe. Comments included "Yes I do feel safe," and "I know what abuse is and what to do about it. I have not had this at any time and I have been having care for 15 years." One person who used a wheelchair told us they did feel safe. Their only concern was that the fire doors from their flat closed when fire alarms sounded. They were worried because they would be unable to open the doors independently in the case of a fire. They had raised this as a concern with Lifeways Community Care (Exeter) who had liaised with the landlord to find a solution. They were satisfied their concerns had been listened to. A relative told us, "My (relative) I feel is safe. Although she wouldn't understand abuse, I most certainly would."

The registered manager told us they had set up 'support forums' to enable people to have greater involvement and control over their support. They had used the forums as a method of involving people in the recruitment process for new staff, giving people a say over applicants for posts. We looked at the recruitment files of four staff recruited since the last inspection and we found that careful checks had been carried out to ensure that people were protected from the risk of abuse from unsuitable staff. Before commencing work all new staff were thoroughly checked to make sure they had the skills, experience and values necessary for the job they had applied for. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. A person who used the service told us "There are three of us sharing this home so we have two staff all day and one at night. Yes, I help choose the new staff."

People were supported by sufficient numbers of staff to meet their needs and keep them safe. However, staff turnover had been high in the last year, and there had been high reliance on agency staff. We found this has been an ongoing pattern for the service in previous years. At the last inspection in 2016 staff recruitment and retention had been a problem during the previous 12 months but had improved at the time of the inspection. The information we received before this inspection showed that once again, staff retention had been a problem. In the last year 76 staff had left the service out of a total of approximately 200 staff. This meant there was a risk people received an inconsistent service from a constantly changing staff team. A successful recruitment campaign shortly before this inspection had resulted in new permanent appointments and therefore there we were satisfied there were sufficient permanent staff to meet people's support needs, with minimal need to seek cover for vacant shifts from other agencies. The registered manager told us the provider was aware of the problem and they were in the process of trying to improve staff retention, for example by seeking ways of building closer links between board members and local offices.

People were protected from abuse and harm by staff who had received training to enable them to recognise potential abuse and knew how to report it. Information provided by the registered manager showed that all staff had received training on safeguarding adults during their initial induction. Staff told us they had also received training and information on whistle blowing. The provider had a 'hot line' for staff to report any concerns, and the contact number was printed on the back of their staff identification badges. A member of

staff told us "I am one hundred per cent certain I could contact the appropriate person if I had any concerns (about potential abuse)".

Risks to people's health and safety had been assessed and staff knew how to support people to reduce the risks. Care plans contained information about the risks to each person's health and safety to enable staff to support the person to remain as safe as possible. For example, care plans guided staff to be alert to possible risks of choking. Where people had experienced signs of choking the staff had sought assessment and guidance from the Speech and Language Therapy team (SALT) and the advice they had received had been set out in the person's support plan. Where risks were identified due to people's behaviour, the support plans contained guidance to staff on how to support people to minimise the risks. Where people were at risk of health problems such as pressure sores, the risks had been assessed and staff had been given instructions on the care people needed. One person told us, "My pressure sores are now under control. Staff move me during the day and I have a special chair now to alter my positioning. They put cream on me as well. They always put it in the MAR (medicines administration record) sheet."

A relative told us they were satisfied staff knew how to keep their loved one safe, and said "Staff have to lock cupboards and doors at night to stop my sister damaging things." Another relative said, "They support my (relative) and her health needs, she has never had a pressure sore." They went on to say "She has epilepsy and they know when to call 999," and "If they are concerned they will call the GP or the Matron of long term conditions (a healthcare specialist who supported the person)."

Where people used equipment to help them move safely, a moving and handling assessment had been completed and staff had received instructions on how to use the equipment safely. A person told us "The carers have been trained to use my hoist and I help to train them as well."

People received support to ensure they received their medicines safely. Some people had chosen to keep their own medicines in secure storage in their rooms, although many people's medicines were held in secure storage in rooms used by staff for sleeping in and storage of records.

Safe systems were in place for obtaining repeat prescriptions, and to ensure people received their medicines in accordance with the prescriber's instructions. In the last year there had been a high number of medicine errors reported. The new registered manager and the senior management team had recognised the problem and had taken actions to reduce the number of errors. Where errors had been found they had met with the team leaders to work out why the problems had occurred and what they needed to do to prevent them from happening again, for example by providing further training for staff. They had carried out weekly audits to ensure actions taken have been satisfactory. They had also received advice and support from the pharmacy supplier. Medicine records we looked at in people's homes showed administration records had been completed accurately.

People we spoke with told us they were satisfied with the support they received with their medicines. One person told us, "I have my inhalers for my Asthma on me all the time. When I have hay fever they give me the medication for it and they also put cream on me when my eczema flares. My creams and hay fever meds are in a cupboard in my room." Another person told us "Yes I am happy the staff look after my medication. They make sure I get my medication at the right time." A relative told us "The staff have to keep her medication. She won't always take it. So I have arranged in those circumstances for them to call me as I can get her to take it." Another relative said "They are really good with her meds (better than me probably). They keep them in a cupboard in the kitchen and administer them via her PEG (Percutaneous endoscopic gastrostomy, a surgical procedure for placing a feeding tube to feed those who cannot swallow). They also complete her MAR (medicines administration record) sheet."

There were safe systems in plans to ensure people were protected from financial abuse. The provider acted as appointee on behalf of benefits for some people, but they were in the process of handing over this responsibility to the local authority, close family members, or an independent financial representative. Support plans contained evidence that people's ability to make decisions about their finances had been assessed, and where they were unable to make a decision the appropriate legal authorisations were in place to ensure decisions about their finances were made in their best interests.

Where people were supported by the service to manage their weekly budgets and pay bills, records had been completed for each transaction, balances had been recorded and checked, receipts had been maintained, and transactions had been signed by the member of staff and checked. There were safe systems in place to make sure that agreements and authorisations were obtained from senior managers before staff made larger purchases on behalf of people, for example for items of furniture.

Good

Is the service effective?

Our findings

People continued to receive an effective service. People told us they were confident the staff had the skills and knowledge necessary to meet their needs effectively.

People were supported by staff who had received training to enable them to meet people's needs. At the start of each member of staff's employment they received induction training to ensure they had the basic skills needed for the job. The induction lasted nine days which included classroom based training covering a range of important topics such as safeguarding, Mental Capacity Act (MCA), medications and health and safety. New staff also spent several days shadowing experienced members of staff, and they were not allowed to work on their own with people until the registered manager was satisfied they had the skills and knowledge necessary. New staff were also supported to gain a qualification known as the Care Certificate, which is a nationally recognised training format which ensures staff who are new to the care industry have the basic skills needed to provide effective care and support to people.

When staff had completed their probationary period all staff were offered a range of training and regular updates on topics the provider had identified as essential for their role. These included fire safety, first aid, infection control, medications, and safeguarding. We were given a copy of the staff training matrix showing that all staff had completed at least one session of training on these topics, although some staff had not completed ongoing updates within the timescales laid down by the provider. Staff were also supported to gain further qualifications such as National Vocational Qualifications (NVQs) or diplomas. At the time of this inspection nearly half of the staff held a relevant qualification.

We asked a person if they thought the staff were well trained and they answered, "Yes I do. When we have new staff they shadow old staff." A relative told us "The staff are really good." Another relative said "I do feel staff are well trained and know what they are doing." A relative told us, "Yes on the whole they have suitably trained staff to look after my (relative). They have recently started to train more staff to meet my (relative's) specific needs so there will be a pool of carers ensuring continuity. My (relative) has two carers twenty four seven. She lives on her own with the carers."

People who used the service were involved, as far as they wished or were able, to be involved in training the staff team. For example, one person who received a service had gained significant confidence and independence since they began receiving a service from the organisation. The registered manager told us that, due to the success of the support the person received, they were now involved in providing training to the staff team. This enabled staff to gain a better understanding of people's needs and to help them provide more effective support to people. One person we met told us they had been asked to 'sign off' the induction of a new member of staff to confirm they were satisfied that the member of staff had the skills and qualities to meet their needs.

Staff did not always receive the support they needed to enable them to provide an effective service, although we saw this was improving. Before the inspection some staff told us they had received little or no regular supervision. Comments included, "The training and supervisions are non-existent. I don't see my

manager from one month to the next, or hear from him via text or e mail." During this inspection we spoke with the registered manager about the level of support and supervision to staff. They told us that when they started they found many staff had not received adequate support or supervision and they had started to address this. New team leaders had been appointed to teams where problems had been identified, and they had been monitoring the teams closely to ensure improvements were being made. They had spreadsheets in place showing the dates when staff had received supervision from their line manager, and when sessions had been missed. This showed that the level of supervisions had increased in recent months, although some staff had continued to receive supervisions below the frequency laid down by the provider. The registered manager told us that lack of dedicated management time for team leaders meant that targets for staff supervision could not always be met (see Well-led). The lack of supervision and support had been identified in a staff survey completed by the provider as one of the reasons for low morale and high staff turnover. During this inspection the staff we met told us they had received regular supervision and support from their line managers. They were satisfied with the support they received, for example one member of staff talked about their line manager and said, "He is 'on the ball'".

People's health needs were assessed, and staff had sufficient information to ensure they understood each person's health needs, provided support to meet their health needs effectively, and ensured they received medical advice and treatment promptly when necessary. Care plans contained information on each person's health and personal care needs, and provided information to staff on the support the person needed. We heard from a relative, and from members of staff, about a person who had long term mental health problems. The service had worked closely with mental health professionals and the person's family to ensure the person received support that met their needs. The person had experienced regular periods when their mental health had declined. However, through close contact and co-operation with health professionals, and through the support of staff who had worked with them for many years, knew them well, and understood their illness, the frequency of the bouts of illness had reduced significantly. They told us "They try very hard to understand the situation." They went on to say "The care she receives now is a massive improvement on the last agency that cared for her."

People told us they were supported to attend regular check-ups and medical appointments. Staff knew when to seek urgent medical attention. Comments included, "We have regular check-ups with the dentist. Now when I use my tablet I have to wear glasses. They get the doctor or take us to the doctor if we are not well." A relative described the support one person was receiving with dental treatment. They went on to say, "They also take her to the opticians and any GP appointments." Another relative said "Yes staff do know when to call in the GP or dial 999 if her epilepsy requires them to do so." They also told us that staff communicated well with them and with professionals and followed their advice and guidance. The relative spoke positively about the staff team and their working relationship.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). One person told us they were satisfied that staff understood their right to make decisions, and never placed any restrictions on them, saying "There are no restrictions at all. Staff offer to take me out to places but I don't always want to go." 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. We checked whether the service was working within the principles of the MCA. Where necessary the service had completed a mental capacity assessment around specific decisions such as care planning and finances. They had liaised with the local authorities where necessary.

People received support from staff to ensure they received a healthy, balanced diet. Where people needed

support from staff to help them eat and drink, their support plans provided detailed information to staff on how this should be achieved. Menu plans had been drawn up with people to ensure each person received a varied and balanced diet based on their individual dietary needs and preferences. Support plans contained information about each person's dietary needs, and the foods they liked and disliked. One person who lived in their own flat told us they sat down with a member of staff every Sunday to choose their menu for the following week. They went out with staff to shop for the food, and they were involved as far as they were able to prepare their own meals.

One person told us "I can please myself when it comes to drinks and food. I now have a special beaker for drinks that I can hold as before someone had to hold it for me. Every Wednesday I and the other two guys who share with me have a meeting to plan the week's menu. We all have our say and then we go shopping to get what is needed. I watch the staff do the cooking as I can't do it. If there is something I don't like they will within reason do something else but usually I like it. After 15 years they know my likes and dislikes." A relative told us, "I have been very clear with the carers who look after my (relative) that whatever she wants she can have. They know her likes and dislikes and always ask her what she wants. They do encourage her to peel vegetables and do other things to help prepare the meals. They do all the meals from fresh ingredients. She does not have frozen meals. They also ensure she has plenty of drinks, fruit and snacks."

Good

Is the service caring?

Our findings

People continued to received support from staff who were caring. A person told us "Staff are very kind to me. If I am upset they will talk to me and comfort me." A relative confirmed staff were caring, saying, "They are, and they try very hard to understand the situation. My (relative) gets easily upset especially if it is a new carer." They went on to say "They tell me they get worried about calling me as at times I am the only one who can calm her down but I am glad they do and I reassure them it is okay to contact me. It doesn't matter how many times they have to. The care she receives now is a massive improvement on the last agency that cared for her." Another relative said "Staff are very kind and compassionate. When my (relative) was in hospital recently the carers came into the hospital to visit her and be with her. The Consultant and ward staff commented on how kind and compassionate the staff were."

People were supported by staff who understood the things that were important to them. One person told us that every other day they sat down with staff to talk to them about their anxieties. They told us "Sometimes I really need to talk to someone to get the anxieties out of my system. The staff are always available if I want to talk." Another person told us, "I can have a great laugh and a joke with some of the staff. Others I may not like much so just get on with them."

Relatives told us staff not only displayed warmth and understanding to the people who used the service, but to relatives also. Comments included "Yes I do feel my (relative) is able to chat to the carers and connect with them most of the time. I find them very supportive towards me as well and they will ask me if I am happy with what they are trying to do. I can talk to them, and "Yes my (relative) is able to connect well with her carers. I can also chat to them and have a laugh and a joke."

People received support from staff who understood the importance of respecting their privacy and dignity. We asked one person if they felt the staff always respected their dignity and they told us, "Yes I do. When I am awake I buzz the carers and they come to me. They make sure they close the door when doing my personal care and they cover my private parts when washing me. When I use the toilet they leave me in peace and I call them when I have finished and need their help." Relatives told us, "They do their best. They shut doors when doing her personal care and they lock cupboards and secure all doors at night so she can't damage things over night." Another relative said "Very much so. My (relative) lives in a ground floor flat and they ensure curtains are draw and main doors shut when doing her personal care. When the weather is really hot they will leave the bathroom open but as soon as someone like myself lets themselves into the flat they call out and tell us to stop where we are until the bathroom door has been closed. If washing her they cover her bottom while doing the top and vice versa."

People told us the staff had talked to them about their end of life wishes, and knew how they wanted to be cared for at the end of their lives. One person told us "I have told them I want my money to go to the dog's charity. I don't know what cremation or burial means. My Mum died in 2016 and now my brother is my next of kin, he might know what has to be done. I expect when I die things like my TV will go to him." A relative told us "It is a difficult conversation to have but we have had it. It has been discussed with me as my (relative) can't tell anyone her wishes. Some staff feel uncomfortable about it and quite scared. My

(relative)'s condition is rare and she won't have a long life so it is something we have had to do."

Many of the people supported by the service were younger adults who were not expected to die in the near future. This meant some staff may have little experience of supporting people who were dying. When two people died suddenly and unexpectedly staff were very upset. A member of staff told us they had coped well due to the close support from their colleagues, saying "We all support each other." The provider had offered staff counselling.

Requires Improvement

Is the service responsive?

Our findings

At the last two inspections in 2015 and 2016 we found the service was not fully responsive. People had not been fully supported to make decisions about their support or care needs. They had not always been involved or consulted in drawing up or reviewing a plan of their support needs, and had not been given information or copies of their support plan in a format they could understand. During this inspection we found some actions had been taken to address the issues identified, but further improvements were still needed.

Support plans contained evidence that people had been consulted before the service began, and they had been involved in drawing up and agreeing their support plan. However, we heard mixed responses from people about the ongoing level of consultation with them in reviewing their support plans. For example, one person told us, "I helped with setting up my plan 15 years ago. They write a daily report in the file. I don't know about reviews." Another person told us they had sat down with a member of staff to agree their support plan and agree what should be written in it. We asked another person how often their support plan had been reviewed with them and they told us, "I don't really know." A relative told us, "Yes I have a copy of my (relative's) care plan." Another relative told us, "I was very much involved in her care plan. I commented, they wrote. We do have an annual review which involves the Matron from the multi-disciplinary team. They are constantly looking at the care plan as and when my (relative's) condition changes. Recently they had a new team leader and used the opportunity to introduce her to ourselves to undertake a review of my daughter's care." After the inspection we received evidence from the provider that in a recent survey 84% of people agreed that they were involved in planning their support. They also provided evidence to show that 22 people had some involvement in their recent reviews, although they did not tell us how the remaining people were involved or consulted in reviewing their care.

Support plans had been reviewed and updated in the last year. However, where changes had been made to the copy of the support plan in the place where the person lived, the copy held in the agency office had not always been amended at the same time. For example, one support plan we looked at in the agency office did not contain any information about the person's current medication. The registered manager told us team leaders did not have access to computer equipment and this meant they had to visit one of the agency offices, either Plymouth or Exeter, to update the office records. Where team leaders were based many miles from either of the offices they frequently had insufficient time to visit the offices to update the records. During an inspection of the service in 2014 we found similar concerns. During our inspections of the service in 2015 and 2016 we found they had taken actions to ensure the office copies of support plans were up-to-date. However, during this inspection we found those improvements had not been maintained. This meant that members of the management team and staff based at the agency office staff did not always have access up-to-date and important information about each person. Where problems or queries arose, for example if support staff contacted managers for advice, or when staff were unexpectedly off sick, the management team could not be confident they had access to current information about the person to enable them to give accurate advice to ensure people received a safe and responsive service.

Failure to maintain accurate records relating to the care and treatment of each person using the service, and

ensure these are accessible to authorised people in order to deliver people's care and treatment is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

People did not always receive a service that supported or enabled them to gain independence. At the last inspection we found that support plans were usually held by the service in an office/sleeping in room in the person's house. People could request to see their support file if they wished, but they had not been given a copy in a suitable format they could understand. The registered manager told us they were planning to introduce easy read versions of the support plans in the next 12 months, and people would be given a copy. We also found that people were not encouraged to hold or manage their own medicines. Since the last inspection people had been consulted about holding their own medicines in their room. However, where people initially said they wanted to hold their own medicines, many had later declined when they found out they would be charged for the purchase and fitting of a cabinet to hold the medicines securely. Therefore most people's medicines continued to be held in the staff sleeping-in room in a locked cabinet. This meant the service was not promoting or enabling people to gain independence and have as much control as possible over their lives. This response was also highlighted in the results of the provider's most recent quality assurance survey. The results showed some people told the provider they were either unsure, or definitely had not been involved in planning their support.

We asked people if they received a timetable each week letting them know the names of the staff who would be supporting them, and the times they could expect the staff to arrive and leave. We found that timetables had been provided in each shared house. However, they had not been drawn up in a format that every person could read or understand. Most people received support on a consistent basis each week from a team of staff who usually worked the same days and times each week and therefore people had not raised this as an issue.

Before the inspection began we asked community professionals for their views on the service. One professional told us about concerns they had raised with the service relating to access the community, activities, and choice of foods. During our inspection we found the management team had listened to the concerns and had taken action to address them. However, the professional also said, "I felt their recording was more in line with a residential home and not of supported living." This comment reflected some aspects of our findings during this inspection, for example involving people in the reviews of their care, and supporting people to hold and manage their own medicines.

Support plans were easy to read and covered most areas of need. Most plans were detailed and explained clearly how the person wanted to be supported with each task. They were neatly filed which meant staff could find relevant information quickly when needed. However, the plans contained a section where the person's goals were listed. The information in this section was usually very brief and did not explain the steps the staff should follow to support the person to reach the goal. For example, one person's identified goal was "To clean teeth better." There was no explanation why the goal had been identified, how it would be achieved, or when.

Failure to regularly consult with people about their support needs, involve them in reviewing their support needs, and lack of information about the services and support they received in a format they could understand meant there was a risk that people did not receive care that was personalised and in accordance with their wishes.

People had not been fully supported to make decisions about their support or care needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person-

centred care

One person told us they felt they had benefitted from the support from staff, saying "I would say my anxieties have got better since I moved here." They explained that when they felt worried about anything they liked to talk to staff about it. They said staff always had time to listen. A member of staff told us they all worked together to make sure they understood the support each person needed. They always had time to stop what they were doing if someone wanted to talk to them. They told us "As far as I am concerned, that's what we are here for."

Each person received support to enable them to participate in a range of activities according to their interests and preferences. One person we met told us about a wide variety of activities they enjoyed each week including wheelchair dancing. Another person was just about to go out into town with a member of staff. Another person told us "I shall go out later today around the town. I like to potter about in our garden. We all have cars so go out. I like bowling. Four weeks ago I went to the NEC to 'This Morning Live'. We went by car and stayed in a hotel overnight it was really good. In November I go to Butlins at Minehead. I really like it there. In the winter when it is cold we have Sky TV and we often watch that rather than go out." A relative told us "It has been harder over the last twelve months to take her out and about due to her deteriorating condition. All the things she loved to do like swimming, going to theatre and having barbecues are no longer possible. They do try and take her out early in the morning especially when the weather is hot as she can't cope with too much heat. She loves horror movies, films and DVD's which she watches with the carers."

People told us they knew how to make a complaint, and most people said they were confident these would be listened to and acted upon promptly. A person told us "I have been given information about how to make a complaint in my file, and it's by the telephone." They said they had never needed to make a complaint but they would contact one of the management team if necessary. They also said they felt staff listened to them and said, "They do listen to me. They know when I am happy or unhappy. When I am unhappy I go quiet and they will ask me what is wrong and then cheer me up." Another person told us "Yes I know how to do it. Over a year ago I made a complaint and it got sorted out." A relative told us "Yes I do complain at times and am confident to do so." They told us about instances when they had made complaints in the past and the issues had been addressed.

The provider invited people to complete a survey in 2016 which included questions about the complaints process. People were asked "if you ever make a complaint do things change for the better?" The results of the survey showed that 58% of people agreed that this had changed for the better after they had made a complaint. 29% of people were not sure/maybe and 13% disagreed. This showed that some people were unsure or lacked confidence that the provider would listen and take actions to change things for the better. The registered manager told us this had been highlighted as an issue. They had taken action to ensure that the provider's complaints policy was followed and all complaints were addressed within the specified time scales. They were also ensuring that each complaint was followed up to ensure that the individuals had received letters explaining the outcome of their complaint, and that they were happy with this. Where actions were needed, these were checked to ensure that they have been completed and that any recommendations that there were made had been carried out. They also told us that complaints were now discussed at their monthly 'Driving Up Quality' meetings so that they could be shared with the wider team and any learning from the outcomes could be shared.

Requires Improvement

Is the service well-led?

Our findings

The service was not fully well-led. At the last inspection we found that where people lived in shared accommodation, some aspects of the service were institutional. The provider had failed to fully promote people's independence. People's medicines and care plans were routinely held in the staff sleeping-in rooms, and people were not fully involved or consulted about the support they received. At this inspection we found progress had been slow, and the provider had failed to bring about improvements to ensure people received a personalised service in which their independence was fully promoted and enabled.

The provider had a range of quality monitoring systems in place including workbooks completed by members of the management team on a weekly and monthly basis. Audits and checks were carried out on the service covering medications, staff rotas, training, supervision, and support plans. This information was passed on to the registered manager who completed their own monthly workbook which collated the information from the team leaders and management team. The provider employed auditors and quality assurance assessors to carry out their own checks on the service and identify areas for improvement. However, the provider had not always taken prompt or effective action to address any areas where improvements were needed. We also found that where the provider had made improvements in the past, these had not always been sustained.

Towards the end of 2016 we received a number of concerns and complaints about the service, including concerns raised by whistle blowers. These related to issues including poor handling and security of medicines, poor care, poor management of services, high staff turnover and the use of agency staff. These were passed to the local authority safeguarding team who investigated the concerns and met with the senior management to draw up and agree an action plan to address the concerns. At the time of this inspection we found improvements had been made in a number of areas, including staff recruitment and management of medications. However, there were still some areas not fully addressed, including staff retention, supervision, training and support to staff, and ensuring records held in the agency office were up to date.

In the last year staff morale had been very low, although the staff we met told us that morale had improved since the registered manager had been appointed. Staff turnover had been high in the last year, and there had been high reliance on agency staff. We found this has been an ongoing pattern for the service in previous years. At the last inspection in 2016 staff recruitment and retention had been a problem during the previous 12 months but had improved at the time of the inspection. The information we received before this inspection showed that, once again, staff retention had been a problem. In the last year 76 staff had left the service out of a total of approximately 200 staff. After the inspection the provider and registered manager told us the use of agency staff had reduced and continues to reduce.

Before the inspection we received five responses from staff raising concerns about the management of the service. One staff told us, "Cutbacks to services (i.e. fewer hours for team leaders and senior staff to carry out management tasks) have resulted in poorer standards of care. This is across the board. My colleagues and I are doing the best we can, but sometimes it is a struggle to do what is expected of us in the allocated

amount of time." Another member of staff told us, "Morale is pretty low in Plymouth. Team Leader job is very demanding. 'On Call' can also be demanding, done on their (staff member's) own time (or on their) day off and unpaid unless called to a scheme/service user. Management do their best locally and regionally and I for one have support when I ask for it." The registered manager told us the provider was aware of problems relating to staff morale and staff retention and was looking at ways of bringing about improvements. The provider had recently completed a staff survey and the results had identified low staff morale. However, we have found they have failed to make sustained improvements when staff morale and staff retention had been identified in our previous inspection reports. After the inspection the provider and registered manager told us, "We are taking steps to address any recruitment and retention issue. We hold employee forums throughout the year, HR (human resources) workshops, newsletters are regular circulated to all the staff from the Registered Manager, celebrations are held and good news stories shared. There is the Above and Beyond Awards which are used. All in the aim of increasing staff morale

The provider had failed to ensure accurate and up to date records of each person's support needs were held in the agency office. The registered manager and senior staff told us that team leaders did not have the computer equipment or sufficient management hours to complete management tasks such as visiting the agency office to update the office copy of each person's support plan. This meant office based staff did not always have access to current support plans or important information on each person, such as their current medicine information. During an inspection of the service in 2014 we found similar concerns. During our inspections of the service in 2015 and 2016 we found actions had been taken to ensure the office copies of support plans were up-to-date. However, during this inspection we found those improvements had not been maintained.

The provider was not complying with their own policies and procedures in respect of staff training and support We were given a copy of the staff training matrix showing that all staff had completed training on topics the provider had determined as being essential. However, some of the training had been received several years ago, and a number of the staff had not completed updates on the topics within the period laid down by the provider. We also found that staff had not always received supervision within the frequency levels laid down by the provider. The registered manager had spreadsheets in place showing the dates when staff had received supervision from their line manager, and when sessions had been missed. This information was transferred onto workbooks which provided information to the provider on all areas of the management of the service. The workbooks showed that some staff teams had only reached 50% of their target supervisions. The registered manager told us they were doing their best to improve the frequency of staff supervision. However, the number of management hours allocated to team leaders for managerial tasks including staff supervision, were insufficient. This meant we could not be confident that the provider had systems in place to ensure their targets for staff training and staff supervision would be met, or that any improvements would be sustained.

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

At the last inspection we found that some aspects of the service people received were institutional and the service had failed to support people to have as much control of their lives and their belongings as possible. Where people lived in shared accommodation their medicines and support plans were routinely held in a staff sleeping-in room that was also used as an office. This meant people had not been supported to have as much control and 'ownership' of their own medicines as possible. People had not been consulted about where they wanted their medicines to be stored. During this inspection we found that progress towards enabling people to hold their own support plans and medicines had been very slow. Where people had chosen to keep their own medicines in secure storage in their rooms, most had been deterred by the high

cost to them of purchasing and installing the cabinets. The provider had failed to support people to find a way of enabling them to hold and have as much control over their medicines as possible, without incurring undue costs to the person. This had resulted in medicines remaining in the office/sleeping in room rather than being stored in their own rooms. We also found that progress towards providing people with copies of important documents such as support plans in a format suited to their needs had also been very slow.

There was a registered manager in post who was well-liked. Staff told us the new manager had introduced many positive changes and improvements. Comments on the registered manager included "Absolutely fantastic! Things filter down now. Praise for staff is passed on," and "he thanks you. He also tells you when things need sorting". One member of staff told us the registered manager was supportive, saying, "He is very understanding about personal circumstances".

People were involved and consulted in various ways. House meetings were held in shared houses to enable people to raise issues, make suggestions and agree actions. Some people who used the service regularly attended forums set up to enable that to have greater involvement in the running of the service, including having greater involvement in staff recruitment. The provider also sent out questionnaires to people who used the service, relatives and staff and an action plan was drawn up to address the issues raised. The results of the last survey in 2016 showed the service there had been a high level of satisfaction with the staff who worked directly with people. However, some people were not confident that if they complained, the provider would listen and take actions that would change things for the better.

A person who used the service told us, "I know the manager and the senior staff. They manage well. I can talk to them whenever I want. Sometimes they visit the home." A relative told us "The senior staff keep us up to date on everything. One guy is really good and if I have an issue I can talk to him, he is very approachable. He does spot checks regularly so sees what happens from time to time." Another relative said "Locally the service is well led. The senior (managers) are difficult and too remote from the client. They don't really understand the issues. When I have phoned them I don't feel they listen to me. The carers try to listen to me as much as they can but they are often caught in-between the spats I have had with these people. They also have poor retention of staff as they don't ask staff for feedback or take much notice of what they have to say."

The registered manager had made it a priority to visit most people, and meet with the staff teams who supported people living in shared accommodation. They had also introduced changes to the senior staff team to improve the management of the service and provide greater support to the staff. A member of staff told us "There were issues with management but it's Ok now. (Senior manager's name) is really good. I can't praise (name) enough." They went on to describe how the senior manager had supported the staff team and made positive changes, saying "(Senior manager's name) has had a massive input here. She is amazing. People respect her."

The registered manager told us about some of the actions that had been taken by the provider to improve their links with each location, improve communication with staff and have greater focus on issues relevant to each location. They planned to hold board meetings in local offices. They had also introduced initiatives to 'celebrate success' by awarding certificates of achievement to those staff who had delivered a high standard of support to people. The registered manager had introduced a newsletter for staff to improve communication and information about the organisation.

Improvements had been made in the last year in the way the service sought the views of people who used the service and their families. People had been asked to give their comments on the service through questionnaires. Support forums had been set up to gain the views of people using the service. People were

now more involved in recruitment of staff.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider has failed to enable and support people to make, or participate as far as they are able in making decisions about the services they receive.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People did not receive a service that was fully well-led because the provider has failed to adequately assess and monitor the service, identify where improvements should be made, take appropriate action to ensure improvements are carried out promptly, and ensure improvements are sustained. The provider has failed to maintain accurate records relating to the care and treatment of each person using the service, and ensure these are accessible to authorised people in order to deliver people's care and treatment