

The Regard Partnership Limited

Lynfords

Inspection report

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Date of inspection visit:
28 May 2019
29 May 2019

Date of publication:
19 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Lynfords is a residential care home for up to six people and there were six people using the service at the time of our inspection. People living at Lynfords needed support with personal care, mobility, health, behavioural and communication needs. Accommodation was on ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

Guidelines in one person's care plan were not followed during inspection and some care plans did not include advice to meet people's identified health needs. The provider's governance systems had not identified shortfalls found at this inspection. For example, that a follow up to a fire drill that had not gone well had not been carried out. There had been limited monitoring to ensure people received activities as planned. The staff skill mix on the morning of our inspection was not appropriate to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported to make choices in all areas of daily living from choosing clothes to wear to what they wanted to do. There were regular opportunities to use local facilities and amenities and people had equipment that enabled them gain new skills to increase their independence in whatever way they could.

There were enough staff who had been appropriately recruited, to meet people's needs. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed. People's medicines were managed safely.

Staff attended regular training to update their knowledge and skills. They attended regular supervision meetings and told us they were very well supported by the management of the home.

People were supported to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People had enough to eat and drink and menus were varied and well balanced.

A visiting professional told us, "Staff are always pleasant, and the residents have always been cared for appropriately."

Staff were kind and caring. They had a good understanding of people as individuals, their needs and

interests. Most people needed some support with communication and were not able to tell us their experiences; those who could told us they were happy, and we observed that people were happy and relaxed with staff.

People were supported to take part in activities to meet their individual needs and wishes. This included trips to the local parks, theatres, cafes and restaurants, trips to places of interest and college. Entertainers provided musical entertainment and we observed one of these. This activity was lively and inclusive, and people were observed to really enjoy the activity.

The environment was well maintained. The bathroom and shower room had recently been refurbished. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks on equipment were all up to date.

Rating at last inspection: At the last inspection the service was rated good. (The last inspection was published 4/11/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement:

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

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Lynfords

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Lynfords is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced, comprehensive inspection. The inspection was carried out on 28 and 29 May 2019.

What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. We viewed the service's Provider Information Return

(PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Most of the people living at Lynfords were not able to tell us their views of life at Lynfords, so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Lynfords.

The registered manager was on leave at the time of inspection, so we spoke with the regional manager, two registered managers from sister homes, two senior support workers and three support workers. We reviewed a range of records. This included three people's care records in full and aspects of other people's records. We looked at recruitment records for two staff, medicine records, quality assurance records and training records for all staff. We reviewed records relating to the management of the service including audits and meeting minutes.

Following the inspection, we received feedback from a visiting professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "I know what to do if I have concerns, I would report to my manager and I would phone the safeguarding team if it was not reported."

Assessing risk, safety monitoring and management

- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP) that described the support they needed in an emergency.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded.
- A fire risk assessment had been carried out in June 2018 by an external professional and recommendations made, these had been addressed.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.
- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, one person had an increased number of falls over the past few months. A referral had been made to an occupational therapist to assess if there was any equipment the person might benefit from to assist in reducing the falls.
- Another person who displayed behaviours that were challenging had a positive behavioural support plan. This included guidance for staff on how to support them giving advice about positive strategies to divert and distract from behaviours, early interventions that could be taken, how to deal with a crisis situation and how to support the person to recover from situations. Staff told us there had been a reduction in the numbers of incidents.

Staffing and recruitment

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

- There were enough staff to meet people's assessed needs and keep them safe. There were three care staff on each shift and a waking member of staff at night. There was also a sleep-in staff member who was on call for both homes on site. There were two staff vacancies that were being recruited to and these vacant hours were covered by staff working overtime or when needed, agency staff were used.
- There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.
- Staff told us that staff levels had been low but that they had used agency staff and staff working overtime. This had helped the situation and a new staff member had recently been recruited so it was better now.

Using medicines safely

- There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them.
- People's records clearly stated how they preferred to receive their medicines.
- Staff had received training in the management of medicines and had been assessed as competent to give them.
- There were person centred guidelines for the use of emergency medicine which clearly stated when such medicine should be used and when professional assistance should be sought.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use. We saw that staff used aprons and gloves for food preparation.
- A visiting professional told us, "The premises are always clean and presentable."

Learning lessons when things go wrong

- There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
- Details of any accidents or incidents were sent to the Regional manager monthly. We saw that lessons were learned when mistakes were made. For example, one person had a fall from their commode and as a result a new strap was fitted to the commode to ensure their safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback received confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications for DoLS authorisations had been sent and in some cases the home were awaiting decisions. The applications included detailed information about why restrictions were needed. We saw records that demonstrated that when complex medical decisions needed to be made, best interest meetings had been held to make sure everyone agreed with the need for treatment.
- Staff ensured that people were involved as much as possible in decisions about their care.
- People were asked for their consent before personal care was undertaken. We saw staff offering people choices of drinks and choices of activities. There was easy read literature available for people about the MCA.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at the service for a long time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Regular checks were carried out to make sure expected outcomes were identified and care and support was provided in line with people's needs.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specialist training was also provided that reflected the complex needs of people who lived at Lynfords. Specialist training was provided in relation to epilepsy and moving and handling.
- All of the staff told us they had received eLearning training on dementia but would welcome more

specialist training on this subject. The regional manager later confirmed this would be arranged.

- Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. We asked a staff member if they felt supported. They said, "Oh very supported, they are there for me and if you want an extra one that can be arranged."
- We were told new staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction. They told us, "All of the staff team have been very helpful answering my questions and explaining how things are done."
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink.
- There were pictures of each of the meals to assist people in making informed choices and these pictures were then displayed on a notice board.
- Some people who were assessed as at risk of choking, required thickeners for their drinks and these were given as prescribed.
- People were offered and received a choice of drinks throughout the day. Some people had specialist cups and dishes to support their eating and drinking and to encourage independence.
- We saw that when one person did not eat the homemade soup at lunch time, they were offered and chose to have a sandwich.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan that provided details of their individual health needs and any appointments they had attended or were due.
- If people had epilepsy they attended annual appointments with a specialist for ongoing review.
- One person had pressure relieving cushions to sit on to protect their skin integrity.
- One person had a particular health condition and there was easy read literature about this condition to help the person understand.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised with photographs and individual furniture. Most people used wheelchairs either in the home or for use outdoors. People had comfy chairs, beanbags, shower chairs and toilet seats. One person had an overhead tracking hoist in their bedroom. Two people had walking frames to support their independence with walking.
- The bathroom had recently been refurbished and the shower room was being refurbished at the time of inspection.
- Three people had iPads or tablets. We saw one person used their iPad to listen to music and another to watch a film.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. They were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. We saw that when staff gave one person their medicine they also held the person's hand as this was the way the person liked to be supported.
- Staff communicated well with people and in a way they could understand and people responded warmly to them. For example, one person liked it when staff repeated what word or sound they made. They showed absolute delight whenever this was done.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "We treat people equally and meet different needs." They gave an example of where one person could demand a lot of staff attention and this left the potential for others to have less staff support. They introduced a four-minute egg timer for non-urgent requests. This helped the person to remain calm and meant they could continue to give whoever they were supporting their attention before responding to the person's request.
- Outside of each person's bedroom door was a photo frame which included information about each person. This included information about what was important to the person and what people who knew them best said about the person.

Supporting people to express their views and be involved in making decisions about their care

- People and their families, where appropriate were involved in planning care delivery.
- Records confirmed regular meetings were held with people and their relatives had been invited to attend.
- At people's reviews, staff looked at activities that went well and those that did not go well and the possible reasons.
- In the entrance lobby there was a large wish tree on the wall. This included something that each person would like to do. One person did not have an expressed wish. It was not clear if they had not made a wish or if the wish had fallen and was removed. Wishes include things like visiting an aquarium or a zoo or horse riding. We asked if they had been fulfilled. Some had, and some were still to be carried out.
- A staff member told us, "We respect people's wishes and how they like things done." We saw that when one person was watching a programme on their iPad, they turned the iPad over as if they were finished. The staff member initially thought the person did not want to watch it any more but questioned them about the programme and why they did not like it. The person was able to tell them they wanted to watch a different programme and their request was met to their satisfaction.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values and was embedded with staff.
- The service promoted people's independence. One person needed almost full support with personal care. However, it was noted that staff still encouraged the person to be as involved with the process as much as possible. Their care plan stated the person could lean forward to assist with dressing and that staff should encourage them to lift their arms to aid the process.
- Bedrooms were decorated and reflected their individual tastes and personalities. A staff member told us, "We always respect people's privacy. We make sure to close bedroom doors and curtains when we provide personal care."
- A visiting professional told us, "Staff are always pleasant, and the residents have always been cared for appropriately."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed regularly. However, we found some care plans were not always followed and did not always detail people's holistic needs.
- One person's care plan stated the person should sit at the table or use a height adjustable table and have food placed in front of them, so they could see what they were eating. Staff were to put the person's adapted spoon in their hand and encourage them to feed themselves independently. If uninterested after three attempts, staff were to assist the person. We observed the person was supported away from the table and they were not given the opportunity to feed themselves. We spoke with the senior support worker who told us the care plan should have been followed.
- One person had a number of health conditions and it was evident there was ongoing consultation with various professionals to determine their capacity to understand what was happening to them. However, the care plan lacked information about each condition, the risks associated with each, the likely impact on the person and how they should be supported.

The provider had not ensured all care plans contained up to date guidance and that they were followed. The above areas are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person referred to above chose not to discuss their condition. The registered manager confirmed easy read documentation had been made available to help the person understand their health. A local community nurse was working closely with the person and staff, and a communication passport was being created to support communication around the subject.'
- There was guidance about how people communicated their needs and how staff should engage through sign, verbal communication or body language. Picture prompts were used so that people could make an informed choice. Each person had a communication passport that gave information about how they presented when they were happy, sad, angry or scared. These documents helped staff to get to know people and provide appropriate care.
- Staff knew people well, and knew their likes, dislikes and background.
- People were supported to take part in activities. People's activities varied from person to person. Everyone received aromatherapy every three weeks. Musical entertainment was provided twice a week. We observed a music session provided. This involved an entertainer playing the guitar, ukulele and a piano accordion. Some people from the sister home joined the session. It was a lively, inclusive and very entertaining session and it was very evident from people's faces, vocal sounds made, and positive reactions that they really enjoyed the session.
- Some were supported with trips to bowling, local parks and cafes. Thursdays were known as transport days for two people. This meant people were supported to do an activity involving some form of transport,

whether it was buses or trains or going to an airport. One person went to college one day a week.

Improving care quality in response to complaints or concerns

- There had been one complaint to the service since our last inspection. Records showed that the registered manager had written to the complainant with the outcome of their investigation.
- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- Some people were unable to verbally communicate concerns, but staff knew people well and were able to give us examples of how people expressed their emotions of sadness, anger and anxiety. Care plans clearly described how people expressed their emotions.
- A visiting professional told us, "Any questions or concerns are dealt with quickly."

End of life care and support

- Most of the people living at Lynfords were not able to express their wishes in relation to end of life. However, staff had completed assessments based on people's known likes/dislikes and, where appropriate, relatives had been consulted for their views.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The quality assurance system was not robust enough to identify all the shortfalls we found. For example, it did not identify the lack of detail in one person's care plan, that weekly summaries of activities had not been completed and that decision specific mental capacity assessments had not always been carried out.
- Some care plans were not clear in relation to the actions to be taken. For example, one person's care plan referred to an exercise programme. We asked a staff member if these were done. They said, the person required a lot of encouragement. Another staff member said they were not required and a third said they were done once a week. There were no records that the exercises had been done. Following the inspection, we spoke with the registered manager who stated the exercises were done following a stay in hospital and were left in the care plan should they be needed in the future but at the present time they were not required. They said they would clarify this with staff and in the care plan.
- There were some restrictions in relation to one person's food intake. A brief assessment had been made in relation to food and drink, but this did not clearly demonstrate, in what way the person lacked capacity and what actions had been taken to help them to understand and make informed choices. Whilst all restrictions had been taken in the person's best interest and discussed with their relatives and the LA, the initial documentation had not been completed in line with the MCA. This had not been identified by the home's quality assurance system.
- At the last fire drill in March 2019 records showed the drill was disorganised and that a further drill was to be carried out the following week. There were no records to demonstrate this had been done.
- There was an odour in the main lounge on both days of our inspection. We raised this with the management team who said they would ensure further attention to cleaning was carried out.
- Whilst we had no concerns about the staff levels, we raised a concern about the skill mix at the time of our inspection. One staff member was out supporting a person to a health appointment. This left a senior support worker and a new support worker who had only worked for the company for two weeks and had no previous experience in care. We observed practices that did not always demonstrate people's dignity was promoted. For example, one staff member spoke out inappropriately about one person's personal care needs in front of other people. Our observations were raised with the management team who said they would put in place additional measures to support the staff member. However, the skill mix on any given shift should be set to ensure the best possible care for the people supported.

The provider had not ensured good governance had been maintained and records were not up to date and accurate. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed a quality monitoring tool on a monthly basis. This included details such as staff support hours, sickness, supervision meetings, staff training completed, fire safety, health and safety, meetings held and outstanding maintenance. This was then sent to the regional manager who visited regularly to check up on any outstanding matters and to check on the running of the service. As the registered manager had been on extended leave and the regional manager was visiting the service more regularly these reports had not been done over the past two months.
- Staff had clearly defined roles and were aware of the importance of their role within the team.
- A staff member told us, "The manager is amazing, the door is always open. The different managers in whilst the manager is away have also been brilliant. They come in regularly and we just have to phone if there is a problem."
- Another staff member told us, "We do well as a team, I enjoy working here. We take care of people well, we do what we can and if we don't know, we know who to turn to for advice."
- The Chief Executive Officer (CEO) of the organisation had visited the home to have a look around, to meet people and staff, and to give everyone the opportunity to ask any questions they had about the direction the organisation was taking. Staff told us they had made them, "Feel valued."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt any suggestions or concerns were listened to and acted on.
- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Detailed minutes were kept which meant any staff not in attendance had a record of discussions and agreed actions.
- A staff member told us they were kept up to date with all aspects of the running of the service and felt the registered manager was, "Very supportive." They said, "We were short staffed a few months ago and that was stressful but two new staff were appointed so this has helped."
- Annual surveys were carried out to seek people's views on the care provided. One person completed the survey independently. For all others, responses were ticked but there was little or no comments on how the decisions were reached. The management team said they would be put back out for staff to provide comments on how decisions were reached. They also confirmed the organisation was changing the format for annual surveys and that each person would be given a survey that was tailor made to the individual to best seek their reviews of the care provided. This is therefore an area that requires improvement.
- The most recent staff survey was not dated, and the results had not been analysed.

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- Senior support workers told us they had recently completed a 'Senior Masterclass.' This gave advice and

guidance about approaches for managing staff, guidance about care planning and how to provide supervision for staff. A senior support worker told us the class had given them clarity and confidence in their role and they felt better able to support care staff.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, physiotherapist, opticians and chiropodists.
- The registered manager had also recently joined a behaviour support network across East Sussex. The forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff. They were looking forward to developing these links and the positive impact this could bring for people and staff.
- The registered manager had registered to attend a 'Well led programme of support for adult social care providers on how to achieve an outstanding rating.' The purpose of the programme was to have a greater understanding of regulations and to assist them in ideas and ways they could improve the service they provided.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people always received support that met their needs. 9 (1)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)(e)(f)