Lifeways Community Care Limited

Lifeways Community Care (Taunton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 and 21 June 2017 and was announced. We gave the service one day's notice we would be attending as we needed to ensure that senior personnel would be available during the inspection. When the service was last inspected in September 2015, no breaches of the legal requirements were identified.

At the time of this inspection the service supported 31 people living in seven different premises, including single occupancy and shared occupancy properties. The service is registered for the provision of personal care in people's own homes. This includes support with personal care, such as assistance with bathing, dressing, eating and medicines. We call this type of service a 'supported living' service.

People's accommodation was provided by separate landlords, usually on a rental or lease arrangement. The service was responsible solely for the provision of personal care and not for the provision of the seven premises. People who used the service had a wide range of cognitive impairment and/or other support needs, ranging from mild to severe learning disabilities or autistic spectrum disorders. Some of the people had very complex support needs and required support from the service 24 hours a day. Other people were more independent and received support for just a few hours a day to help with their daily routines.

The provider's current area manager had applied to the Care Quality Commission (CQC) to become the registered manager for the service. Their application was currently in progress. A registered manager is a person who has registered with the CQC 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.

During this inspection, we found the provider had not always ensured consent or decisions taken on behalf of a person who lacked the metal capacity to do so had been obtained or recorded in line with current Mental Capacity Act 2005 legislation. This placed people at risk of receiving care that was not in line with their preferences. The service had not highlighted to the relevant local authority when people were under continuous supervision and control and were not able to leave their supported living accommodation independently. This meant that people were unlawfully deprived of their liberty. Governance systems used in the service had not identified these shortfalls of effectively monitored the health, safety and well-being of some people.

During a review of records, we found that some risk assessments were not reflective of people's current risks. Some people receiving a high level of support from the service were not consistently socially or actively supported. People received their medicines as they needed them, however current arrangements for people receiving their 'As Required' medicines. People were not always supported by staff they knew. The service had various staff vacancies and current staff levels were not always ensuring staff received a break. Staff knew how to report abuse and recruitment procedures were safe.

We saw that generally people received the support they needed to eat and drink sufficient amounts. However, we found an example where one person had sustained a significant weight loss that had not been identified or escalated placing them at risk.

Staff received an induction aligned to the Care Certificate which was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. Staff also received ongoing training and support through a supervision and induction process.

We observed that staff interacted and cared for people in a kind and caring way. Staff we spoke with understood the people they supported and could detail their likes and preferences. People had formed close friendships with others in their supported living service and maintained contact with friends and family.

People were involved in care planning and reviews, however we were told by staff that there had been times when they could not access the care plans. This placed people at risk of not receiving personalised care. People met the staff that supported them before using the service. Where required, people had positive behaviour support plans in place and had been involved in their creation where possible. There were systems to ensure complaints could be heard and responded to.

Staff we spoke with commented less positively about the high turnover of senior management within the service, both locally and regionally. There were systems to seek the views of people, their relatives and staff in the form of a survey. Where required, action plans had been created to address shortfalls. There were systems to communicate key messages to staff and the provider had systems to communicate with people and their relatives.

We found three beaches 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?

Requires Improvement

The service was not consistently safe.

Risk assessments were not always up to date and reflective of current risks.

Some people were not protected from the risk of poor mental stimulation.

People might not always receive care in a safe or timely way as some staff were unable to contact the office or staff on call.

People might not always receive their medicines safely and as required.

Staff knew how to identify abuse and recruitment was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Decision making was not undertaken in accordance with legislation.

The service had not escalated unlawful deprivations of liberty.

People's nutritional care and support was not always effective.

People had access to external healthcare professionals.

Staff received induction, training, supervision and appraisal.

Is the service caring?

Good

The service was caring.

Staff were kind and caring when interacting with people.

People were supported by staff that understood their likes and needs.

People were supported to keep in touch with friends and family.

People were supported to celebrate special occasions.

Planning and reviewing people's care was inclusive.

Is the service responsive?

Requires Improvement

The service was not responsive throughout.

Staff could not always access plans to provide personalised care.

People were not always engaged in meaningful activities.

People met the staff that supported them prior to receiving care.

There were positive behaviour plans in place and staff communicated well.

There was a complaints system in place for people to use.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were breaches of the Health and Social Care Act 2008.

Governance arrangements had not always identified risks to people.

There were systems to seek the views of people, their relatives and staff.

The provider communicated information to people and their relatives.

There were systems to ensure staff received key messages.

Lifeways Community Care (Taunton)

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.

This inspection was carried out by three adult social care inspectors. When the service was last inspected during February 2015 no breaches of the legal requirements were identified. This inspection was carried out following concerns being raised with us.

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 the improvements they plan to make.

We reviewed the information in the PIR and information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with seven people and 10 members of staff. This included the area manager, service managers and support staff. We visited people living in three of the properties that accommodated people supported by the service.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and governance systems. We also reviewed six people's care and support records.

Requires Improvement

Is the service safe?

Our findings

We found that improvements were needed to make sure everyone using the service received a safe level of care and support. For example, we found that some risk assessments were not always up to date which could place people and staff at risk. One person had a risk assessment regarding going out in the car with one member of staff. It outlined the safest place for the person to sit in the car and what staff should do if they required support when they were out. However, due to their behaviours, staff - including the service manager, felt that it would not be safe to take this person out in the car without a second member of staff. The lack of an up to date risk assessment and the high use of agency staff meant there was a risk that staff could place themselves and the person at risk by going out in the car alone.

There were some permanent staff employed to work with people and a number of agency staff were used. Staff from other services run by Lifeways also supported some people on occasions. On the day of the inspection, one person was supported by a permanent member of staff, one person was supported by a member of staff from an agency who was working towards permanent employment and another person was being supported by a member of staff from another service. This meant that people were often supported by staff that may not know them well or fully understand their complex needs. One member of staff said, "Staff here can be quite inconsistent." Another member of staff told us there had been times when one person had not had staff to support them.

People were not always supported by staff who were able to access assistance and support from the service. For example, staff who supported people on the first and second floor of one service had access to one mobile phone on each floor. This meant that when people went out, staff had no way to contact anyone in the case of an emergency unless they used their own personal mobile phone. Staff confirmed this. Within another service, we were informed by the service manager that each person using the service was allocated a mobile phone which contained a selection of numbers, such as family members and the Lifeways' office. This enabled staff who were out with people to easily summon support or seek advice if required. Within a third property, staff told us there was no landline telephone in the main part of the building and that mobile telephone reception was poor. During our conversations with staff, they told us the poor mobile telephone reception meant it was impossible for them to summon help without going to the annexe to use the phone. The inconsistent provision of communication equipment could place people and staff at risk.

There were systems in place to make sure people received their medicines safely. All staff received training in the safe administration of medicines and had their competency assessed before they were able to administer medicines to people. Each person had a medication administration record where staff recorded what medicines had been given and when. Records confirmed this. However, on two separate records staff had written a prescription for an 'As Required' pain relief medicine twice. On both entries, it stated that the maximum dose in 24 hours should not exceed eight tablets but as there were two entries for the same medicine there was a risk the person could receive up to 16 tablets in 24 hours.

There was a clear procedure for the administration of 'As Required' medicines. However, these procedures could place people who lived at one particular service at risk. Before administering any 'As Required'

medicines, staff were required to contact the senior 'on call' member of staff for authority. As previously highlighted, staff told us there was no landline telephone in the main building of this service and poor mobile telephone reception meant they had to physically leave the main building to make a call to senior staff. Staff were unable to leave the person alone due to them requiring permanent assistance throughout the day. In addition to this, the person who may need the 'As Required' medicine could already be anxious or displaying behaviour that may challenge, as this could be the reason the staff member felt the necessity to administer the medicine. By staff having no access to a landline telephone and having to leave the building to use a mobile telephone, there was a risk the person might not get the assistance and medicines they required promptly.

People were not always supported with adequate staff support. The service currently had a significant number of staffing vacancies. Within two of the three properties we visited, staff told us they had a consistent staff team which meant people received care from three or four different staff members. This meant people received their support from staff who knew them well and were able to provide appropriate care and social stimulation. During the inspection most people living at these two properties were out with staff taking part in leisure activities. Some agency staff were deployed to make sure people received their correct level of support.

At a third property we attended, staff worked long hours and there were no formal arrangements to enable them to have a break. We were informed by a member of staff who provided, 'One to One' care that on one occasion when they had gone to the bathroom during their shift, there was no other staff in the building to supervise the person they were supporting who had complex needs. Being left alone for this period of time, without the support of another staff member, had resulted in the person behaving a way that could have caused injury to themselves. In addition to this, it was observed there was no opportunity for staff to give or receive a verbal handover to discuss any key issues arising or changes to people's needs. The manager told us the local authority did not provide funding for a handover period. They told us there was a written handover process that facilitated communication between shifts.

Within the services we attended, people we met looked very relaxed with the staff supporting them. One person told us they liked the staff and thought they were kind. Another person gave us a 'thumbs up' sign when we asked if staff treated them well.

The risks of harm to people were minimised because staff received training about how to recognise and report concerns. Staff knew they were able to use the whistle blowing policy if they needed to. Staff at two of the three properties we visited felt that any concerns relating to people's safety would be dealt with and action would be taken to protect people. At the third property, one member of staff informed us that they had raised concerns about a person's well-being but felt no action had been taken. This has since been addressed.

There were systems to protect people's finances. We reviewed a sample of people's financial records. These showed who the appointee was for the person's finances, for example the finance team of the relevant local authority. The service had systems that ensured people's money was safeguarded by competing frequent balance checks. In addition to this, weekly checks were completed within the services administrative office and the manager completed monthly balance and record checks. This helped protect people from the risk of financial abuse.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced

Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. When a staff members DBS contained a disclosure, we saw the service had undertaken a risk assessment based on the information received.

Requires Improvement

Is the service effective?

Our findings

Improvements were needed to make sure people received effective care. There were inconsistencies across the services we attended regarding how people made choices and decisions. There were also variations in the effectiveness of how healthcare needs were monitored and met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Where people's finances were managed by the Court of Protection there were clear systems for demonstrating that any large expenditure was discussed with relevant parties and decisions about this were made in the person's best interests. However, where people's finances were not managed by the Court of Protection there were no records to demonstrate any decisions had been discussed or agreed to be in the person's best interests.

In one supported living house, there was no evidence to show how people had been given choice about the staff who supported them or how decisions regarding this had been made in the person's best interests. For example, one person was regularly supported a member of staff of the opposite gender and the individual required physical support with personal care. There was no documentation about the person's capacity to consent to this and there was no evidence that this had been agreed to be in the person's best interests. This did not demonstrate the service had complied with the MCA Code of Practice. Within another service care records contained a booklet entitled, "Choosing my support team." The person had been able to choose what kind of person they would like to support them and they had requested a female member of staff. They also wanted the member of staff to be, "Funny" and, "Be able to cook nice food."

One person we met had their medicines administered covertly. This meant that at times the person was not complicit in taking their medicines, arrangements were in place for the person's medicines to be given to them without their knowledge, for example in food or drink. This can only be done with the involvement of relevant health and social care professionals and ultimately in the person's best interest. This essentially means that all involved in the decision agree it would be more detrimental to the person's health for them not to take the medicines.

We found a care plan was in place to manage this, however we could find no evidence of an assessment of the person's mental capacity. Recent case law and guidance sets out that treatment without consent is an interference with the right to respect for private life under Article 8 of the European Convention on Human Rights and such treatment must be administered in accordance with a law that guarantees proper safeguards. This includes the need to continually review the necessity for administering medicines covertly. The best interests documentation was dated 2014, and we could find no evidence that any further discussions, reviews or assessments had taken place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. The majority of the people we met with would require this level of protection to keep them safe. Many people required, 'One to One' staff support throughout the day and night. When we asked service managers if people would be free to leave their home without staff support they confirmed for the majority of people, they would not. This meant the service was not ensuring where people were being deprived of their liberty applications had been made.

Although the applications are completed and submitted to the court by the local authority and are authorised through the Court of Protection, the service still have a responsibility to ensure people are not being unlawfully deprived of their liberty. Should there be a concern a person was being unlawfully deprived of their liberty, the service should alert the relevant commissioning authority to this for the necessary steps to commence to ensure any deprivation of liberty was authorised and lawful.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the majority of instances people's nutritional needs were monitored and addressed. Where people required a specific diet this was provided. For example, where people had specific allergies staff supported them to shop for and cook appropriate food. People were supported to make choices about what and when they ate. Some people ate out, and some liked to eat their main meal in the evening and others at mid-day, staff responded to people's preferences. For example, one member of staff told us the person they supported preferred to eat at home so they arranged activities around meals.

However in one supported living house, although staff monitored people's well- being they did not always seek medical support in a timely manner. Where people had lost a significant amount of weight this had not been discussed with healthcare professionals. For example, one person's weight records showed they had lost six pounds in a week and there was no evidence of any action being taken.

A letter from a healthcare professional dated February 2016 recorded the person's weight as 10 stone. There was no evidence that this person had been regularly weighed until a visiting healthcare professional recently raised concerns. This resulted in the person subsequently attending their GP surgery where their weight was recorded as significantly lower than in February 2016. A member of staff said they had raised concerns with their manager because the person's clothing was, "Hanging off them." However there was no evidence that any action was taken and that this persons healthcare needs had been effectively managed. The person with the significant weight loss was now currently receiving multi-agency support to ensure their care needs were met.

People were assisted by staff to attend medical appointments in accordance with their individual needs. These included GP and other healthcare specialists such as psychologists, speech and language therapists and occupational therapists. This helped to ensure people had the support they required to meet their needs including being provided with specific equipment to support their mobility and independence.

Staff received relevant training to carry out their roles. Staff had received appropriate training in a variety of

relevant topics to meet the needs of the people who used the service. This included basic first aid, health and safety, food hygiene, infection control, fire and safeguarding. Where training required updating or new competency assessments being completed, for example in medicines, these had been identified and were scheduled to be undertaken. One member of staff said, "I had specialist training for the person I work with."

The provider supported new staff through a formal induction. Staff also completed the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. The induction also ensured staff received training relevant to the people they supported. On the day of our inspection new staff were completing part of their induction training. Staff said they had a good induction when they began work for the company. One member of staff told us, "I had a good induction and was able to work alongside more experienced staff before I worked on my own."

Staff received performance supervision and appraisal. There was a system that ensured staff received support through supervision and an annual appraisal was completed. We saw from supporting supervision records that matters such as people's needs, training, competency and continued support were discussed. Appraisal records showed that the staff member's annual performance, positive achievements throughout the year and objective settings for the coming year were discussed.

Good

Is the service caring?

Our findings

We observed staff were kind and caring when interacting with people. One person was worried about a meeting they were attending and the service manager and member of staff were very reassuring towards them. Another person was sat in their flat with staff. It was an extremely hot day and staff had made sure they had fan by them to keep them cool.

People were usually supported by staff that had a good knowledge and understanding of their likes and needs. One member of staff, who worked with a person who had a sensory impairment, told us how much the person enjoyed different sounds. They said, "I made a memory stick with sounds of the sea and birds and they love it." Another member of staff said they took the person they supported, who also had a sensory impairment, walking on the beach as they loved the sensation of the sand on their feet.

People were supported to keep in touch with friends and family. Staff supported people to visit family members by providing transport and staff support where required. One person was supported to meet with a family member at a particular meeting place. The service manager at one of the supported living complexes told us the aim of the service was for people to be happy and empowered, have a good quality of life and to help them to be as independent as possible. Their philosophy was that if a day had not gone well for people, staff and people should always focus on the positive achievements and treat each day as a new day.

Some people had formed friendships with other people who lived at the same supported living scheme and liked to go out together. We heard how two people liked to go shopping together and how other people often went on trips with each other.

People were supported to celebrate special occasions. We were told how on one person's birthday a member of staff had arranged a birthday party and helped the person to send invitations to other people. We also heard that at Christmas people had been able to celebrate together by hosting Christmas dinner in the schemes office.

People were involved in planning and reviewing their care. Care plans recorded where people or their representatives had input into their care plan. One care plan demonstrated how the person had been involved using the person's preferred communication method. People were able to set goals for the things they would like to achieve. For example, it was one person's wish to visit a horse sanctuary and this had been achieved and they now enjoyed regular visits. Another person had set goals regarding household chores and their review records showed they were actively participating in this.

One person had a positive behaviour plan which they had been fully involved in developing. They had attended a meeting with staff and healthcare professionals to share their views. The service manager told us how positive this had been for the person, especially hearing from staff how much they enjoyed working with them. This demonstrated people were empowered by staff to have an active involvement in the way they received support.

Requires Improvement

Is the service responsive?

Our findings

The responsiveness of the service was inconsistent between the supported living environments we visited. Two of the three houses we visited provided care that was responsive to people's needs. The third required improvement to make sure people received care and support which was personalised to them as individuals.

Within two of the supported living houses people had care plans that were person centred and gave good information about their needs and how they wished them to be met. Areas covered included information about people's preferred routines for all aspects of their day. This ensured staff had clear information about how people wished to be supported. They also helped to promote independence by giving clear information about what people were good at and the areas they may need support with.

However, in one supported living house people did not always have personalised care plans. Therefore the information staff had to effectively support people was limited. Staff confirmed this. This meant people might not always receive care that meets their specific preferences and complex needs. For example, one person in one service had a 'Sensory diet' which had been completed by a healthcare professional - but staff we spoke with were unaware of this. A sensory diet is a carefully designed, personalised activity plan that provides the sensory input a person needs to stay focused and organised throughout the day. However, we did see that the new service manager was addressing this issue and care plans were being updated and made available to staff.

In two of the properties we visited, the majority of people were out with staff following their personal interests. Some people were out shopping, one person was visiting the local zoo and another person had gone out to lunch. In some cases people were at their home following their own interests, one person was listening to a musical DVD and another person was using their own laptop. Care plans confirmed people had been involved in various activities including meals out, visits to National Trust properties and walks. One person had always wanted to experience a hot tub. The service had been responsive to this person's needs and this had been facilitated. The person had enjoyed it so much there were plans to make this a regular occurrence. One service manager told us staff had recently supported a person to go on holiday for the first time in 29 years. The person had chosen where they wanted to go as the place had happy memories from their childhood.

However in one of the services a person was not engaged in any meaningful activity and spent their time pacing around the building. The other person who lived there went out with a member of staff to collect some money, but when they returned they were observed to be disengaged. They told us, "There's nothing to do here." This did not demonstrate that people were consistently supported by staff to be involved in activities or hobbies important to them to avoid social isolation. We observed this person during the inspection walking around areas of the home undertaking no activities or stimulation.

It is recommended that the provider review the consistency of best practice and provision based on published standards for supported living services.

When people began to use the service they had opportunities to meet with staff from the service and visit their new home before deciding to move there. For example, in one supported living complex we saw that staff had liaised with the person's previous care team to make sure they experienced a smooth and positive transition.

There were positive behaviour support plans to help people to manage situations which caused them anxiety and distress. These gave staff information about events or situations which may be upsetting for the person and how to support people in these situations. There were pro-active plans which provided staff with information about how to minimise stress to people. For example one person's plan had details about how the person liked their environment and how they disliked changes in their environment or with the staff team. Within one supported living environment we attended, a person had exhibited challenging behaviours and after staff had supported them to calm, they chatted with the person to help understand what had caused the person to become distressed. The details of the conversation were recorded and this helped the person and staff understand any triggers which could have caused the person to become anxious or distressed. This demonstrated that staff continued to learn about the people they supported and key information was communicated to aid staff in being responsive.

The service had a complaints procedure and this information was available to people and their relatives. The complaints procedure gave guidance on how to make a complaint and the timelines and manner in which the service would respond. There was information on how to escalate a complaint to the government ombudsman should people wish to contact this department. The service had received one complaint in 2017. We saw that the complaint was responded to and action was taken in accordance with policy.

Requires Improvement

Is the service well-led?

Our findings

The service has failed to fully meet the regulations and we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition to this, other areas of practice require improvements to ensure people receive safe and responsive care.

Whilst the service had governance systems in place, they had not consistently identified shortfalls relating to health, safety and welfare of all the people using the service. Within two of the supported living environments we visited the, "Quality Audit Tool" used within the service had been effective. However, this was not evident in the third location. For example, within one service, as reported within the 'Effective' section of this report, it was identified that one person had suffered a significant weight loss.

We reviewed the audit tool for the relevant service for this person who had suffered the weight loss. The audit was completed in February 2017. This audit had failed to identify that the person was suffering from unexplained weight loss. For example, in one part of the audit the reviewer is asked, "Where identified as a support need there is evidence of a healthy balanced diet." This was answered for this particular person as N/A (Not Applicable). A further question on the audit was, "There is evidence of dietician involvement where identified as needed." This part of the audit was again marked as N/A indicating the audit was ineffective as the person's weight loss had not been identified or considered.

The audit did not identify shortfalls relating to The Mental Capacity Act 2005. For example, within one section it asked, "An application for a DoLS (Deprivation of Liberty Safeguards) authorisation has been made for any person who is restricted or is subject to continuous supervision and control and who is not free (or unable) to leave their home." This was marked on the audit as '5' indicating it was completed. It had failed to identify no relevant application had been made by the local authority.

The February 2017 audit for one location showed overall it was, "Immediate Action Required" on some aspects of the audit. There was an action plan completed by the auditor showing what action was needed and the priority, for example medium, high or immediate. On reviewing the audits sent to us, there was no supporting evidence anything that required auctioning had been started or completed. Within the 'status' section of the action plan, all actions from the February 2017 audit were shown as 'Not started'. This did not demonstrate a robust management system was in operation to ensure action taken was effectively recorded. The next audit for the service was due to be undertaken in July 2017, meaning continuing shortfalls from the February 2017 audit may not be identified timely.

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

Each supported living house had a service manager who took responsibility for the day to day running of the service. We found that leadership and direction was inconsistent in the services we visited. For example, in one supported living scheme there was a lack of direction and people were not engaged in meaningful occupation. In other schemes people were fully engaged and were taking part in activities, interacting with

staff and appeared animated. In another scheme key information was not available for staff relating to one person personalised care plan. Staff felt they had not always been well supported in their roles. This was due to the changes in service managers. This meant staff did not have the information they required to provide consistent and personalised care to people.

The provider had systems to seek the views of staff. An annual staff survey was sent out to all staff to seek their views on their employment and other related matters. The results from the survey completed in 2017 contained less than positive areas, however the survey results were compiled using data from staff for the entirety of the South West and were not service specific. Themes of less positive responses related to low rates of pay and some staff feeling undervalued and that there was little recognition of the support they provide to people. There were also positives within the survey relating to support from colleagues and teamwork. Senior personnel within the providers group were working on improvements following the survey.

There were systems aimed at monitoring the quality of service provided. In late 2016, a survey was sent out to people to seek their views. Only nine of the 54 surveys were completed. The results were generally positive. People felt involved in planning their care and were able to contribute in decisions. People felt that staff listened to them and treated them well. Less positive feedback was received about people being able to choose who supported them or people knowing the current managers at individual services.

The views of people's families and carers were also sought. In addition to the survey sent to people using the services, an additional survey was sent to 53 people's representatives. Of that number, 15 were returned to the service. The results of the survey were positive, with all saying they would recommend the service to others. All of the respondents also 'Agreed' or 'Strongly Agreed' that they had confidence the service would respond effectively to any complaints or concerns and that staff supporting people had the right skill mix.

There were systems to communicate with staff. The manager told us that periodic team meetings were held for each of the individual services. We reviewed a sample of meeting minutes which showed matters such as general housekeeping and people's individual needs were discussed. Any compliments or complaints were discussed and any group of individual achievements that had happened. The service in general was discussed and the current staff team. Any actions required within the services were recorded and staff were able to raise any business they thought relevant.

The provider communicated with people's relatives, carers and staff through regular newsletters. The newsletters entitled, "Lifelines" discussed matters about the provider as a whole nationally. Information communicated included different or unique activities people had completed, any holidays people had been on or birthdays that were being celebrated. At a local level, the manager produced a monthly, "Quality Matters" newsletter. This was communicated both electronically and paper based. This had information for people on matters such as sun safety and care for people with a learning disability. Other key information communicated was information about inspections and changes in legislation that may affect people. A recent newsletter also had links to, "Easy Read" political manifestos to support people eligible to vote in the General Election.

The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned as required. Records showed that where required, legal notifications the service must send to the Care Quality Commission had been received.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not always acted in accordance with the Mental Capacity Act 2005. Regulation 11(3)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured the correct action had been taken to highlight that people were being unlawfully deprived of their liberty. Regulation 13(5)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured clinical governance systems were used effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(2)(b).