Autism Consultants Limited

Hillcrest Supported Living West Sussex

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 21 and 22 March 2017 and it was announced.

Hillcrest Supported Living, West Sussex is a 'supported living' service providing support to adults with learning disabilities, autism and other complex needs. This service provides care and support to people so that they can live in their own home as independently as possible. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements. At the time of this inspection the service was supporting 25 people with personal care. They lived by themselves or with family or in one of five small shared houses with people of similar needs, abilities and preferences. Hillcrest Supported Living, West Sussex has a registered office in Felpham, Bognor Regis. The office kept records relating to the people they were supporting, staff records and other records relating to the management of the service.

The service had a registered manager in post who was registered in August 2016. 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.

During this inspection we observed the registered manager knew people they supported well and was hands on in his approach and was committed to ensuring people using the service received a good standard of care. However, they failed to notify the Commission about one allegation of potential abuse. We have made a recommendation to the provider regarding this. Audits to monitor the quality of the care provided to people were not always effective. This included how the office monitored the completion of Medication Administration Records and risk assessments. We have discussed this in the Well-Led section of this report. The registered manager was able to take action during the inspection to improve these areas and minimise the risks to people using the service.

Staff understood local safeguarding procedures. They were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Relatives spoke positively about the support their family members received from the service and records reflected there were sufficient staff to meet people's needs. The service followed safe recruitment practices and overall medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Staff also told us they were satisfied with the level of support that they were given from the management team. Supervisions and appraisals were consistently carried out for all staff supporting people.

People were encouraged to be as independent as possible and to be involved with determining the care

they received. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. Some people received support with food and drink and had access to health and social care professionals when needed.

Staff spoke kindly and respectfully to people, involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach. People were treated with dignity and respect.

Care planning was personalised and focused upon the person's whole life, including their goals and aspirations, skills, abilities and how they preferred to manage their health. Care plans reflected information relevant to each individual and their abilities including people's communication and health needs. They provided clear guidance to staff on how to meet people's individual needs. The service protected people from social isolation. Staff were proactive, and made sure that people were able to keep relationships that matter to them such as family, community and other social links.

The service had an accessible complaints policy and people and their relatives were listened to. People's views about the quality of the service were obtained informally through discussions with the registered manager and formally through satisfaction surveys. Relatives were asked for their feedback and this was positive.

During the inspection, we found the registered manager and deputy manager promoted an open culture. They maintained positive links with external agencies and were keen to develop and improve the service further to benefit the lives of those they were supporting.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision and appraisal and attended training. Additional training was provided when needed.

Some people received support with food and drink, nutritional guidance was provided from staff to help people make informed decisions about their diets.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved

in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff.

Care plans were individual to the person they concerned.

People and their relatives knew how and who to complain to if there was a concern about the care they received.

Is the service well-led?

Requires Improvement

The service was not always Well-Led.

An effective audit of care plans and associated risk assessments required improvement to ensure they offered the necessary guidance required to mitigate risks to people.

The provider failed to notify the Commission of an incidence in accordance with the law.

Staff told us that the management were supportive and approachable.

The registered manager was keen to make positive changes to improve the quality of care provided to people.

The registered manager maintained external links with appropriate agencies and groups.

Hillcrest Supported Living West Sussex

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 March and 22 March 2017 and was announced. This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. This included giving one weeks' notice so the provider could organise for the inspector to meet with people who lived in shared houses and observe the interactions of staff supporting them ; as it is a supported living service we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by experience at this inspection had experience of services for people with a learning disability.

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 PIR, the previous inspection report and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to help us decide which areas to focus on during our inspection.

During the inspection, we visited two shared houses where we were able to observe care provided by staff to people including how medicines were administered to one person. We were able to read care records kept in people's own homes including daily records completed by the allocated support staff. We met with two people who lived in a shared house in Chichester and a further two people who lived in a shared house in Goring-by-Sea. Due to the nature of people's complex needs, we were not always able to ask direct questions. However, we did chat with people and observed how staff supported them as they engaged with their day-to-day tasks. The expert-by-experience also spoke with three relatives by telephone to gain their views of the care provided to their family members.

We met separately with a team leader and chatted with three staff members who were supporting people. The deputy manager and registered manager were present throughout the inspection. We also met with the project manager of the My Network and Network Plus, organisations associated with the supported living service. They both provided varying levels of community support for adults with a learning disability which were overseen by the registered manager of Hillcrest Supported Living, West Sussex. After the inspection, we received an email from a social worker who had worked with the registered manager and staff team. They consented to share their views in this report.

We spent time looking at records at the registered office including four care records, three staff files and staff training records. We also looked at medication administration records (MARs), compliments and complaints, accidents and incidents and other records relating to the management of the service.

This was the first inspection of Hillcrest Supported Living West Sussex since a change of legal entity.

Good

Is the service safe?

Our findings

We found people were relaxed and looked happy and at ease in the company of the staff supporting them. Some people lived in the family home or by themselves; others lived in shared houses, which meant they had their own bedroom however shared communal spaces with other people. People in shared houses were supported to hold their own private tenancy with a 'landlord' regarding the accommodation. We observed people were comfortable with those they shared with and treated each other like 'family members'. Relatives told us the service provided a safe service and their family members were treated well by regular staff. We asked a senior support worker how they kept people safe she replied, "By understanding their needs".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would go to the registered manager with any concerns. One staff member told us, "My first point of call would be [named registered manager] and if he wasn't around [named deputy manager]." They also told us they felt confident to approach social services if they had a concern about a person they were supporting. The service worked in accordance with their safeguarding adults at risk policy, which provided information and guidance on keeping people safe.

Accidents and incidents were recorded and responded to by the staff team led by the registered manager. A social worker told us, 'They achieve good outcomes for our customers and address challenges and difficulties promptly and professionally'. The registered manager had built positive links with the local West Sussex safeguarding adult's team and contacted them for advice if they were concerned about a person and their welfare. They described an incident, which had taken place in February 2017 whereby a person using the service made an allegation about a staff member. The allegation was of potential physical abuse however, the staff member no longer worked for the service. The registered manager explained the action they had taken and showed us records of discussions held with the local safeguarding team. Due to inconsistencies within the allegation made the incident had since been logged by the safeguarding team and not taken any further. The registered manager had taken immediate action to minimise any further risks to the person or other people using the service. However, we established the registered manager had failed to notify the Commission of the allegation and the actions they had taken. We have made a recommendation to the provider regarding this and referred to it in the Well-Led section of this report.

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Each person had an 'overview' risk assessment document, which highlighted the areas which were deemed a risk for people. These had all been reviewed within the last 12 months or sooner if a need had changed. This included areas such as supporting people in the community with risks associated with people who had epilepsy or risks associated with supporting people with their finances when they were food shopping and preparing meals. One person had been risk assessed to administer their own medicines which had been reviewed in July

2016.

We noted care plans offered a wealth of personalised information on each person using the service. However, not always had the detail in the care plan influenced a risk assessment. For example, one person had behaviours, which may challenge including making false allegations. The person's care plan provided details regarding the potential issues. However, this had not been transferred into a risk assessment document to ensure the risks to other people, staff and the person themselves were mitigated. We discussed this with both the registered manager and deputy manager who agreed this was an oversight and by the end of the inspection had implemented a new risk assessment document for staff to use as guidance. Without exception, staff told us they had sufficient information to enable them to keep people safe. One senior support worker told us, "The information we need is in their (people) folders". We have referred to gaps in paperwork in the Well-Led section of this report.

The service had forty staff supporting people in their own homes. We observed, and records confirmed, there were enough suitable staff to meet people's agreed and assessed needs. When the service was short staffed due to leave or sickness they were able to use agency staff. A senior support worker told us this may happen once or twice a month and they were able to have the used the same staff who already knew people they were supporting. Relatives told us they appreciated their family members received support from the same group of staff and felt they understood their individual needs. One relative said, "My [named person] is supported by a small staff team who always have their best interests at heart". People using the service received no less than five hours of care per week and some people were assessed to need support throughout the day and night. Shared houses employed a sleep in staff to ensure the safety of people throughout night times. Staff worked in teams led by a senior support worker who provided the link between the staff and the office. The deputy manager had started working for the service in December 2016 and a further four senior support workers had started working for the service. This meant there were nine full or part time senior support workers in post supervising support workers in the community. The registered manager told us this had improved how he was able to deploy staff and the quality and safety of the care they were able to provide. They told us one of their main achievements since becoming the registered manager was, "Getting together a senior staff team of people that want to do the job".

Staff recruitment practices were robust and thorough. Applicants completed an application form, which were reviewed by the service's head office to establish whether they were suitable to be shortlisted for an interview. Applicants were interviewed by the registered office two and asked a series of questions related to the role of a health and social care worker and how they would respond in various situations. It was also an opportunity for the provider to establish the knowledge, skills and experience of each applicant. Staff were only able to commence employment after and upon the office staff receiving two satisfactory references, including checks with previous employers. In addition, staff held a current Disclosure and Barring Service (DBS) check. The DBS provides criminal record checks and helps employers make safer recruitment decisions. Successful applicants attended a thorough induction and shadowed more experienced staff prior to working alone supporting people in their own homes.

Some people received support from staff with their medicines. People and their relatives did not express concerns over how staff supported them. The recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) held information on each prescribed medicine and the time it had to be administered. The MARs were completed on behalf of each person that required support in this area, by the staff member who was providing this support. This provided evidence that people received their medicines as prescribed. Guidance was also provided for staff when administering 'When required' (PRN) medicines. This included medicines for pain relief or skin conditions. We were told, and training records confirmed that all staff who administered medicines to people were fully trained and

assessed as competent by more senior staff. A newly recruited senior support worker told us how they had researched into different medicines, what they were for and their potential side effects during their recent induction.

We observed one staff administer medicines to a person using a patient, professional and relaxed approach. They consulted the person to check they were happy to receive their medicines. The staff member only signed the MAR after they had checked the person had taken their medicine, which was in line with their medicine policy, training and best practice. Mostly, medicines were managed safely. However, we noted one person had nutritional supplements prescribed to them daily in the form of a drink. We noted there were gaps on one MAR for this particular supplement. We queried this with the registered manager who investigated the issue. The registered manager fed back to us, on day two of the inspection, a senior support worker had audited the stock of this supplement and provided assurances the person had received it as prescribed yet a staff member had failed to record this accordingly and prior to the inspection, this was already being addressed. Whilst no impact had occurred to the person in this particular situation, the issue highlighted there was a delay in MARs and daily records being delivered to the office sometimes up to a two month delay. Senior support workers routinely checked for errors or issues within daily records whilst supporting people in the community however, these were not necessarily brought to the attention of the registered manager in a timely manner such as on this occasion. We have referred to this further in the Well-led section of this report.

Good

Is the service effective?

Our findings

During our inspection, we observed care provided to people by staff who were skilled and knowledgeable about the people they were supporting. When we posed questions to them about their approach, they were able to respond articulately about why they did things in a certain way. Relatives we spoke with spoke positively about the relationship staff had with their family members. One relative said, "I could not wish for a better service and relationship for my son". A social worker told us the service had, "Carers who are flexible and experienced".

People received support from staff that had been taken through a thorough induction process and attended training with regular updates. The induction consisted of shadowing and working alongside senior support workers and the registered manager, the reading of relevant care records and service policies and procedures. Staff were allowed to have additional shadowing shifts with more experienced staff if they were new to working in health and social care. Staff records showed observations were carried out to assess their competency before performing their tasks independently. In addition to the service induction, the registered manager had introduced the Care Certificate (Skills for Care) for new staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity to share knowledge and assess the competencies of staff. The Care Certificate covers 15 essential health and social care topics, with the aim this would be completed within 12 weeks of employment.

The training schedule covered various health and safety topics and more specialist sessions including, learning disability awareness, autism and Positive Behaviour Support (PBS). Positive Behaviour support is a model, which contains strategies of how staff should support people, with learning disabilities and other complex needs, to reduce anxieties and manage behaviours displayed. The service used different methods to train their staff including online and face to face training sessions with external training companies. Some staff commenced employment with the service with an appropriate National Vocational Qualification (NVQ) or Health and Social Care Diploma's (HSCD). Once staff had completed a successful probationary period they were encouraged to continue their development and complete varying levels of HSCD. For example, the deputy manager came to work at the service with an NVQ level 3 and had now commenced a HSCD level 5. This meant staff had opportunities to increase their knowledge and enable them to apply their learning to their role when supporting people in the community. A senior support worker told us, "There is continuous training".

We discussed supervisions and appraisals with the registered manager and checked records of these at the office. A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings that had taken place and those booked. Work related actions were agreed within supervisions and carried over to the next meeting. The registered manager shared how difficult it had been in 2016 to organise staff meetings and fulfil the desired amount of supervision sessions every four to six weeks with all the staff team due to the lack of senior staff. However, told us since they had recruited a full team of senior support staff, "Now we can achieve this". The service had introduced senior team meetings to improve the communication flow between the office and support

offered to the various staff teams. The first senior support worker meeting had been held in January 2017 and the group met again in February 2017. The meetings were attended by seniors, the deputy manager and registered manager. A senior support worker told us, "Some of us started together so we are learning together and supporting each other".

People were involved in making decisions, which related to their care and treatment. When we visited people's homes, we saw people offered choices. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity to make specific decisions were made by various health and social care professionals, the registered manager and team and the relevant family members.

Staff had received training in the MCA and were able to describe how they used it in the support they gave to people. Staff described people they supported and how they had varying levels of capacity to make decisions. The registered manager was able to tell us how they involved health and social care professionals for guidance for people who lacked capacity to make decisions. A senior support worker said, "All people are able to say no or yes. For the most part if you explain why they need to do something they have the capacity to make a decision about whether they want to do it like when they take their medication". They added, "We consider what's going to work what is best for them in their best interests".

Some people's needs had been assessed with regards to the support they required with food and drink. Care plans provided guidance for staff on the level of support each person required and focused on maintaining the person's independence. A senior support worker described how some people needed more support in their kitchen than others. "We offer advice on foods nutritional value supporting them (people) to make the right choices". They added, "People go shopping with staff members who help them make choices about what to buy". One care plan read, 'On a Tuesday I need to do my shopping'. They also told us the service was in the process of putting a pictorial menu book together and we saw this was discussed at the senior team meeting in February 2017.

Staff were involved in supporting people with their healthcare needs. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in the care plan. For example, we noted that GP's, psychiatrists and social workers were involved with some people's care. One person had involvement from a Speech and Language therapist and the registered manager told us how it had benefitted the person's life as they had previously struggled to know how to support the person effectively. Information concerning people's health was verbally communicated between staff and also written in daily records. Relatives involved with people's care were also informed of any health changes by the service. Staff told us they would report to the managers if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need. However, staff also told us they would document any changes and report back to their managers to gain advice and guidance. A senior support worker told us, "They (people) have medication check-ups with their GP". They also told us each person has a Health Action Plan (HAP) in place which provided details of each individuals healthcare needs. The HAP was updated and changed by the senior support worker when necessary.

Good

Is the service caring?

Our findings

We observed the registered manager and deputy used a caring approach when supporting people and the staff team. This seemed to have filtered down through the service and influenced how the rest of the staff team supported people in their own homes. We asked a senior support worker what they felt the values of the service were, amongst other comments she told us, "To be caring". We found positive and caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. Staff used people's preferred names during conversations and asked their permission before undertaking tasks. Relatives complimented the staff when we spoke with them and within satisfaction surveys recently completed in 2017. A relative told us, "I am extremely happy with the service that is provided". Another relative had written, 'Overall I am happy with the care it (the service) provides. [Named person] is happy living there and that is all that matters'.

Staff were familiar with how people enjoyed to spend their time, what worked and what caused the person to become anxious particularly when they were out in the community which meant they knew people well. For example, one person who was autistic lived in a small shared house with one other person and enjoyed cycling on a tricycle. Staff told us they knew what locations were more favourable for the person to get the most out of the activity, usually this meant where the area was not too crowded. A senior support worker who supported people in another shared house described how one person was always tired after they had returned from the day centre they attended and often suffered with headaches when they were tired. The staff member told us they avoided any issues by offering them a glass of water and gave them some space before discussing what they needed to do in the evening. This meant their well-being had been considered by the team supporting them.

People living in shared houses had been supported by staff to decorate their communal areas with photographs of group activities such as holidays they had been on together which added to the family atmosphere and which further promoted the caring values of the service. Staff told us how people were supported to express their views and encouraged to be as independent and as involved as much as was possible with their own personal care. A staff member told us, "Establish how they would like to do things". They added, "Encourage them to do things for themselves, do they want a shower or a bath and ask them what they would like to wear and give them choices about what they would like to eat".

People were treated fairly and with respect. Staff told us they knocked on people's front doors and bedroom doors and waited for a response before they entered. A senior support worker told us, "You can only enter (shared house) when the first customer (person) arrives home. You don't just walk in you ring the bell". They added, "An estate agent recently wanted to visit and I got permission from the customer whose home it was". Staff said they talked to people whilst they were supporting them so they gained consent and the person then knew what was happening to them. They told us how they drew curtains, shut doors and ensured they promoted people's dignity by covering their bodies or making sure they had a towel with them when supporting them with personal care. Staff could advocate on behalf of the people they were supporting, they seemed to know when they were happy or sad and act accordingly to ensure their needs were being met.

Good

Is the service responsive?

Our findings

We observed and feedback from relatives confirmed staff knew people well and responded to their needs in a personalised way. All relatives we spoke with said they were involved in reviews regarding their family members care and had confidence with the staff team as they were informed of any changes as they occurred. A social worker told us, "I have worked with Hillcrest recently and in the past and have found their support they offer to people/customers as professional and person-centred.

Care records included a care plan, risk assessments and other information relevant to the person they concerned. Care plans were reviewed annually by senior staff and included information provided at the point of assessment through to present day needs. Each person had a care plan within their own home and a copy was also kept at the office. Care plans focused upon the person's whole life including their goals, skills, abilities and how they prefer to manage both their physical and emotional health. The service used a format that was accessible and could help the person being written about understand its contents. For example, photographs of the person taking part in a particular task and other pictorial prompts. One person's care plan described what the person liked using a picture of cartoon smiley face (emoji) and had written next to it, 'Likes –EastEnders and other soaps, curry and 'soap' magazines'. It then described what the person disliked using a cartoon sad face and wrote, 'Early mornings, soup and parsnips'. The care plan continued to use pictorial references alongside the written word for how the person wanted to receive their care. For example, there was a picture of a woman washing her hair and written next to it was, 'I need you to put shampoo in my head and I will rub it in I need you to help me with the rinsing afterwards'.

Staff told us how they were able to involve people with their care plans. This included talking through the main areas of each care plan with people, who were able to and receptive to being involved. Where this was not possible relatives and in some instances, health and social care professionals were able to advocate on their behalf. A senior support worker told us about a recent change to how the person wanted support with washing in the shower and said, "[Named person] was really happy to sit at the table and discuss their care plan. I know the [named registered manager] had done so before". Care plans were all fit for purpose and focused on the individual being written about. However, some care plans we read during the inspection were more detailed and personalised than others in place and had made better use of accessible tools to involve the person being written about. We discussed this with the deputy manager and registered manager and we have referred to this further in the Well Led section of this report.

In addition, daily records were completed about people by staff at the end of their support visit. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including daily handover meetings between staff, care reviews and speaking to people and families direct. A delay in daily records being delivered to the office is discussed further in the Well-Led section of this report.

The service aimed to help people to live more independently and minimise the risks of social isolation. The service recognised the importance of social contact and companionship. Staff were proactive, and made

sure that people were able to keep relationships that mattered to them, such as family, community and other social links. For example, one person attended a college, the registered manager met with the person, their key staff and the manager of the college to ensure all were working in an agreed way to meet the individual needs of the person and address any issues as they arose.

At the time of our inspection, there were no official formal complaints open. The home had an accessible complaints procedure, which had been reviewed in February 2017. We checked how formal concerns and complaints were responded to. Complaints were responded to promptly and records were maintained regarding any actions taken by the service. The last formal complaint was closed in June 2016. One relative told us, "If I do not think something is not right for my [named person], I can tell them, they listen and respond accordingly". One relative told us they had raised a concern and they had been satisfied with the outcome and felt the issue had been dealt with. A senior support worker told us one person was unhappy as he was woken up to early in the morning. They said the situation was resolved by the registered manager as he spoke with the person and the staff member concerned, "[Registered manager] had a chat with them and it is now working well".

Requires Improvement

Is the service well-led?

Our findings

The registered manager had failed to notify the Commission of an allegation of abuse in February 2017. A notification is information about important events which the service is required to send to us by law including any allegation of potential abuse involving a person using a registered service. The registered manager had taken all reasonable steps to protect the person and other people by contacting the local West Sussex Safeguarding team. However, we recommend the provider considers the guidance for providers on what and when they need to notify the Commission in the event of any future incidents involving people using the service.

There were some inconsistencies in how care records were being monitored by the service for their effectiveness. Systems in place did not always identify gaps in guidance for staff supporting people. This included a lengthy delay in MARs and daily care notes being delivered to the office for the deputy manager and registered managers review. This meant there was a risk that issues or errors may not be dealt with in a timely manner by the office. The registered manager agreed this posed a potential risk and by the end of the inspection was discussing how this could be addressed and improved upon with the deputy manager.

Mostly care and support plans were detailed, accessible and provided a wealth of information regarding people who may challenge others including staff. However, highlighted areas of risk such as those posed by people who may challenge the service had not always influenced a relevant risk assessment. The registered manager was quick to respond to any gaps we identified during our inspection. However, we advised the management team to review their care plans and ensure all areas of highlighted risk were transferred into a risk assessment. In addition, one out of four care plans we read did not offer the level of detail the other three care plans provided. The registered manager and deputy manager recognised some aspects of care records could be improved to ensure staff had the necessary guidance in place to carry out their role. The deputy manager told us she saw part of her role to, "Streamline the paperwork".

The registered manager was very hands on in their approach and aimed to visit people and staff supporting them on a weekly basis. However, records of such visits were limited in the information they provided. Opportunities were missed to examine daily records such as MARs during such visits. During the second day of our inspection, the registered manager shared a new audit format they would be using when visiting people and their supporting staff in the community. The questions asked would prompt the review of all care records relating to people being supported by the service, their accuracy and whether they were meaningful and daily records, including MARs had been completed. The registered manager was positive that they were now able to develop and audit the daily records more effectively now they had a full complement of senior support workers and a deputy manager.

We received positive feedback on how the service was run. Relatives felt confident in the care and support and the way in which this was delivered to their family members. They found the culture an open and inclusive one. They appreciated the support the registered manager provided. Satisfaction surveys had been completed early 2017 by people's representatives'. All of the 12 which had been returned were completed with positive responses. One relative told us, "The manager is very hands on and is very aware of

what is going on in the service". Another relative said, "I always get a prompt reply to any question I have". A senior support worker told us, "[Named registered manager] management skills work with me there is a huge amount of trust". The deputy manager told us, "[Named manager] has been brilliant" whilst they had been settling into their new role.

The staff team had a good understanding of what people with learning disabilities, autism and other complex needs using the service needed and people we met with appeared happy and content. The registered manager told us, "The door (office) is always open. Customers and staff are free to walk in".

'My Network' and 'Network Plus' were groups set up to provide additional support for adults with a learning disability with funding from the local authority. This included benefit applications, seeking employment and linking up a person with opportunities to enhance the quality of their lives. The project manager was supervised by the Hillcrest Supported Living, West Sussex service registered manager therefore he was aware of what other initiatives could be tapped into for adults using the personal care service. A social worker told us, "I have found the service to be Safe, Effective, Caring, Responsive and Well-Led". They added, "My experience of Hillcrest has been, they have worked in partnership with the Learning Disability Team". This meant the service had positive links with other agencies and support networks to benefit the quality of lives for those receiving personal care support.