

Consensus Community Support Limited

Consensus Community Support Limited- East Hill Place

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?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 27 and 28 July 2015 and was announced. Consensus Community Support

Limited- East Hill Place Liss is registered to provide a domiciliary care service to younger people with a mild to moderate learning disability who may experience an autistic spectrum disorder.

Summary of findings

At the time of the inspection the service was supporting 12 people who live on three sites at Liss, Croydon and Redhill. Four people share a house at Croydon, two people are supported in their own flats at Redhill and six people are supported in their own flats at Liss. Following our inspection we have asked the provider to review whether they should submit an application to vary their type of service provision from domiciliary care to supported living, as this would more accurately reflect the type of service provided to people by this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was based at the Liss service and there was a second manager based at the Croydon service who managed this location and the Redhill location.

People had not been fully protected from the potential risk of financial abuse. Staff had received training on how to safeguard people and understood their role and responsibilities in relation to safeguarding. The registered manager had not ensured the provider's written guidance in relation to the management of people's monies had been followed fully, to protect them from the risk of financial abuse. During the inspection it was identified that a person may have experienced financial abuse. The registered manager was informed and they took the appropriate actions to report this incident to the relevant authorities. They made immediate changes to how people's finances were monitored to protect people from this risk.

Risks to people had been assessed and staff had access to guidance about how to manage risks. If people experienced health conditions they had relevant care plans in place to provide staff with guidance about how to manage any associated risks. Environmental risks to people had been identified and safely managed. Staff had access to management support out of hours to ensure they could seek advice about people's care if required.

People were supported by sufficient staff to meet their individual needs. Staff had undergone recruitment

checks at the time of their recruitment. The registered manager had recently completed an audit of staff recruitment records and identified that references for two long-term staff had been lost. They had taken appropriate action to request copies of these references, to ensure there was evidence to support staff recruitment checks.

People kept their own medicines in their accommodation and trained staff supported them to take them. There were processes in place for the ordering and return of people's unused medicines. People were supported to take their medicines safely.

Staff had received an induction to their role when they commenced work and were supervised in their work with people. Staff had completed the provider's mandatory training and were undertaking additional relevant training to ensure people's care was provided effectively. Staff had undertaken relevant professional development. People were supported by staff that were adequately supported in their role.

One person required continuous support and supervision from staff to ensure their safety. This person was potentially deprived of their liberty and this needed to be authorised by the Court of Protection (CoP). The provider was legally unable to make this application to the CoP and had liaised with the commissioners of this person's service, who were authorised to submit the required application. The provider had not ensured the commissioners had completed this application in a timely way.

We have made a recommendation about ensuring people's human and legal rights are respected.

Staff had received training in the Mental Capacity Act (MCA) 2005 and understood their role and responsibilities. Staff informed us people had the capacity to make day to day decisions about their care. Therefore, they had not yet needed to complete any MCA assessments for people as they had been able to consent to decisions about their daily care.

People felt involved by staff in making decisions about their care. People's wishes about who they wanted to be consulted by about their care had been documented and were respected. People's care records provided staff with guidance about how to involve people in decisions about their care.

Summary of findings

People had nutritional care plans in place which documented the support they required with cooking and how to encourage them to eat healthily. People were supported to plan their meals on a weekly basis with staff and their weight was monitored with their agreement. People received appropriate support from staff to encourage them to maintain a healthy diet.

Staff supported people to ensure their health care needs were identified and met. People were enabled to see a variety of professionals in response to their identified health care needs.

At two of the locations people were supported on either a one to one basis or a two to one basis by staff, which required very close working relationships between people and staff. People's records provided staff with information about people's backgrounds and preferences about their care. People's choices about who they wished to work with were respected where possible. People were observed to enjoy positive relationships with staff.

Staff treated people with dignity and respect when they provided their care. Staff knocked on people's doors before they entered and ensured people were ready to receive their care.

People were involved in their care planning. They had detailed care plans which provided staff with written guidance about the assistance they required. Where people required support with communications or behaviours which challenged staff they received this. The registered manager was making arrangements for people to have an annual review of their care. People led individualised lives based on their interests and preferences. Staff respected their right to choose how to

spend their time whilst encouraging them to have a structure to their day. People received care that was responsive to their needs and arrangements had been made for their care to be reviewed.

People were provided with information about how to complain and felt able to do so. Where a complaint had been received the provider had listened to the concerns expressed and tried to resolve the complaint. The provider listened to and responded to people's feedback.

The provider had clear values which staff learnt about and practised in their work with people. Most staff said there was an open culture within which they could speak out about issues. The registered manager was aware there had been a level of dissatisfaction from some staff but they were now moving forward as a team in the provision of people's care.

There was sufficient management presence at the three locations. The registered manager was based at the Liss location but visited the other two locations regularly and supported the on-site manager at these locations.

The registered manager monitored the quality of the service through a variety of methods, which included audits and observations of staff interactions with people. They took action to improve people's care when they identified changes were required, such as changing the staff working with people.

We found a breach 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People had not been protected from the risk of financial abuse as the provider's policy on the management of people's monies had not been totally followed.

People had risk assessments in place and identified risks had been managed.

There were sufficient staff to meet people's needs. Recruitment processes were in place to ensure suitable staff were recruited to the service. The provider had taken appropriate action to ensure missing staff records were obtained.

People's medicines were administered and managed safely by staff who had undergone appropriate training.

Requires improvement



Is the service effective?

The service was not fully effective.

Staff received an induction to their role and were supported to undertake additional relevant training and professional development. Staff were monitored and supervised to ensure people received effective care.

The provider had sought people's consent for their care. The provision of one person's care potentially deprived them of their liberty. There had been a delay in the submission of an application to the Court of Protection to authorise this.

People were supported by staff with food preparation and were encouraged to maintain a healthy diet whilst respecting their right to make choices about their food.

People were supported by staff to maintain good health, have access to healthcare services and receive on-going health care support.

Requires improvement



Is the service caring?

The service was caring.

People experienced close, positive relationships with staff.

People were supported to express their views and were actively involved in making decisions about their care.

Staff ensured people's privacy and dignity were respected in the way their care was provided.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

People received personalised care that was responsive to their needs.

There were processes in place to seek people's views on the service and their feedback was listened to.

Is the service well-led?

The service was well-led

Staff understood the provider's values and these underpinned their practice with people.

The service had a defined management structure and staff understood their role and had confidence in the way the service was managed. Management were available to staff for guidance and support.

The registered manager monitored the quality of the service provided and took measures to improve the quality of the service for people.

Good



Consensus Community Support Limited- East Hill Place

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 27 and 28 July 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people and staff we needed to speak to were available.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is

information about important events which the provider is required to tell us about by law. This year one concern had been raised with the Care Quality Commission about a persons' experience of care at the service.

Prior to the inspection we sent questionnaires to people, their relatives and staff to seek their views on the service provided. 11 questionnaires were sent to people and three were returned. 32 were sent to staff, eight of which were returned. 11 questionnaires were sent to people's friends and family, none were returned.

During the inspection we visited the Liss location and spoke with people and staff from the other two locations. We spoke with eight people and one person's relative. We spoke with the registered manager and the manager for the Croydon and Redhill locations. We also spoke with five staff and one person's social worker.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was registered in September 2013 and had not previously been inspected.

Is the service safe?

Our findings

People who responded to our questionnaire said they felt safe. People commented to us “I feel safe staff look after me.” Two of the eight staff who responded to our questionnaire said they felt people were not safe, but had not stated in what way they felt people were not safe. Staff spoken with during the inspection told us people were safe. People and the majority of staff felt people were safe. We found however, people had not been adequately protected from the potential risk of financial abuse.

The registered manager told us all staff had completed safeguarding training, but that eleven staff needed to complete their refresher safeguarding training. Staff spoken with told us they had completed safeguarding training and demonstrated their understanding of the procedures to follow should they suspect a person was being abused. Safeguarding had been discussed with staff at a team meeting on 22 June 2015, to ensure they understood their role. Staff had access to relevant policies and procedures to provide them with written guidance. People were supported by staff who had received relevant guidance and training in safeguarding people from the risk of abuse.

The registered manager and staff supported people to access their finances where required. The provider had a written policy in relation to the handling of people’s monies. The registered manager had not ensured this guidance was followed in its entirety to ensure all possible measures had been taken to protect people from the risk of financial abuse. They had respected people’s right to manage their own financial correspondence but by doing so had left people at risk of financial abuse. We identified that as a result a person had potentially experienced financial abuse and informed the registered manager. They took swift action to report this incident to the relevant authorities and changed processes to protect people from the future risk of financial abuse. People had not been fully protected from the risk of financial abuse as the registered manager had not been fully implemented available guidance; this is currently being investigated under safeguarding procedures.

The failure to effectively operate systems and processes to protect people from the risk of financial abuse was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had risk assessments to provide staff with guidance about how to support them safely. These identified the hazard, the person at risk, the required controls and the action required to manage the risk. Staff told us “If people wish to do something it is risk assessed.” Where people’s environment presented particular risks to their safety this had been identified in their care plan and measures implemented to manage the identified risk. For example, there was guidance for staff about actions to take to maintain people’s safety during activities such as cooking. A person told us “Staff help me with putting the cooker on.” One people’s environment had required adaptation to ensure their safety and this work had been completed.

If people had a health condition such as epilepsy they had care plans in place to provide staff with guidance about the support they required to manage their health condition safely. The provider had identified epilepsy training as an area within which staff required training in order to support people safely. To date 38% of staff had completed this training, arrangements had been made for the remaining staff to complete their training in September 2015, this was confirmed by records. In the interim staff had access to relevant guidance and could seek guidance from health care professionals where required. Where people required two staff to provide their care this had been identified within their care plans and people received this level of support. Risks to people in the provision of their care had been identified and managed safely.

The provider had appointed a member of staff as the health and safety lead for the service to ensure people’s safety needs were met. People completed a monthly health and safety check of their accommodation with staff support. This covered cleanliness, kitchen, bathroom, housekeeping and fire safety, any actions required were noted and actioned. Monthly safety checks were made on the service car and a health and safety assessment had been completed for people who used it. There was an on-call procedure for staff to access management in an emergency and this was discussed with staff at a team meeting on 4 March 2015 to ensure they understood how to use it if required. There was documentary evidence that the required gas and electrical safety checks had been completed. People were kept safe as relevant health and safety measures were in place.

Staff told us there were sufficient numbers of staff to support people and the service did not use agency staff,

Is the service safe?

records confirmed this. The registered manager said people received care based on the number of care hours they had each been assessed as requiring. People at Liss and Redhill received one to one support from staff or two to one support daily, this was confirmed by records. People at Croydon required a much lower level of staff support and there was one member of staff on each shift to support the four people who lived there. One person told us “Staff spend time with me each day.” At each service people had access to staff 24 hours a day as there was either a member of staff who slept in or at Liss there was in addition a waking member of staff at night. People’s staffing needs were individually assessed and the staffing provided reflected their needs.

Staff had undergone recruitment checks as part of their application and these were documented. These included proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The records for one member of staff did not contain their two references. We spoke with them and they told us they had been provided at the time of their recruitment. The registered manager told us they had completed an audit of all staff recruitment files and identified references for two long-standing members of staff were missing. They told us

these had been requested, one of which had been received to date. The provider had identified these references were missing through their own audit and had taken appropriate action to request copies.

People kept their own medicines in their accommodation. The staff lead for medicines described to us the processes for ordering and disposing of people’s medicines. They told us they checked people’s medicine administration records (MAR’s) to ensure staff had completed them correctly and recorded any errors on an incident record, this was confirmed by records. All staff were required to complete their medicines training and to have their competency assessed before they administered people’s medicines. Staff were observed administering a person’s medicines. They checked the person’s medicines against the medicines listed on their MAR before they gave them to the person. Then staff signed the MAR to demonstrate the person had received their prescribed medicines. Staff told us if people refused their medicines they would offer them later or ask other staff to offer medicines, to ensure people were encouraged to take their medicines as prescribed. Where people took medicines ‘As required’ there was guidance for staff about their use. These are medicines which people take only when needed. People’s medicines were managed safely.

Is the service effective?

Our findings

The three people who responded to our questionnaire all felt they received effective support. Staff told us they had received an induction into their role when they had commenced work for the provider, records confirmed this. The registered manager said in addition to the provider's mandatory training they had identified additional training courses staff required to enable them to work with people effectively. These included areas such as autism, working with people with learning disabilities and care planning. They informed us some staff had already completed some of these courses and arrangements were being made for staff to complete the remaining training over the next few months. Staff who had completed their 'working with people with learning disabilities' training had reflected on the impact of this learning with colleagues at the June 2015 team meeting, to share their learning. Staff told us they had either completed further professional qualifications to support them in their role or were due to, this was confirmed by records. People's care was provided by staff who were appropriately trained and supported in their professional development.

Staff spoken with all said they had received regular supervision and an appraisal of their work, records confirmed this. The registered manager told us since they had commenced their role they had re-organised responsibility for staff supervisions so that each of the senior staff had responsibility for supervising six staff at Liss and the manager of the other two services supervised staff there, staff confirmed this. This meant there was a structure in place to ensure the regular supervision of staff. People's care was provided by staff who were supported in their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to people provided with care who are living in the community. The provision of one person's care involved their continuous supervision by staff and when required the use of a type of restraint to keep them safe. This required an application to the Court of Protection (CoP) for an order to determine if these arrangements were in their best interests. Domiciliary care providers are not able to make a direct application to the CoP and are reliant on the commissioner of the person's care to take this action on the person's behalf. The registered manager told us they

had attended meetings with the person's social worker in relation to this. They had taken advice from the provider's Regulation Manager and were awaiting the service commissioners to submit the required application; this was confirmed by the person's social worker. The provider had not ensured the commissioners had submitted the required application promptly. The provider was working with commissioners of the service to ensure this person's potential deprivation of liberty was lawfully authorised.

Staff had clear guidelines in place about how restraint was to be used for this person and to make sure the use of restrictive practices were kept to a minimum and were proportionate to the risk of harm to the person. Staff who worked with the person had undergone relevant training, this was confirmed by records. Staff were observed to use restraint with this person when their behaviour was challenging staff and putting themselves and others at risk. The restraint was used for the minimal time required to ensure the person's safety and its use was documented. Staff spoke to the person continually throughout trying to calm them vocally and monitored the person to ensure their safety. This person was restrained safely as trained staff only used restraint with them when required for the minimum amount of time needed and followed the guidelines provided. We were assured that appropriate mental capacity assessments had been carried out in relation to the use of restraint for this person.

A person told us "Staff seek my consent." Staff told us they had completed training in the MCA 2005, which records confirmed. They understood the principles of the Act and their responsibilities. People had the capacity to make daily decisions about their lives. Staff understood when to use the MCA 2005 but people had the capacity to make decisions about their daily lives.

People had nutritional care plans if they required support with cooking and maintaining a balanced diet. Staff ensured people were supported at mealtimes with food preparation. People's records detailed what people could do for themselves in relation to food preparation, their food preferences and dislikes and how to manage these to promote a healthy diet. For example, by supporting people to buy the ingredients to make a meal. People's right to choices in relation to food were also recognised, for example, their right to change their mind and have a ready meal instead of preparing a meal from scratch. Each person planned their weekly menu with staff support, there was

Is the service effective?

also a record of what they had actually eaten which showed whether people had made other choices. Staff had agreed a healthy eating contract with one person which they had signed to support them in their goal to lose weight. Staff told us they monitored people's weight if they agreed, this was confirmed by records. Senior staff meeting minutes of 26 June 2015 demonstrated staff had discussed people's weights and their progress with healthy eating. One person had a food and fluid chart at the request of professionals to monitor their intake. Staff had completed this record to enable professionals to assess what the person was eating and drinking. People received appropriate support from staff to ensure they ate enough and they were encouraged to eat a balanced diet.

One person told us "Staff help me to see the GP" and another commented "I see the dietician." Staff told us people had an annual health check with their GP. People

had a health action plan in place which identified their health care needs and how these were to be met. There was evidence staff had seen health professionals as required for example, speech and language therapist, physiotherapist, dietician, occupational therapist, professionals from the learning disability team, optician and the dentist. People were supported by staff to ensure their healthcare needs were identified and met.

We recommend the provider consults the Codes of Practice for the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) in relation to their role as providers when they believe a person has been deprived of their liberty. To enable them to ensure commissioners submit any required applications promptly.

Is the service caring?

Our findings

People's records contained information about their personal preferences and interests. It had been recorded what time people liked to get up and go to bed and whether they preferred to work with male or female staff. The registered manager told us people had a preference about who they worked with and as far as possible these were taken into account. One person told us "I have a bath in the morning which is the time I like. Staff help me in and out." People's care records described how they liked to spend their time. Staff had information about people's life history. There were details of topics people liked to speak with staff about for example, sport. Staff told us they had time to read people's records and to familiarise themselves with people's care needs. Staff had signed people's records to demonstrate they had read them. Staff were working very closely with people and learnt about them as individuals. One staff told us "We have daily, intense interactions with people." People had positive relationships with staff who understood their needs.

Following the required use of restraint with one person, staff worked with them sensitively to establish what they wanted to do once they felt calmer. The person indicated they wanted to watch a DVD and staff provided them with choices of which DVD to watch. Staff had needed to restrain the person but their relationship with them was sufficiently robust that they were able to work positively with the person as soon as the need for them to be restrained had passed. People experienced positive relationships.

The three people who responded to our questionnaire all felt involved in decision making about their care. One person told us "Staff involve us in decisions." The registered manager said not all people wanted staff to make contact with their family about their care; this was documented on

their records. Two people did not want external professionals to attend their annual review, this was confirmed by records. People's views and wishes about their care had been recorded and respected.

People's care plans provided staff with guidance about how to involve people in decision making about their care. One person's records informed staff to explain things to the person using short, clear sentences. Another person's records noted they liked to plan their own day. This person made their own choices about how to spend their time and staff supported them to do so. A person had been supported to make a complex decision about their food. They had met with staff and professionals to discuss the relevant information and to support them to make their decision. Staff told us "People's rights to choose are respected." People had been supported to make decisions.

People had been provided with an easy read version of their tenancy agreement to enable them to understand the information related to their tenancy. People also received an easy read version of the annual quality questionnaire to enable them to understand and respond with their views of the service. People were provided with the information they required in a format they could understand.

Staff treated people with dignity and respect when they provided their care. One person told us "Staff treat me with respect." Staff told us "The door is always shut when we provide people with personal care." Staff were observed to knock on people's doors and to ensure people were appropriately dressed before visitors entered. Staff went to support a person with their medicines but the person was in bed and said they wanted to get dressed first. Staff respected the person's wishes and withdrew from their accommodation whilst they got themselves dressed and until they indicated they were ready.

Is the service responsive?

Our findings

People felt involved in their care planning. One person told us “Staff do my care plan with me.” Another commented “Staff speak with me about my care plans.” People felt involved in their care planning.

Two of the eight staff who responded to our questionnaire said they did not feel they were told about the needs of people they cared for. However, staff spoken with told us people had clear care plans which they had time to read and were able to tell us about people’s needs and preferences. People’s care had not been impacted upon by the feedback received from two staff as the majority of staff felt informed about people’s care needs.

People’s care plans identified the person’s needs, aims of any intervention and the steps needed to achieve their aim. There was information for staff about the type of support the person required for example, how people preferred their bath and how to encourage and support them with personal care. This enabled staff to understand the support people needed and how to support them appropriately.

People’s care plans informed staff how to support people depending on their mood and presentation. They described the signs which might indicate the person was distressed and what the triggers were for their behaviours which might challenge staff. Staff told us they kept antecedent, behaviour, consequence (ABC) charts to enable them to document the person’s behaviours and to identify any potential triggers. People’s ABC charts demonstrated that sometimes there was not a trigger for the person’s behaviour and on other occasions there were triggers and these were reviewed and acted upon. For example, if people’s behaviour indicated they did not want to work with particular staff, the registered manager had made changes to the staff supporting them. People had been referred to the provider’s positive behaviour intervention team (PBIT) where required. They provided staff with assessment and intervention strategies to support people with their behaviours. People received relevant support from staff to reduce the likelihood of them experiencing behaviours which challenged staff.

People’s records contained information about how they communicated and how staff could communicate with them. Some people used communication systems such as Picture Exchange Communication System (PECS), which is

a pictorial communication system used with people who experience autism. Staff used PECS to show a person a range of activities they could choose from and to enable them to make their choice. Staff used communication methods that were relevant to each person’s needs.

People lived individualised lives and pursued activities that were of interest and relevance to them, staff confirmed this. One member of staff said “We may suggest shopping to a person. If they prefer to go tomorrow, then we respect this unless it is something that needs to be done today.” People had an activity plan for each week which recorded what activities they wanted to do each day. Staff then documented what activities the person had actually participated in. This demonstrated people had been involved in planning how they wanted to spend their week and showed how they had chosen to spend their time. People had been involved in a range of diverse activities such as shopping, going to the library, attendance at college, voluntary work, horse riding and attendance at church. They also enjoyed going to the gym, day trips, bowling, foreign holidays, eating out and going to the pub. People were supported to pursue their interests for example, looking after a pet. One person was interested in DIY and garden projects. The registered manager told us this person had been supported to change accommodation to enable them access to a more suitable garden to work in. The person showed us projects they had worked upon with staff support. At Liss the registered manager told us, due to the rural location, people had access to a car which staff used to take them out. Another person was supported by staff to go out for trips in their own car. People had been supported to access the local community and to be as active as they wished.

Staff told us people had a keyworker who was a member of staff who had overall responsibility for their care. A person told us “I meet monthly with my support worker.” These monthly meetings enabled people to reflect upon the support they had received from staff in relation to their personal goals, records confirmed this. A person’s relative told us regular reviews of people’s care were not held. Records showed the registered manager met with some people’s families regularly and with others when issues arose. They told us people’s annual care plan reviews were in the process of being arranged with people’s agreement,

Is the service responsive?

this was confirmed by records. This would provide the opportunity for people to have a formal review of the care provided which involved members of their family if they wished and professionals whom they wanted to be invited.

All three people who responded to our questionnaire said they knew how to make a complaint and felt comfortable in doing so. Another person told us “Yes I could make a complaint.” The role of staff in supporting people to make a complaint was discussed at a team meeting in February 2015, this was confirmed by records. The registered manager told us they had received one complaint this year. They said they had held a meeting with the complainant and made changes to the person’s care, as a result of the issues raised, records confirmed this. When we spoke with the complainant they informed us they did not feel the complaint had been fully resolved to their satisfaction, this was fed back to the registered manager for them to consider if any further response was required. People and their relatives felt able to make a complaint and where they had, the provider had listened to their views and taken relevant actions to address the issues raised.

The registered manager told us they had not held tenant meetings historically as people had been disinterested in them. However, people had recently shown a renewed interest and one person had taken the lead in setting up a tenant meeting which took place on 1 July 2015. Issues discussed included a proposed new person moving into the service, events that had taken place or were planned and staff support. The registered manager told us an annual questionnaire was sent to people to gain their feedback about the service. No actions had been required as a result of the feedback received. People also used their keyworker sessions to provide their feedback on the service and action had been taken in response to their requests. One person’s records showed they had told staff, during their keyworker meeting, they wanted a new TV. The following monthly meeting notes demonstrated staff had supported them to purchase this. People’s views and wishes about the service had been sought and responded to.

Is the service well-led?

Our findings

The registered manager told us the provider had a mission statement. The values of the service were to promote choice and respect, ambition and imagination, reliability and professionalism, honesty and integrity, In addition to responsibility and accountability, to be inclusive and supportive. Staff embedded the service values in their work with people.

Two out of eight staff who returned our questionnaire said they would not feel confident reporting concerns to management and three said management were not approachable. However, we did not find evidence to substantiate this. None of the staff spoken with during the inspection expressed concerns to us about the management of the service. Staff told us they could speak freely with the manager. They told us there were regular staff meetings and that communication within the service was open. Records from the team meeting in March 2015 demonstrated staff had been asked if they felt able to speak with the registered manager and they had said they could. During the course of the inspection people and staff came into the office at will to speak with the registered manager. They all appeared comfortable and relaxed speaking with them. A person commented "The manager checks if we are happy. If I have something on my mind I say." The registered manager told us there had been issues with the Liss staff team this year; however they felt these had now been resolved and the team was moving forwards together. Records showed they had discussed the issue of staff attitudes with the senior staff team at their June 2015 meeting. There had been a period when the staff team had become unsettled, however, the registered manager was aware of this and had taken appropriate action. People and the majority of staff felt able to speak with the registered manager.

The registered manager told us there was an on-site manager for the Croydon and Redhill locations and they themselves visited these locations regularly to oversee the service people received. The manager, staff and people from these locations confirmed this. The manager of the other two locations told us they received adequate support in their role from the registered manager. In addition to the management team, there were senior care staff at two of the services, the third service, at Croydon had a small staff team and senior care staff were not required. Staff told us

the provider's Head of Operations also visited occasionally and spoke with them, this was confirmed by the registered manager. Although the Head of Operations did not complete a report for the registered manager their visits gave people and staff the opportunity to speak with them. People were supported through a clear management structure.

If an incident occurred staff completed an incident form. The registered manager told us they reviewed these in order to identify any actions they needed to take or to identify trends. They said as a result of their reviews they had noted more incidents occurred with one person when particular members of staff were rostered so they had changed the members of staff working with them. Records demonstrated this trend and that the provider's response had been discussed with the person's family. Changes had been made to this person's care as result of the monitoring which had taken place.

The registered manager told us they spent time speaking to people at Liss daily and they visited the service in the evening and weekends, to check on people's care, this was confirmed by records. They told us they completed a range of weekly and monthly checks at the service. These included spot checks of the environment, checking records, incident reports and medicines. The manager for the other two locations confirmed they also completed checks on the quality of the service. The registered manager completed a monthly quality monitoring form for the provider. This assessed areas which included first impressions of the service, complaints, incidents, safeguarding, person centred support, medicines, finances, staffing, health and safety. An action plan from the May 2015 audit had included a requirement for keyworkers to document their sessions with people, records confirmed staff were now doing this. The registered manager had an action plan in place which documented areas of the service which required improvement and their current progress against each item. For example, staff leads had been identified for the areas of health and safety and key working in order to drive service improvement. Changes had been made to people's care as a result of the auditing of the service.

The Care Services Manager was due to complete an annual quality audit of the service on 20 October 2015. This was a new audit which had been designed by the provider specifically to assess the quality of this type of community

Is the service well-led?

service. The registered manager told us historically the service had been audited at the provider level using a general audit form which was designed to assess residential services and as such this had not been a useful tool to drive service improvements. The provider had recognised the need to amend their process for measuring the quality of community based services for people and had taken relevant action to do so.

The registered manager said they wanted staff to take a more active role in the auditing of the quality of the service.

As a result they were working with staff to enable them to be involved in the periodic service review, which would give them more involvement and ownership of the process. They also wanted people to become involved, the provider had piloted this at other locations, and their aim was to involve people in the future with this process. The provider was seeking ways to more fully involve staff and people in the monitoring of the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The failure by the registered manager to effectively operate systems and processes by following the policy and its associated procedures to protect people from the risk of financial abuse was a breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>