

Valley Supported Living

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an inspection of on 21, 22 and 26 June 2017. We gave the provider 24 hours' notice because the service is small and we needed to be sure that someone would be available for the inspection.

Valley Supported Living is a small registered charity providing care and support to adults with learning difficulties who live in their own homes. The organisation is run by a group of trustees including parent trustees. The aim of the service is to promote independent living through a range of services including assistance with personal care. The registered office premises were located in Bacup, Lancashire however there had been a recent move of office to Waterfoot, Rossendale. At the time of the inspection the service was providing support to seven people.

At the previous inspection on 21 and 22 October 2015 we found the service was not meeting all the standards assessed.

During this inspection our findings demonstrated there were breaches of eight regulations in respect of medicines management, risk management, support planning, data protection and record keeping, failure to notify, managing complaints, consent to treatment, staffing, safeguarding and quality assurance systems. You can see what action we told the provider to take at the back of the full version of the report.

The service was managed by a registered manager. However at the time of the inspection the registered manager had not been working at the service since the end of April 2017; an interim manager had been in post since late May 2017. 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.

Safeguarding adults' procedures were in place however staff had failed to follow safe procedures. This meant staff lacked an understanding of their responsibilities with regards to safeguarding vulnerable adults. There was also a lack of clarity about how people were supported with the management of their finances. The interim manager was clear about their responsibilities for reporting incidents and safeguarding concerns and was currently working in cooperation with other local agencies.

People considered there had been times when recently there had not been sufficient experienced staff to support them with their activities and with care and support. Changes to the staff and management team had created shortfalls and meant a high reliance on agency staff was necessary. This had impacted on people's support and access to leisure activities and we were told visits had been missed. There had been a lack of communication with people about the sudden changes to what had previously been a stable management team; this had created unsettlement and anxiety for people.

The recent changes to the staff team had impacted on the provision of some planned activities. However

people told us this was improving. We noted people were able to participate in a wide range of meaningful work and leisure activities in line with their interests and preferences. People attended local social clubs and groups where they could achieve more independence and make new relationships with people in the local community.

People's capacity to make their own decisions had not been assessed or recorded in line with the requirements of the Mental Capacity Act 2005. Staff had received training in this area. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Each person had a detailed support plan although the information had not been kept up to date and any risks to people's health and safety had not always been identified, assessed or managed safely. It was not clear whether people were involved in decisions about their care. People were supported to access health care and the relevant health and social care professionals provided advice and support when people's needs changed.

People were aware of how to raise their concerns and complaints and were confident they would be listened to. However the management of people's complaints and concerns needed improvement.

There had been limited oversight of the management of the service or of the registered manager's practice which had created avoidable shortfalls in a number of areas as detailed in the main body of the report. The service had failed to notify us of important changes and people's records were not always accurate and had not been stored safely or disposed of in line with legislation.

People told us they felt safe and were happy with the way they were treated by staff. They told us staff were caring and friendly. The interim manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and were supported to maintain contact with friends and relatives. During our visits we found staff were respectful to people and treated them with kindness. The atmosphere in each of the homes was happy and relaxed.

The recruitment process was being reviewed to ensure it was safe and fair. Arrangements were in place to make sure staff were suitably trained and supervised. We found further improvements were needed to how people's medicines were managed.

People lived in comfortable, clean and well maintained environments. Appropriate aids and adaptations had been provided to help maintain their safety, independence and comfort.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People felt safe in their homes although staff were unclear of their responsibilities for reporting safeguarding incidents.

The level of risk to people's safety had not always been assessed, recorded or kept up to date.

Support visits had been missed as there were insufficient numbers of suitably experienced staff available to meet people's needs. Safe recruitment practices were followed.

People's medicines were not always managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were provided with training, professional development and supervision although records relating to this were unclear.

Staff had received training to improve their understanding of the MCA 2005 legislation. However, people's capacity to make safe decisions and consent to care had not been assessed or clearly recorded.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

We observed good relationships between people using the service and staff. Staff had a good knowledge of people's needs and preferences and newer staff were developing their relationships with people.

People's rights to privacy, dignity and respect had been compromised following changes to the management and staff team.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were supported to keep in contact with relatives and friends and to take part in suitable activities.

Each person had a support plan that was personal to them. However, we found they were not always accurate and up to date and people had not been involved in formal discussions and reviews of their care.

Staff were knowledgeable about people's needs and preferences.

People had access to information about how to complain and were confident their complaints would be listened to and acted upon. However it was unclear how people's complaints had been responded to.

Is the service well-led?

The service was not well led.

Regular audits and checks on the quality of the service had not been carried out.

People, their families and staff had not been asked for their views on the service.

Changes to the management team had not been communicated well to staff, people using the service and their families. This had created unsettlement and unnecessary anxiety.

Records were not accurate or stored and disposed of confidentially.

We had not been notified about important events which the service is required to send us by law.

Inadequate 

Valley Supported Living

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 was 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, 22 and 26 June 2017. We gave the provider 24 hours' notice because the service is small and we needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Prior to the inspection visit we received concerning information relating to changes to the management team, the availability and skills of staff and lack of clear records such as support plans and risk assessments. The local authority contract monitoring team and commissioning teams, the police and other health and social care professionals shared their concerns about the service with us.

We reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people using the service. We spoke with the nominated individual, four trustees, the interim manager, seven support staff and one agency staff. With permission we visited and spoke with five people in their own homes and with five parents, two of whom were trustees of the Charity operating the service.

We looked at a sample of available records including seven people's support plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records,

minutes from trustee meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

At our last inspection of June 2015 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. At that time we found staff who administered medicines had not received appropriate training and checks on their practice had not been undertaken to ensure they were competent. There were no clear procedures to support staff with the ordering, collection and receipt of people's medicines and with managing people's medicines whilst away from their home.

During this inspection we found staff who were responsible for the safe management of people's medicines had received appropriate training although checks on their practice, as detailed at the last inspection, had not yet been undertaken. Policies and procedures had recently been reviewed and were available in each of the houses for staff to refer to. However there were still no procedures to support staff with the ordering, collection and receipt of people's medicines and no clear procedures to support staff with managing people's medicines whilst away from their home.

We looked at four people's medicine administration records (MARs). We noted gaps were evident on two people's MARs and the appropriate codes for non-administration had not been used. We noted that an external medicine had been prescribed as a regular application but staff had changed this to 'as needed'. There were no records to support the application of a homely remedy for one person. Records showed there had been large amounts of medicines for disposal that had not been returned for disposal until recently. This meant staff had not followed procedures. The interim manager was aware of the shortfalls and appropriate action would be taken.

The provider had failed to protect people against the risks associated with unsafe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A monitored dosage system (MDS) of medicines was being used. This was a storage device designed to simplify the administration of medicines by placing the medicines in separate sleeves according to the time of day. We noted that boxed and bottled medicines were not dated on opening. However, a daily stock count was undertaken to monitor whether medicines were being given properly. People confirmed they were given their medicines when they needed them. We noted the support plans included guidance for staff on how to support people with their medicines. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of administering certain medicines to them.

People said, "It has been difficult. I feel safe now but I didn't a few weeks ago" and "All the staff and the agency staff have been great. I know I can tell [the interim manager] if I don't feel safe." Relatives said, "Everyone is very good. I feel comfortable when I walk away" and "[My family member] is safe and settled in

the house."

We looked at how the service kept people safe. Prior to the inspection we were told there had been an incident involving two people using the service which had not been reported to us. The incident had been reported to staff but no further action had been taken by them as the incident had not been witnessed. This meant staff lacked an understanding of their responsibilities with regards to safeguarding vulnerable adults and had failed to follow safeguarding procedures. Staff told us they had received safeguarding vulnerable adults training although the training matrix and certificates did not support this.

There was a lack of clarity regarding how people were supported with the management of their finances. Prior to the inspection we were notified of discrepancies in the recording of financial matters and we also received a report of missing money from one of the houses; these were currently under investigation by other agencies. One person, who was able to manage their own finances, told us they had shared security information with certain staff members and another person said, "Staff help me with my banking and with my statements." There were no risk assessments or protocols to ensure this was managed safely or to indicate who was supporting people with this. One record stated, 'Due to a complication we are unable to go out today'; we were told this had been caused by agency staff not having access to people's monies. We were told staff previously removed their petrol allowance money from people's savings tins and that each person contributed an agreed monthly amount to the household account for shopping, replacements and repairs. However it was not clear how this was managed and who had access to the accounts.

The provider had failed to effectively operate systems and processes to make sure people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection safeguarding vulnerable adults policies and procedures were not available in people's homes and a copy maintained at the office was out of date. During this inspection new safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures had been developed and were made available in the office and in the houses for staff to refer to. Safeguarding vulnerable adult's procedures provided staff with guidance to help them protect vulnerable people from abuse and from the risk of abuse. We noted all staff had recently been provided with the contact information of someone they could discuss any concerns with and all staff had recently commenced E-learning safeguarding training.

We discussed safeguarding procedures with staff. The staff we spoke with told us they would have no hesitation in reporting any concerns they may have and were aware they could contact external agencies with their concerns. We spoke with the interim manager and found they were clear about their responsibilities for reporting incidents and safeguarding concerns and were currently working in cooperation with other agencies. At the time of writing this report there were four safeguarding alerts that were currently being investigated by the local authority.

New financial records, storage systems and auditing processes were in place prior to our inspection and daily checks were being undertaken. We noted the arrangements in place at the time of the inspection would help protect people from financial abuse and would provide them with accountable and safe support with their money. Further investigations into any discrepancies were underway by local agencies at the time of the inspection. The interim manager and the trustees had sought assistance from financial advocates to support people with the safe management of their finances.

We looked at how the service managed risk. The local authority commissioners told us there were no

detailed risk assessments. Information about the risks to individuals had been identified in their support plans but had not been kept under review. This could result in people not receiving appropriate support in relation to nutrition, skin integrity, moving and handling, behaviour and falls. For example, one person was at risk of developing pressure sores yet there was no assessment tool to determine the level of the risk or to monitor the risk on a regular basis. Another person's support plan indicated they were at risk of financial exploitation but records were not clear about what support was needed. One person told us they had shared their account security number with staff members and this had not been changed at any time. We noted there were no risk assessments or protocols to ensure people's finances were managed safely.

One person's support plan indicated 'can be liable to suffer from trips and falls'; the risk had not been kept under review and there was no indication of the level of risk. People were regularly attending community leisure activities and outings although whilst staff were aware of the safe routines and practices for each individual, there were no risk assessments to support how this would be managed. We noted all support plans were being updated to reflect the risks to people's health and welfare.

From our discussions with people using the service and with staff we were told there had been occasional incidents of verbal and physical aggression in one of the houses which had not been reported by staff. We found there was information in the support plan to indicate the person had behaviours that challenged the service and there was a risk management plan with guidance around potential triggers, managing behaviours and how to support the person. However, the risk management plan was recorded as an interim plan, was undated and made reference to records dated 2011 – 2012. There was no guidance regarding the appropriate reporting of any incidents. This meant staff did not have the guidance and support they needed to provide people with safe care. In addition the training matrix did not reflect that existing staff had received any training to support them with managing behaviours that challenge the service which would keep them and others safe.

The provider had failed to ensure people were protected against the risks to their health, safety and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we were told there were concerns about the availability and deployment of staff and there was a high reliance on agency staff which was impacting on people's access to leisure activities. We were told there had been occasions when agency staff had needed to work together due to a lack of permanent staff; this meant people were being supported by staff who did not know them. We were also told there had been instances where support visits had been missed or staff had been late.

People told us, "They know us but don't know what we do; we tell them and they do what we want but we shouldn't have to", "I don't know what is going on with the staff. I used to have a diary and knew who was coming and when. [The interim manager] rings me up when he has found someone to cover", "The [staffing] gaps are covered gradually but sometimes are not covered. They tell us if they can't cover and make up our hours at another time. It makes me anxious", "Agency staff can't get used to my routines. I don't have trust to let agency staff help me", "I like my new carers" and "I am happy with the regular staff; they treat us like family." Family members told us, "I am happy they are getting new staff in. I was worried at first but they are getting there. I met new staff and they were very competent."

We were told there were insufficient available records to determine the number of support hours needed by people using the service. In addition, in the absence of the registered manager, planned staffing rotas could not be accessed by the interim management team. This meant it was unclear what staff support hours people using the service needed. At the time of the inspection, following a request by the interim

management team, the local authority commissioners were undertaking urgent re assessments of people's needs to ensure they received the staff support they needed.

We spoke with the local authority commissioning team, management, staff and people using the service and visited the agency office and each of the houses. We looked at the available staffing rotas. We noted the recent management and staff team changes had created serious shortfalls in the available staffing hours. The registered manager and deputy manager had previously covered a large number of care hours in addition to management hours and there had been limited recruitment of new staff. This meant the lack of permanent staff hours, sickness absence, staff leaving and annual leave had created shortfalls and lack of flexibility in the staff hours which had resulted in a high use of agency staff since April 2017.

We were aware that due to changes on the team and the lack of information available about the support hours needed, agency staff were being used as an urgent measure to ensure people's immediate safety and a continuation of the service. We found there had been initial problems due to the use of a high number of unfamiliar agency staff which included a lack of awareness of people's support needs, lack of suitable staff to transport people to their chosen activities and a lack of an awareness of risks relating to people's care and support.

We were notified of an incident where people in one house had been left unsupervised when agency staff left before the next staff arrived and of two incidents where people's transport had been delayed as agency staff had not had appropriate business insurance to transport them to and from their activities. There had also been situations when permanent staff and agency staff were not appropriately skilled to provide specialised care and support such as the use of the hoist and administration of specialised medicine. We were told there had been occasions where people had returned to the care of their families as there had been insufficient appropriately skilled staff to support them. The interim manager and trustees had kept us and local commissioners up to date with any incidents and staffing shortfalls and of any action being taken.

Whilst the interim management team had been left with no alternative but to use agency staff this meant that at times there were insufficient numbers of suitably qualified, skilled and experienced staff deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with local agencies, the management team, staff and people using the service and from a review of records we were advised appropriate action was now being taken to ensure people were provided with sufficient, suitably skilled staff. Agency staff continued to cover any shortfalls but they were known to people; this ensured a consistent service was provided to them. We were told agency staff would be needed to fill the gaps until a full complement of staff had been recruited. The interim manager provided us with copies of the weekly staffing rotas for each house so that we could be assured that appropriate staffing arrangements were in place.

Staff commented, "It has been hard using agency staff; we have never used them before. [registered manager] and [assistant manager] always covered any extra hours", "Good staff have left; it's a shame", "It's been a whirlwind of staff changes", "Staffing is improving", "I am confident things are getting better; it will take a while to settle" and "New staff are being recruited and are fitting in well."

We looked at the recruitment records of three members of staff. They included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A record of the

interview had been maintained to support a fair process, there were no photographs as a means of identification and there were no contracts of employment or job descriptions available. We noted a health questionnaire, to determine the applicant's fitness to undertake the role was not recorded. This was also noted at the last inspection in 2015 and at that time the registered manager had given assurances that health questionnaires would be completed for all staff and used for future applications. There had been limited progress with this.

However, recruitment and selection policies and procedures had recently been updated to reflect the current regulations. We were told DBS checks would be repeated for all staff, health questionnaires would be included and a full audit of all recruitment files would be undertaken. Recruitment was ongoing and we were told people using the service would eventually be involved in the recruitment and selection processes.

We looked at the arrangements for supporting people to keep the houses clean and hygienic. We visited three houses and found them to be clean and odour free. People confirmed they were given encouragement and support from staff, where appropriate, to maintain this level of cleanliness. Cleaning schedules were in place for staff to follow.

At the last inspection of 2015 we were told the infection prevention and control policies and procedures were being reviewed to reflect current guidance. We noted they had only recently been reviewed and made available in each house. The training matrix showed staff had received training in this area following assurances given by the registered manager at the last inspection.

Prior to our inspection the service told us one person's hoisting equipment had not been serviced. During the inspection we found that service engineers had undertaken the work and all servicing dates were recorded in the new support plans to prevent this from occurring again. The service had a dedicated moving and handling trainer to help keep staff up to date. At the time of the inspection training to support staff with the safe use of the hoisting equipment was underway.

Each person was a tenant in their home and as such outside agencies were responsible for maintenance and fire safety of the property. We saw service certificates were in place. We also noted personal emergency evacuation plans (PEEPs), were being developed in discussion with people. PEEP's set out the assistance people would need in the event of an urgent evacuation of the houses.

Is the service effective?

Our findings

People we spoke with told us they were anxious about the service they received. They described it as 'chaotic' and 'unsettling'. They said, "Everything has changed recently and we don't really know why the staff has had to change. The changes to our regular staff have affected us and how we are supported" and "I don't have confidence in staff that I don't know. I know I am getting to know them better and the same people are coming here but it's not settled like it was before. People that have left are my friends."

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.

Since the last inspection staff had received training and had an awareness of the main principles of the MCA. However, we found that people's capacity to make decisions had not been assessed or included in the support plans. We found one person was being monitored on camera; we were told this was to promote their privacy and to monitor for any health emergencies. However, it was not clear who had made or been involved in this decision. Also one person was having their medicines covertly; a best interest meeting had been held in 2008 and information in the support plan stated the decision was still current. It was not clear how people had been involved in the support planning process or whether they had consented to the delivery of their care in accordance with the plan. This meant people's best interests may not be considered. We were told capacity assessments and discussions with people were being undertaken as part of the new support plan process.

The provider had failed to comply with requirements of the Mental Capacity Act 2005 in respect of obtaining consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service trained and supported their staff. At the last inspection we had noted a number of gaps in the provision of training. The registered manager assured us at that time that further training was planned and training in relation to supporting people with learning difficulties would be undertaken.

Staff confirmed they received ongoing training and told us they were up to date with their learning and development. They said, "My training is up to speed and up to date", "I have not had supervision for probably about 12 months" and "I've had all my mandatory training last year but none so far this year."

During this inspection we found that training records were not clear. The information provided in the PIR did not correspond with information provided by staff, from the training matrix and the certificates held at the office. The records showed staff had received training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards, infection control, management of medicines, dignity, choice and diversity. The

training matrix showed that not all staff had received fire safety, first aid, managing behaviours that challenged the service, moving and handling and first aid training. It was also difficult to determine whether staff had received specialised training to support one person as this was not recorded on the matrix. Training, as discussed at the last inspection, in relation to supporting people with learning difficulties had not been arranged which meant people could be placed at risk of not receiving appropriate care and support.

However, during the inspection we were told a series of 14 E-learning training sessions had recently been introduced to make sure staff knowledge and skills were up to date and to ensure people were not placed at risk. We noted staff had made varied progress with this. The interim management team had arranged urgent training for all staff, including agency staff, in relation to administering specialised medicine, management of epilepsy and the safe use of the hoist; further sessions were booked. This ensured people's needs could be met in a safe way by both existing staff and agency staff. We noted most staff had achieved a recognised qualification in health and social care.

We looked at four staff induction and training records. At the last inspection we found the registered manager was responsible for staff induction and there was no standard induction process. During this inspection we found two previous staff records did not include evidence of induction or that new staff had worked alongside more experienced staff until they were confident and competent to work independently. Two recent staff records showed that induction training had been completed when they started work and included an initial induction on the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We were told all staff would be enrolled on the Care Certificate. New staff also shadowed established staff so they could begin to build meaningful relationships. Two recently employed members of staff described their induction experience. They said it had been thorough and useful and confirmed it equipped them with the necessary knowledge and skills to carry out their role.

We spoke with a member of agency staff. They told us they had not received a formal induction when they arrived but had been shown around the house and introduced to people living in the house. They felt they had been given sufficient information. They told us they had worked with another agency staff who were familiar with the house. The new management team assured us all future new agency staff would undertake a formal induction which included the layout and routines of the house and a review of people's support plans.

Without a supervision plan it was difficult to determine the frequency of any formal supervision sessions. Staff told us they had not received regular formal supervisions but had felt supported prior to recent changes in the service. Other staff said they felt supported by the new management team. A new plan had been developed and one to one supervisions were underway. One new member of staff told us their supervision had been a two way process; this would help support, motivate and develop staff and to drive improvements.

People were supported and encouraged to maintain a healthy balanced diet. Staff were aware of people's individual preferences and patterns of eating and drinking. One person told us how staff had supported them with healthy eating. People's dietary and hydration needs were considered in the support plans processes although risk assessments had not always been carried out to identify any risk and the level of risk or to manage them. All people spoken with told us they were happy with the support they received with their food and drink and confirmed they were involved at all stages including planning their meals, shopping and preparation. People told us staff always asked their preferences and where staff carried out the cooking, this

was done to a good standard.

We looked at the way people were supported with their healthcare needs. We noted some people were supported to attend all routine screening and healthcare appointments whilst others attended on their own. People told us their health care appointments and health care needs were co-ordinated by themselves, their parents or by staff. People's records included contact details of relevant health care professionals, including their GP, so staff could contact them if they had concerns about a person's health. Records showed staff had developed good links with health and social care professionals involved in people's care. There were clear protocols to support staff with any health emergencies. One person's health action plan included guidance for staff on how to manage and monitor their medical condition. The information had been prepared in collaboration with the specialist nurse.

In the event people were admitted to hospital, they had a hospital passport which was designed to inform healthcare staff about their needs, likes and interests. We saw examples of hospital passports during the inspection and noted they were in an easy read version and had been discussed with the person. We were told they were being updated.

Is the service caring?

Our findings

People told us staff were caring in their approach. They said, "All staff are really, really nice", "I have no problem with the staff, or the agency staff, as everyone has been very nice and caring with us." A relative told us, "I have met some of the new staff and they are very caring." A new member of staff told us, "I love my work; it's a lovely service. Everyone has been very nice and welcoming. The staff are very caring; it's like a big family."

People confirmed they were encouraged to be as independent as possible. Staff spoken with were very conscious of working in people's houses and ensured they respected their property and belongings. However, during the inspection we found people's rights to privacy, dignity and respect had been compromised.

People told us their views were sought during day to day conversations. However, they told us house meetings or general meetings had not been held for some time. One person said, "We used to have house meetings and plan what we wanted to do but we haven't had any for a long time." Another person told us the house needed new furniture and furnishings. They said, "We need to sit down and agree what furniture we need and agree a cost; we haven't been able to do this as meetings have not been arranged." People told us they had not been kept up to date with recent changes to the management and staff team which had impacted on the service they were receiving.

People had not been listened to when they had raised their concerns about incidents that had occurred. One person was being monitored at times on camera; we were told this was for safety purposes although there were no records to support this had been discussed. This was not respectful of people's rights to privacy and respect.

At the last inspection we were told people were not provided with an information guide about the service; at that time we were assured this was being progressed. During this inspection we found there had been no progress with this; this meant people did not have information on the service's visions and values, their rights and responsibilities and that of the charity, how to raise their concerns or how to contact other local health and social care organisations for support. The interim manager provided people with a new information guide during the inspection.

Prior to the inspection there had been concerns about the way people were supported to manage their personal finances. People were now being supported to access advocacy services to support them with management of their finances. Advocates are independent from the service and provide people with support to enable them to make informed and safe decisions.

Prior to the inspection we were told records relating to the management of the service and information about people using the service had been stored inappropriately. This meant the records were not safe or secure. There was now a clear policy and procedure in place on maintaining confidentiality and people's personal records were securely stored.

During the inspection, it was clear that existing staff had good relationships with people in each of the houses and we observed positive interactions taking place. We observed friendly banter and meaningful conversations between people. It was evident that existing staff had a good knowledge of their needs and preferences and newer staff were getting to know people and developing their relationships with people. New staff and agency staff told us they had been introduced to people before providing support and were aware people's care documentation was available but being updated. We noted the rotas were being organised to ensure people, where possible, were supported by staff of their choice.

People told us about the staff that supported them and about the staff they had developed special friendships with. People said, "I miss some of the staff that have gone; they cared about me. I have known them a long time" and "We have some new staff. I like them and I like [staff member] a lot." One person told us they were looking forward to the introduction of a key worker system when all new staff were in post. Staff did not wear uniforms, so they could support people with their activities in the community in a discreet and dignified way.

Is the service responsive?

Our findings

People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the management team. They said, "Things have changed but I would speak to a member of staff that I know or to [the interim manager] as he is always around", "I can ring [the interim manager] and he will sort things out", "They [staff] always ask if I am alright" and "I still feel I can say something if it was wrong." Relatives told us they would speak with the management team if they had any concerns.

We looked at the way the service managed and responded to concerns and complaints. At the last inspection we found the complaints procedure was not available in the houses where people lived and staff worked. During this inspection we found this had not changed. However, people and their families told us they were aware of who to speak to and were confident they would be listened to should they need to raise a concern or make a complaint. A number of parents were also on the board of trustees and were able to raise their concerns directly with the management team or during regular trustee meetings. An easy read and pictorial complaints procedure and recording process had recently been introduced into people's homes; this meant it was accessible to everyone and set out how any complaints would be investigated and managed.

We looked at the complaints record. There were two complaints recorded in May 2017. One related to the hoist not being used appropriately and another related to staff attitude. However, we were unable to determine if they had been responded to appropriately as there were no records available. In addition there were no records maintained of people's minor concerns. This meant it was difficult to determine how people's concerns had been responded to or whether there were any recurrent themes. We noted the new management team had developed a concerns log to be able to monitor people's concerns more effectively.

The provider had failed to operate an effective system for recording and responding to complaints. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were unable to review how people were assessed prior to receiving a service as there were no new people since our last inspection. We were told that before a person received a service, a comprehensive assessment of needs was carried out with the person and information was gathered where appropriate from their relatives and any professionals involved in their care. This information provided details on the person's needs, preferences and aspirations. A package of support was then drawn up for the person to consider.

Prior to the inspection we were told there was a lack of information regarding what support hours had been agreed with the local authority; this meant it was difficult for the interim manager to plan and provide staff hours accordingly. This had created shortfalls in the provision of the service and had resulted in postponed visits for some people. Urgent re assessments were being undertaken by the local authority commissioning teams to clarify the number of support hours people needed.

Prior to the inspection we were told the support plans were lacking in detail and were not being used by

staff. This placed people at risk of not receiving appropriate care and support particularly as new staff and agency staff were being used. The interim manager told us new support plans were being developed in discussion with the person, their relatives (where appropriate) and with staff. During the inspection we looked at seven existing support plans and related records and four of the new support plans. Following the inspection we were told all support plans were in place.

Whilst we found some detailed information about people's routines, likes and dislikes and aspirations in the old style plans we also found the information had not always been kept up to date. The last recorded updates had been in 2015 which was prior to the last inspection. Assessments of the level of risks to people had not been recorded or kept up to date. This meant it was not a true reflection of the support people needed. For example people's support plans described out of date significant relationships, leisure activities that were no longer undertaken and another support plan did not indicate the use of surveillance.

At the last two inspections we found people's involvement in reviews was not always recorded in the support plans. At that time we discussed this with the registered manager and assistant manager who agreed to review how this information was recorded. During this inspection we found people's recorded involvement had not improved. However, people told us they were always involved in discussions with staff about the support they needed and wanted. One person told us, "We are not involved in the support plans. A long time ago we were asked about what we wanted to do and about our routines." Records showed the person had been involved in a review of the plan in 2015. A family member said, "I hadn't realised the plan was so out of date. I was involved right at the beginning."

The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new support plans were organised and clearly identified people's support needs in all aspects of their lives; this meant staff had clear and up to date guidance for staff on how to support people.

Daily records were kept of the care and support delivered. This helped staff to monitor and respond to people's wellbeing. Staff were kept up to date with any changes to people's needs with handover meetings and communication diaries. One member of agency staff said, "The handovers are really good here. The staff are helpful."

People were protected from the risk of social isolation. Staff recognised the importance of maintaining family relationships and people told us they were able to maintain relationships with friends and family. Records showed people stayed with their families for short periods at a time. One family member told us a birthday celebration had been arranged for one person and family members and the other person living in the house had been invited. One person told us about the recent holidays they had enjoyed with their family. Another person told us about holidays with staff. A relative told us they were always made to feel welcome when they visited the house.

People told us that recent changes to the staff team had impacted at times on the provision of some planned activities. However, one person said, "Access to activities is improving with a mix of support staff and agency staff." Relatives told us, "There has been no major activities or outings for some time" and "The changes in staff have not had any impact on [my family members] care or access to activities."

People were supported to participate in a wide range of activities, in line with their interests and preferences. These included employment, volunteer and leisure activities. People told us about some of the

leisure activities they enjoyed. One person said they enjoyed participating in the 'Walk a Dog' scheme at the local animal sanctuary and attended exercise classes. Another person told us they enjoyed going to football matches. One person told us how they worked in a local charity shop and enjoyed meeting different people. Another person told us how they were involved in various advisory committees and attendance at university lectures and seminars; during our visit they were being supported with baking cakes in preparation for attendance at a meeting later that day. We noted detailed risk assessments were not available to support these activities. However, new assessments for all activities were put in place during our inspection so any risks were identified and managed, whilst at the same time not restricting people's freedoms.

People were involved in the local community and as such attended local social clubs and groups where they could meet with their friends and make new friends. This helped people to achieve more independence and make new relationships with people in the community.

People told us they could choose to save staffing hours to facilitate supported holidays and day trips. People chose where they wished to go on holiday and during the last year people had visited, Morecambe, Manchester, London and Blackpool. Staff were responsive to people's requests and rotas were adjusted to accommodate people's needs. One person told us that when they wished to attend an event or hospital appointment, they were asked their preferences for support and the rotas were changed accordingly. They said this had been more difficult recently but it was improving as new staff were recruited.

Is the service well-led?

Our findings

Prior to the inspection we received a number of concerns relating to recent changes to the board of trustees and changes to the management team, the use of agency staff and changes in the way the service was being managed. We shared our concerns with the local authority commissioners and safeguarding teams.

At the time of the inspection the manager was registered with the commission but had not been working at the service since the end of April 2017. In addition the assistant manager had not been working in the service from May 2017. We were advised that from late May 2017 an interim manager had been employed to take responsibility for the day to day management of the service and was being supported by members of the board of trustees who had appropriate skills and knowledge.

The sudden changes to what had previously been a stable management team had created unsettlement and anxiety for staff, people using the service and for their families. People had concerns about the why the changes had been made and how this was impacting on them. People said, "It is a totally different style of running things. The personal relationship has gone. It doesn't feel like home" and "I am very angry. No one has told me what is happening." Staff told us, "Communication is poor. There is a lot of unease. We don't know what is happening or why" and "Communication is not very good at the moment. We don't know what is happening; it is very unsettling for everyone. Staff are leaving because of this." Relatives said, "There has been poor management in all areas and a breakdown in communication on all sides" and "It's been difficult. I have not really been kept up to date with everything. Things have broken down and now they are losing good staff. They should have been more open."

People said they had always contacted the registered manager or assistant manager if they had any issues. Following the management team changes, people were initially unaware of the lines of accountability within the organisation. During our inspection we spoke with staff who had handed in their notice because of the lack of communication, we spoke with people who were distressed about the changes and were considering changing their support service and we met with family members who were anxious about how the care and support would be provided. We spoke with the management team and with the nominated individual regarding this. At the time of writing the report we were told people's family members had been spoken with although no formal meetings had taken place with people using the service and staff. Whilst the service had been very open and transparent with us, we were aware that some information could not be shared with people. We found the trustees and the nominated individual had not effectively communicated with people regarding how ongoing staffing issues were being addressed.

Comments about the registered manager and assistant manager included, "Previous managers were the best" and "I don't know why the manager had to leave. She was very good." A health and social care professional said, "[Registered manager] does not just provide good care but goes that extra mile."

Staff confirmed the interim manager and office based staff were readily contactable for advice and support and the interim manager was visible in the houses. People using the service said, "[The interim manager] is calm and organised. He is sorting things out", "[The interim manager] has taken on a big job but he is getting

on with it", and "I like [the interim manager] he is friendly and he is nice to me." Staff told us, "I didn't know who he was at first; nobody told us", "[The interim manager] is very busy trying to sort everything out. I have no problem with him; he's clear about what needs doing" and "I can talk to him if I have any issues; he's approachable." Family members said, "People are working hard to makes things right", "[The interim manager] is keeping me informed. He is working very, very hard and remains positive."

During the inspection process we found that the trustees had re registered with the Charity Commission under a different registered charity number but had failed to notify the commission of these changes and make the relevant application for registration. This meant the Charity had failed to notify us of an important change and the Charity were not currently registered with us.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

From our discussions with people and from looking at records it was clear there had been a lack of management oversight of the service. At the last inspection we had found a lack of formal monitoring systems and a lack of formal monitoring of the registered manager's practice to ensure she was achieving the organisations required standards. We had discussed this with the nominated individual and with the registered manager at that time and had been given assurances this would be actioned. From looking at minutes from meetings we noted new trustees with appropriate skills and knowledge had been involved to help support the registered manager and assistant manager to develop the service in areas such as recruitment, management and compliance. We also noted one to one supervision sessions with the registered manager had been arranged.

From our discussions and from the records we looked at it was clear the relationship between the board of trustees and the registered manager had broken down. Records showed that the board of trustees and the registered manager and assistant manager had previously met each month to discuss the operation of the service and any action needed. We looked at the minutes from trustee meetings held monthly since January 2017. Records showed the registered manager had not attended any of the recent meetings but had provided an operational update report for discussion; this meant it had been difficult for the trustees to monitor and discuss what was happening in the service. Records showed areas for discussion and action included policies and procedures, holiday entitlements, staffing rotas and recruitment, commissioned hours, on call information and concerns and complaints. The provider had failed to have open communications with people.

In addition we found monitoring checks had not been undertaken by the nominated individual and supervision sessions arranged for the registered manager had not been attended. The lack of oversight had created avoidable shortfalls in a number of areas including, record keeping and storage of records, safeguarding, commissioned hours and staff support, management of the service, management of people's finances, medicines management, risk management and supervision of staff. We noted new auditing tools were being introduced and audits had commenced with regards to equipment, the environment, infection control, medication and finances. The provider had failed to operate effective quality assurance and auditing systems.

We did not find evidence that people's views had been sought about the service provided. People told us house meetings and general meetings had not been held for some time. The interim manager told us customer satisfaction surveys would be sent out in due course. The provider had failed to seek people's views about the service provided.

We were unable to find any contracts to indicate the terms and conditions associated with people's care,

treatment and support, including the expected costs and methods of payment. The provider failed to ensure people receiving a service were aware of their responsibilities and of the responsibilities of the provider.

Prior to the inspection we were told records relating to the management of the service information about people using the service had been stored on the registered manager's personal laptop and not on the designated shared drive. We noted this was raised at a trustee meeting in February 2017 as an area of concern; actions were recorded as a 'high priority'. However, it was not clear whether this had been followed up. We were informed that the laptop could not be accessed. The service had not yet received confirmation from the registered manager that all records had been destroyed. This situation meant that personal information had not been managed effectively in the service. We also found people's records were not always accurate and up to date. This included risk assessments, support plans and medicine records. The provider had failed to ensure records relating to the management of the regulated activity were accurate and secure at all times and only accessed, amended or destroyed by people authorised to do so.

The service provider lacked appropriate oversight of the service and failed to ensure that records were up to date and personal information was protected. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we were told staff did not have access to up to date policies and procedures. At the last inspection we found that policies and procedures were not available in the houses and some had not been reviewed since 2010. The registered manager had told us all policies and procedures were under review and would be made available in each of the houses. During this inspection we found limited progress with this. During this inspection we were told all policies and procedures had now been reviewed by the new management team and made available to staff.

Staff were being provided with new job descriptions, employment policies and procedures, a handbook and contracts of employment which outlined their roles, responsibilities and duty of care. New staff told us they had been made aware of the difficulties within the organisation before they commenced work; this meant the service was being open and honest with any new applicants. Staff had been provided with electronic access and memorandums to help keep them up to date although we were told regular staff meetings had not been held.

The organisation had achieved the Investors In People award. This is an external accreditation scheme that focuses on business practices and people management.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider had failed to give notice to the Commission of any changes. Regulation 15 (1)
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to have suitable arrangements in place for planning people's care and support, in a way that met their individual needs and preferences. Regulation 9 (3)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to comply with requirements of the Mental Capacity Act 2005 in respect of obtaining consent. Regulation 11 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g) The provider had failed to fully assess and mitigate the risks to people's health and safety.

Regulation 12 (2) (a) and (b)

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to effectively operate systems and processes to make sure people were protected from abuse and improper treatment. Regulation 13(2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to operate an effective system for recording and responding to complaints. Regulation 16 (2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have appropriate oversight of the service. Regulation 17 (1)</p> <p>The provider failed to ensure that records were up to date and personal information was protected. Regulation 17 (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure sufficient numbers of suitably qualified, skilled and experienced staff deployed. Regulation 18 (1).</p>