Hoffmann Foundation for Autism

Gordon Avenue

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

The inspection of Gordon Avenue took place on the 21 December 2017 and was announced. Gordon Avenue is registered to provide personal care. The provider was given two days notice because the location provides a care at home service where personal care is provided to people within a supported living setting and we wanted to be sure there was someone in the office. At the time of this inspection, the service was providing personal care for five people living in a supported living scheme. People who used the service had autism and learning disabilities. This supported living scheme was located at the same address as the office. The scheme consisted of three separate four bedded flats. The service was registered in April 2016. It is run by Hoffmann Foundation for Autism which is a registered charity.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. The service worked towards the goal of enabling people with learning disabilities and autism to live as ordinary a life as any citizen."

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager resigned in June 2017 and a new manager was in place in July 2017. This new manager had applied for registration with The Care Quality Commission (CQC) in October 2017. However, he informed us that he was moving to another location run by the organisation in January 2018. The head of operations informed us that an interim manager would be managing the home until a new permanent manager was in post.

Some people who used the service did not provide us with feedback regarding the care provided. Two people provided us with some feedback and informed us that they were well treated and had been provided with activities outside their home. We received feedback from two relatives of people who used the service. They stated that the service had experienced difficulties in caring for people, however, the care provided had improved in the past few months. They informed us that people had been treated with respect.

The service had a policy and procedure for the administration of medicines. There were suitable arrangements for the recording, storage, and administration of medicines. People had been given their medicines as prescribed. There were no gaps in the four Medicines Administration Record charts examined (MAR).

People's care needs and potential risks to them were assessed and care workers were aware of these risks. Personal emergency and evacuation plans were prepared for people. This ensured that care workers were aware of the action to take to ensure the safety of people.

The service had arrangements for safeguarding people. There was a safeguarding adult's policy and care workers were aware of action to take when they suspected abuse had taken place. A number of safeguarding concerns had been reported to us in recent months. The service had co-operated with the local authority safeguarding team and followed up on action plans. This had included closer management support, having more experienced care workers and taking action against care workers implicated in abuse.

The service had experienced difficulties in managing some people with behaviour which challenged the service. They had accepted contracts to care for these people but were unable to safely care for them. Consequently the service voluntarily suspended accepting new contracts and arranged for people concerned to be moved to more appropriate accommodation. This was confirmed by the head of operations and in local authority reports received.

We found that the service did not have adequate arrangements for caring for people with behaviour which challenged the service. There were insufficient care workers who were competent at caring for people with behaviour which challenged the service. The majority of care workers had not received appropriate training. There was no written close supervision policy and procedure. This was only provided after the inspection. Care workers were not provided with buzzers or equipment which can be used to summon help in an emergency. There was only one night care worker on duty in a flat where one person had behaviour which challenged the service and where a care worker had been injured following a recent incident. These robust arrangements are needed to ensure the safety of care workers and people with behaviour which challenged the service. We have made a requirement in respect of this.

Care workers were carefully recruited and their files contained evidence of required checks. A training programme was in place and there was a record of training provided for care workers. From records provided we noted that not all staff had received training in caring for people with behaviour which challenged the service. Training had also not been provided for care workers in the care of people with mental health issues. This is needed as some people with autism may also have underlying mental health problems. Supervisions and appraisals had not been organised for most care workers in the past 12 months. This is needed to ensure that care workers have the necessary support and the opportunity to discuss their development and issues related to their work. The manager admitted that they had fallen behind in this aspect of their role.

Most of the care workers and the two relatives we spoke with did not express any concerns regarding staffing levels. However, two care workers informed us that the staffing levels were not always adequate. One stated that they felt unsafe having just one care worker in each flat at night as people had behaviour which challenged the service. We observed that care workers were constantly present and supporting people. Feedback we received from care professionals did not indicate that staffing levels were an issue. Our findings did not indicate that the staffing levels during the day were inadequate. However, in view of the concerns expressed by one night staff and one day staff we have recommended that the staffing levels be reviewed so that risks to people and care workers are minimised.

Infection control measures were in place. Care workers assisted people in ensuring that their bedrooms and communal areas were kept clean and tidy. The service kept a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, staff fire training and risk assessments.

People's healthcare needs were monitored and appointments had been made with healthcare professionals when required. This was confirmed by relatives we spoke with. There were arrangements for assisting people with their dietary needs. One relative stated that the meals provided previously had been unsatisfactory. This relative stated that healthy eating was not always encouraged. However, this relative stated that the meals provided had now improved and they were satisfied with the meals.

Care workers were caring in their approach and able to form relationships with people. Individual assessments and care plans had been prepared for people. These contained information regarding people's special preferences, activities they liked, cultural and religious background.

The needs of people had been assessed and care plans were in place. Reviews of care had been carried out to ensure that people received appropriate care. The service had contracted to care for some people with high needs. However, we noted that not all the needs of people could be met and some had been transferred to alternative accommodation. One person whose needs could not be met was awaiting a move to appropriate accommodation outside the scheme. A second person was due to move to another flat within the scheme at the same address as their needs could not be met within their present flat.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. Complaints recorded had been promptly responded to.

Relatives and a social care professional expressed disappointment with the management of the service. We identified several shortcomings in the care of people, support and training of staff and the safety arrangements. Checks and audits of the service had been carried out. These had identified deficiencies and followed up on progress made. In spite of the audits and checks carried out, the service had not promptly rectified areas identified by us such as staff supervision, staff training in certain essential areas, lack of a close supervision policy and accepting people the service was not able to effectively care for. The service now has an action plan for improvement which include accepting contracts for people they can safely care for.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The arrangements for caring for people with behaviour which challenged the service were not adequate.

The service had suitable arrangements for the administration of medicines.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited. The required checks were in place.

Infection control measures were in place.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Care workers had not received all necessary staff supervision, appraisal and training.

People's care needs and choices were assessed so that they can be responded to. Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended.

There were arrangements for meeting The Mental Capacity Act.

Is the service caring?

Good

The service was caring. The feedback received from a professional and relatives indicated that most care workers were caring respectful. The service had taken action against care workers who behaved inappropriately.

Care workers were able to form positive relationships with

people. People and their representatives were involved in decisions regarding the care provided.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The service had contracted to care for some people with high needs. However, we noted that not all the needs of people could be met and some had been transferred to alternative accommodation.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain. Complaints recorded had been promptly responded to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

We identified several shortcomings in the care of people, support and training of staff and the safety arrangements.

Checks and audits of the service had been carried out. These had identified deficiencies and followed up on progress made. In spite of the audits and checks carried out, the service had not promptly rectified areas identified by us,

The service has not had a registered manager for the past five months.

Relatives and professionals informed us that the service had experienced problems in caring for some people. However, they stated that improvements had been made recently.

Gordon Avenue

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.

The inspection took place on 21 December 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. Two inspectors carried out this inspection. At the time of this inspection there were five people who used their service.

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. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service and reports from the local authority.

We spoke with two people who used the service and two relatives of people who used the service. We also spoke with the Head of Operations, the manager, the behaviour analyst and seven care workers including night care workers. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people using the service, seven staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Requires Improvement

Is the service safe?

Our findings

Some aspects of the service were not safe. The service had experienced difficulties in providing care to some people with complex and high needs and behaviour which challenged the service. Due to concerns expressed by care professionals and problems experienced the service had voluntarily suspended accepting new contracts. This was confirmed to us by the manager and in a local authority report received by us.

We found that the service did not have adequate arrangements for caring for people with behaviour which challenged the service. There were insufficient care workers who were competent at caring for people with behaviour which challenged the service. The majority of care workers had not received appropriate training. There was no written close supervision policy and procedure. This was only provided after the inspection. Care workers were not provided with buzzers or equipment which can be used to summon help in an emergency. There was only one night care worker on duty in a flat where one person had behaviour which challenged the service and where a care worker had been injured following a recent incident. These robust arrangements are needed to ensure the safety of care workers and people with behaviour which challenged the service.

Failure to ensure that care workers providing care to people have the competence and skills to provide safe care and not doing all that is reasonably practicable to mitigate against risks to the health and safety of people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe care and treatment

The head of operations informed us that the criteria for accepting new people into the service had been reviewed recently to ensure that they only accepted people with needs which they could safely care for.

Relatives of people who used the service told us that the service had experienced problems caring for their relatives. One relative said they did not think their relative was safe while the second relative was not fully assured regarding the safety of their relative. Both however, stated that there had been improvements in the past few months. This was also confirmed by care professionals who provided us with feedback. One care professional informed us that the service had improved but further work was needed to ensure that people are safe and well cared for.

We observed that there were care workers interacting and supporting people with their activities. People were cleanly dressed and they appeared comfortable. Care workers were pleasant and they interacted well with people.

We examined seven staff recruitment records. These contained the required documentation such as a criminal records disclosure, application forms, contracts, references, evidence of identity and permission to work in the United Kingdom.

We looked at the staff rota and discussed staffing levels with the manager. This supported living scheme was located at the same address and consisted of three separate four bedded flats. People had their own

bedrooms and shared the kitchen, lounge and bathroom. On the day of inspection there were a total of five people who used the service. The staffing levels normally consisted of the manager or deputy manager and care workers in the three flats. The individual daily staffing levels of the flats were:

Flat A had two care workers during the day and one care worker on waking duty during the night. One person lived in this flat.
Flat B had one carer during the day (two when person concerned is going out) and one care worker on waking duty during the night. One person lived in this flat.
Flat C had 3 care workers during the day and one care worker on waking duty during the night. Three people lived in this flat.

Relatives we spoke with informed us that they had no concerns regarding the staffing levels. However, one care worker informed us that there was only one care worker on duty in one of the flats during the night and they did not feel safe as some people had behaviour which challenged the service. Another care worker stated that extra care workers were needed for outings with people. This was discussed with the new home manager who stated that staffing levels were not always within their control as it was determined by funding from the local authorities involved. If changes were needed, this would have to be agreed with them.

We observed that care workers were constantly present and supporting people. Feedback we received from care professionals did not indicate that staffing levels were an issue. Our findings did not indicate that the staffing levels during the day were inadequate. However, in view of the concerns expressed by one night staff and one day staff there is a need for staffing levels to be reviewed so that risks to people and care workers are minimised.

We recommend that the staffing levels be reviewed with the care workers and the funding authorities so that risks to people and care workers are minimised.

Care workers had received training in safeguarding people. They could give us examples of what constituted abuse. They knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. A number of safeguarding concerns were notified to us and the local safeguarding team. The service had co-operated with the local safeguarding team to ensure the safety and protection of people who used the service. Action had been taken against some care workers who were implicated in abuse or had behaved inappropriately towards people who used the service.

People had been assessed prior to the service providing care for them. These risk assessments contained guidance for minimising potential risks such as risks associated with neglect, self harm. Medical conditions, behaviour which challenged the service and travelling in the community. Care workers informed us that they were aware of the risks associated with caring for people and they were aware of action to take to protect people and themselves.

Personal emergency and evacuation plans (PEEPs) were prepared for people to ensure their safety in an emergency. Fire drills had been carried out in the past twelve months. Care workers had been provided with fire safety training. There was a fire risk assessment for the supported living accommodation.

The service had a medicines policy which provided guidance to care workers. There were suitable arrangements for the recording, storage and administration of medicines. The daily temperatures of the room where medicines were stored was monitored to ensure that they were within the recommended range. There was no record confirming that unused medicines were disposed of. The manager stated that

none had been disposed of. We discussed the need for having a record or folder for the disposal of medicines. The manager stated that this would be arranged. There was a system for auditing medicines. We saw the audits carried out by Safeguarding and Policy Manager. Deficiencies identified had been followed up by him to ensure that appropriate action was taken. There were no gaps in the four MAR charts examined. One person we spoke with told us they had been given their medicines.

Care workers assisted people in keeping their premises clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The service had an infection control policy. In response to comments by a relative that the premises were too hot, the new manager informed us after the inspection that they would be checking the temperatures of the premises. Care workers checked the hot water temperatures prior to assisting people with showers and baths. Water temperatures were checked daily to minimise the risk of scalding.

A record of accidents and incidents had been kept and where appropriate, guidance was provided in the care records for care workers on preventing re-occurrences. The provider's behaviour analyst spoke with us and informed us that she regularly analysed incidents involving people who used the service and provided guidance to people on how to manage people in order to prevent re-occurrences.

Requires Improvement

Is the service effective?

Our findings

The feedback we received from relatives included some concerns about care workers. One relative said, "Staff are competent but only to a point – not good enough." Another relative said," The staff are giving care but it's not good. Promises were not followed up." Similar concerns were made by social care professionals. One informed us that some care workers were not competent and had not received all the required training. Another told us that the service had a mixture of really good care workers and some who still required further training in autism and behaviours that challenge the service.

One care worker said there was a need for staff to have more awareness of how to care for people with autism. They described their work as "tough" and "draining". Another care worker stated that that there was a need for staff to have more training and reassurance. A third care worker stated that they had been provided with training in the management of people with behaviour which challenged the service and they were able to effectively care for people.

We looked at the training records. A training programme was in place and there was a record of training provided for care workers. Topics included moving and handling, health and safety, equality and diversity and medicines administration. Care workers confirmed that they had received most of the training for their role. We noted from the records and feedback from care workers that some care workers had not received all the required training. Outstanding training for some care workers included the care of people with behaviour which challenged the service. The training matrix sent to us prior to this inspection indicated that only three out of nine care workers in Flat C had attended this training. In addition, not all staff had received training in caring for people with mental health issues. This is needed as some people with autism may also have underlying mental health problems. The training matrix sent to us prior to this inspection indicated that only one out of nine care workers had attended this training. Supervisions and appraisals had not been organised for most care workers in the past 12 months. Out of a total of 19 who were employed at Gordon Avenue, 10 staff had no record of supervision in 2017. Eight staff have only one record of supervision in 2017. Only two staff have records of three or more supervision sessions in 2017. The records stated that only one appraisal had been carried out in 2017. This is needed to ensure that care workers are provided with the necessary support and have the opportunity to discuss issues related to their work. The manager admitted that they had fallen behind in this aspect of their role. He also informed us that they had experienced various staffing difficulties." The head of operations informed us that the required training had been arranged for care workers in 2018.

The provider had failed to provide appropriate support, training, supervision and appraisal to enable staff to carry out their duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Staffing.

New care workers had been started on a comprehensive induction called The Care Certificate. Three out of the nine care workers had completed it. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. This induction programme was extensive and

covered important topics such as Person Centred Care, Effective Communication, Handling & Administering Medication, Safeguarding, First Aid, Sensory Impairment, Moving and Handling, Managing Challenging Behaviour, Loss and Bereavement and Mental Capacity. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles.

People's care records indicated that they had received an initial assessment of their care needs with their families' involvement before moving into the supported living scheme. The assessments contained important information about people's physical and mental health and other care needs. Individual care plans were then prepared with details such as people's preferences, activities they liked and how care workers were to provide the care they needed. Care workers were aware of the individual needs of people. One care worker stated that a person enjoyed a particular sports activity and care workers had accompanied them to participate in this activity. Another care worker could tell us what food another person who used the activity liked and they said this person had been given the food they liked. This was confirmed by a relative we spoke with.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. Some people had special dietary arrangements which had been attended to. One relative informed us that the food was good and the dietary needs of their relative had been met. Another relative stated that the meals had been appalling and healthy eating was not encouraged. This relative stated that with new management, the meals provided had improved. The deputy manager informed us that fresh fruits and vegetables were always available for people and people had access to drinks whenever they wanted it. She further stated that people would be referred to the dietitian if needed.

The care records of people contained health action plans. There were risk assessments related to medical conditions and guidance to care workers on how to care for the specific health needs of people such as those with epilepsy and diabetes. Care workers were aware that some people had healthcare needs. Arrangements had been made for people to have appointments with healthcare professionals such as the dentist, GP and psychiatrist. People's weight had been recorded each month. One care worker stated that if a person had lost a significant amount of weight, was unwell or had deteriorated, they would inform their manager. A relative confirmed that the healthcare needs of their relative had been attended to.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 decision made on their behalf must be in their best interests and as least restrictive as possible. Care workers had been provided with training on the MCA. They were aware that where people lacked capacity best interest decisions would need to be made on behalf of people and these should be documented. They were also aware that when needed people's advocate, their next of kin or representatives would need to be consulted.

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 this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. However, when people live in supported living schemes or in their own homes. application needed to go to the Court of Protection. The manager informed us that all people using the service were subject to Court of Protection orders which restricted their liberty and specified their care and staffing arrangement. They were also subject to close supervision by care workers and had to reside at their present address for their own

protection. They needed to be accompanied by care workers when they went out for activities to ensure their safety. Care workers were aware that people would need to be constantly supervised for their own safety. We also noted that one person who wanted to move to alternative accommodation was awaiting a court hearing to decide if this could go ahead. Evidence of Court of Protection authorisations were kept in their care files. A senior officer of the organisation was responsible for monitoring the Court of Protection orders to ensure that procedures were followed.

The manager and care workers stated that people who used the service had parents or close relatives. He stated that they would also be consulted regarding certain decisions if people lacked capacity. They were aware that where needed, best interest decisions could be made for people and that these would need to be recorded. The care records contained information regarding people's mental state and details of people's next of kin and representatives.

The care records contained communication profiles of people. These provided guidance to care workers how people expressed themselves. What would help and not help when communicating with people. There was information on how to understand signs and gestures of people. Care workers we spoke with could describe to us how they would support people and encourage them with activities of daily living such as personal care and going out.

The supported living premises were well maintained and essential inspections of the electrical installations and equipment had been carried out. Each person had their own bedroom and they shared communal facilities such as the lounge and kitchen. We noted that the service had a strategy for improving the service and this included reviewing the environment to ensure that it was suitable for people who used the service.

Good

Is the service caring?

Our findings

Relatives informed us that there had been problems with some care workers and people had experienced difficulties with some care workers in the past. This had included lack of communication and care workers who were not respectful or pleasant to them and their relatives. However, they stated that the situation had improved and they were mostly satisfied with the care workers now. One relative stated, "Carers had been rude. In the last two months they have been trying. The staff have been respectful. The staff can communicate with my relative and with me. My relative had clean clothes when I visited." A second relative said, "The staff are extremely dedicated. They communicate well with my relative. However, some staff do not engage well. The new managers try and they are encouraging." A social care professional stated that their client presented challenges to care for. However, care workers had responded positively towards this person and their family.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent. We noted that there were some incidents when care workers had not been respectful towards people. These incidents were reported to the local safeguarding team and action had been taken against these care workers. In two separate instances two care workers who had witnessed other care workers behaving inappropriately had made reports to the manager and appropriate action had been taken by management.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by relatives we spoke with. There was evidence of meetings and discussions with people, their relatives and representatives. One relative stated that they had spoken with the new managers regarding the care provided and they had been responsive and caring. Another relative stated that the new managers had consulted with her about her relative's needs.

Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed help with. We saw information in people's care plans about their choices, likes and dislikes. The manager informed us that relatives were involved in changes relating to the support of people and they were informed of incidents and changes affecting the support of people. This was confirmed by relatives we spoke with. The care records contained evidence of meetings with relatives. The service had monthly key working sessions where key workers met with people to discuss issues relating to their care. We were informed by the manager that relatives were invited and encouraged to attend the charity's Annual General Meeting.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. There was a section in the support plan regarding people's cultural and religious needs. The manager stated that the information was obtained during initial assessments, from meetings with families

and information from people themselves. People were supported to celebrate their religious holidays such as having donuts for Hanukkah. A person was a vegetarian and a vegetarian menu was developed for them. This was confirmed by the relative concerned. We noted that the home had organised a Christmas party for people.

We discussed the steps taken by the service to comply with the Accessible information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard sets out how organisations should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The manager stated that they intended to meet this standard. He stated that care plans and other information in care records of people were in a user friendly and pictorial format. The menus and the complaint procedure were in pictorial format. In addition, some notices for people were in large print.

Requires Improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive. From feedback received from relatives, care workers and a social care professional, we noted that the service had experienced significant difficulties caring for some people with complex and high needs. The service had accepted contracts to care for some people whom they did not have the expertise to look after. Consequently some people had to be transferred to more appropriate accommodation. This was also confirmed in the minutes of meetings and in notifications we received from the service.

Relatives we spoke with expressed dissatisfaction at some aspects of the care provided. One relative was disappointed and stated that their relative was not getting the care needed. This relative stated, "They are trying but my relative is not happy there. I do not trust them." Another relative stated," I have spoken and expressed concerns to the organisation my concerns were not always well handled." A social care professional expressed disappointment that the service was unable to cope and care effectively for people with high needs. Another social care professional however, stated that the service had been able to effectively care for a person who had behaviour which challenged the service.

Care workers we spoke with demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. They however, informed us that they experienced difficulties caring for some people with high needs. They stated that some people's behaviour posed a danger to themselves and people who used the service. Two care workers informed us that there had been repeated outbursts of aggressive behaviour which the service had difficulty managing and these had resulted in damage to furniture and harm to some staff and people. Two care workers stated that the service had not provided them with training in the management of people with behaviour which challenged the service. One of them stated that they felt unsafe in such situations.

The manager informed us that they were aware that one person had behaviour which challenged the service and their care had been reviewed with social and healthcare professionals involved. A decision had been made to transfer this person to more suitable accommodation. We were informed after the inspection that this had occurred.

We discussed the management of people with the behaviour which challenged the service with the provider's behavioural analyst. She informed us that she was assisted by a psychologist contracted by the organisation. She told us that incidents were analysed by them and strategies for managing such behaviour were discussed with care workers. We saw that behaviour plans for people had been prepared. These were clearly written with step by step guidance for care workers on how to support people. The plans included identifying triggers, warning signs and removing objects which could be used to cause harm. Reward tokens were also being used to reinforce positive behaviour. We however, noted that one person had been moved out of the care of the service recently as the service was unable to care effective for them. Another person was due to be moved out of the care of the service. A third person was due to be moved to another flat in the service as they could not be effectively cared for in their current flat.

We also discussed the care of people with high needs with the manager and Head of Operations. They informed us that there had been significant difficulties caring for some people with behaviour which challenged the service. They explained that part of the problem was that they had not always been provided with accurate information about people prior the people concerned being cared for by the service. They were also aware that the service had shortfalls and areas where improvement was needed. The service had provided us with their action plan. We noted that it included their new criteria for accepting people into the service. This now excluded certain people with high needs with behaviour which challenged the service such as those with a history of harming others and substance abuse. The service recognized the need to pay more attention to the environment where new people would be cared for. In the meantime, the service had asked the funding authorities to find alternative care providers for people they were unable to effectively care for. The head of operations informed us that further training had been booked for care workers to improve their skills.

We recommend that the service review its strategy and assessment process so that they only accept contracts for service users they can safely and effectively care for. This is to ensure that people receive a service which meet their needs.

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people, their relatives and representatives. The assessments included important information about people's health, daily living skills, mobility, medical, religious and cultural needs. Care plans were then prepared and agreed with people or their representatives. These care plans were up to date and of a good quality. They set out the care needs of people and action to take to meet those needs. For example, in one record, there was information on how this person wanted to take their medicines. In another record there was detail of people's behaviour and strategies for managing behavioural issues. There were daily reports on people's progress and activities they had engaged in. For example, in one person's care record, it was stated that they had made progress in a particular aspect of their personal care. Feedback from a social care professional also indicated that their client's needs had been met.

We discussed the care of people who had specific needs such as those with epilepsy and any problems which may be experienced. Risk assessments had been prepared and were in the care records. Care workers were aware of action to take if people experienced a seizure. They were aware of the need to summon emergency medical assistance if needed.

We discussed with a care worker the needs of people with diabetes. They were aware of the dietary needs of people including having a diet which did not contain sugar. They also stated that if the person concerned was deteriorating and needed urgent attention, they would inform the manager or seek emergency medical assistance.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. Relatives confirmed that this took place and they had been involved.

Activities had been organised for people and these were detailed in the weekly activities timetable in their care records. Activities included attendance at a day centres, time with relatives, going out for walks in the park, going to the cinema, lunch out, swimming and equestrian therapy sessions. During the inspection we saw people being accompanied by care workers to go out into the community for walks and other activities. We also saw people engaged in activities within the supported living accommodation. One person was using their computer and said they enjoyed doing this. A Christmas party was being organised for people.

The service had a complaints procedure and this was included in the care records of people. Complaints recorded had been promptly responded to. Relatives informed us that they knew how to complain. Two relatives stated that they had made complains in the past. One stated that they were unhappy with the outcome but did not wish to take the matter further. We noted that complaints made had been monitored by the Safeguarding and Policy Manager and he had followed up to ensure that complaints were documented and action taken in response. This had led to some improvement in the service such as improvements in meals provided and better management support at weekends.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led and we identified several shortcomings in the care of people, support and training of staff and the safety arrangements.

The feedback we received from relatives indicated that they lacked confidence in the way the service was managed. They informed us that their relatives were not been well cared for and they expressed concerns regarding the ability of care workers. This was reiterated in information we received from the local authority which indicated that the service had accepted contracts to care for people whom they were not competent to do so. As a result, some people who used the service had to be moved to alternative service providers. The training records indicated that some essential training had not been provided and this included the care of people with behaviour which challenged the service. Care workers had not been provided with the required supervision and appraisal and some of them informed us that they had experienced stress and injury during the course of their work.

The safety arrangements for caring for people with complex needs and behaviour which challenged the service was not well managed. Buzzers or equipment for summoning immediate help in an emergency was not provided for care workers. The service did not have a policy or written procedure for close supervision until we raised it during the inspection. However, the organisation had recognised its failings and there is now an action plan and clearer criteria for accepting service users. Improvements made had been recent.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager resigned in June 2017 and a new manager was in place in July 2017. This new manager had applied for registration with The Care Quality Commission (CQC) in October 2017. However, he informed us that he was moving to another location run by the organisation in January 2018. The head of operations informed us that an interim manager would be managing the home until a new permanent manager was in post.

The service had essential policies and procedures to provide guidance for care workers. These included the safeguarding procedure, medicines policy and complaints procedure.

The necessary checks and audits for ensuring quality care were in place. Unannounced checks had been carried out by the Head of Operations, the previous registered manager and other senior managers of the company. Other checks such as checks on health and safety, MAR charts and care documentation were carried out by the manager and deputy manager. The Safeguarding and Policy Manager carried out three monthly quality audits. These reports indicated where action was needed to improve the service. We noted that there was a column which detailed progress made. These audits lead to some improvements being made where deficiencies were identified. In spite of the audits and checks carried out, the service had not promptly rectified areas identified by us such as staff supervision, staff training in certain essential areas, lack of a close supervision policy and accepting people the service was not able to effectively care for.

As a result of the deficiencies identified, people's care needs were not met and they had to be moved to alternative accommodation. These deficiencies included accepting people they could not safely care for and delay in improving the care and management of the service. The provider should take into consideration learning from their experience of running this location and review what they can provide and who to provide the service to.

The provider had failed to promptly improve the quality and safety of services in the carrying on of the regulated activity. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Good governance.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service which met the needs of people and treat people with respect and dignity. They told us that they were well treated by management. Care workers stated that their manager was supportive and approachable. They indicated to us that they had received guidance regarding their roles and responsibilities. There were monthly meetings where care workers were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

The service had a management structure with a manager and deputy manager supported by the Head of Operations. There was a team of care workers and senior care workers. The head of operations informed us that she and the chief executive officer regularly visited the service to provide management support. In addition, she chaired meetings for managers and deputy managers every six weeks to discuss progress and problems within the services.

The service had not started their annual satisfaction survey. The deputy manager stated that they would be conducting one soon.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider failed to ensure that care workers providing care to people have the competence and skills to provide safe care and the provider did not do all that is reasonably practicable to mitigate against risks to the health and safety of people.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to promptly improve the quality and safety of services in the carrying on of the regulated activity.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service had failed to provide appropriate support, training, supervision and appraisal to enable staff to carry out their duties.

The enforcement action we took:

We issued a Warning Notice to the provider in respect of this breach.