Hereson House Limited

One Step South Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 14 and 15 March 2015, and was an announced inspection. The registered manager was given 48 hours' notice of the inspection. The previous inspection on 22 July 2013 found there were no breaches in the legal requirements.

One Step South Domiciliary Care Agency provides care and support to adults in their own homes. The service is provided mainly to people who have a learning disability, some of whom live on their own and some shared with other people using the service. At the time of this inspection there were 18 people receiving support with their personal care. The service provided one to one support hours to people as well as providing a live-in service for 24 hours a day to support people.

Summary of findings

The service is run by a registered manager, who has managed the service since its registration. 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. At the time of the inspection the registered manager had submitted an application to cancel their registration and a new manager had recently started who would be submitting an application to register.

People told us they received their medicines when they should and felt their medicines were handled safely. However we found shortfalls in medicines management. Care plans did not always reflect the up to date details of people's medicines. There was a lack of guidance about how some medicines should be given safely.

Risks associated with people's care had been identified, but there was not always sufficient guidance in place for staff to keep people safe.

People were involved in their initial assessment and some had chosen to involve their relatives as well. However care plans varied greatly in the level of detail and most required further information to ensure people received care and support consistently and according to their wishes. People told us their independence was encouraged wherever possible, but this was not always supported by the care plan. Care plans were not all reviewed regularly and were not all up to date and reflecting people's current needs. Care plans were not reviewed in line with the provider's policy.

People had their needs met by sufficient numbers of staff. People received a service from a small team of staff. Staffing numbers were kept under constant review. People received their support hours, but this was not easy to ascertain from records.

People were happy with the service they received. Most people felt staff had the right skills and experience to meet their needs. Staff felt supported and had opportunities to attend one to one meetings with their manager, although this was not as frequent as the provider's policy stated. There was also a delay in staff receiving their annual appraisal.

People felt staff were caring. People were relaxed in staffs company and people said staff listened and acted on what they said. People were treated with dignity and respect in person. However records were not always written demonstrating a respectful attitude. People's privacy was respected.

People felt safe whilst staff were in their homes and whilst using the service. The service had safeguarding procedures in place, for which staff had received training. Staff demonstrated a good understanding of what constituted abuse and how to report any concerns. Accidents and incidents were reported and action was taken to reduce the risk of further occurrences.

People were protected by robust recruitment procedures. Staff files contained the required information. New staff underwent a thorough induction programme, which included reading policies, relevant training courses and shadowing experienced senior staff, until they were competent to work on their own. Staff received training appropriate to their role, although there was a delay in some staff receiving refresher training.

People told us their consent was gained at each visit. People were supported to make their own decisions and choices. No one was subject to an order of the Court of Protection. Some people had Lasting Power of Attorney in place. The registered manager and staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People were supported to maintain good health. The service made appropriate referrals to health care professionals when there were concerns about a person's health.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their personal histories and preferences.

Summary of findings

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided. Negative feedback was acted on. People felt the service was well-led and the registered manager adopted an open door policy.

The provider had a personalised strategy. Staff were aware of this and felt the service listened and was caring and promoted people's independence, privacy, dignity and respect. Staff said they cared for people in a person centred way.

The provider had processes and systems to assess and monitor the quality of the service people received. These systems had identified the shortfalls found during the inspection. An action plan was in place to address these.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There was a lack of guidance in place for some medicines to ensure people received them safely.

Risks associated with people's care had mostly been identified, but there was not always sufficient guidance about how to keep people safe.

People were protected by robust recruitment processes.

Is the service effective?

Requires improvement

The service was not always effective.

Staff supporting people were trained although they had not all had up to date refresher training. Staff did not receive regular support meetings and appraisals.

Staff encouraged people to make their own decisions and choices.

People were supported to maintain good health. Appropriate referrals were made to health care professionals when there was a concern about a person's health.

Is the service caring?

Requires improvement

The service was not always caring.

During the inspection people were treated with dignity and respect and staff adopted a kind and caring approach. However staff's recording about people did not always reflect a caring attitude.

People felt relaxed in the company of staff and people said they were listened to by staff who acted on what they said. Various forms of communication were used so people were able to express their needs.

People felt staff supported them to maintain their independence.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans varied in detail and most did not always reflect people's routines or their wishes and preferences. Some care plans were not up to date with people's current care and support needs.

People felt comfortable if they needed to complain, but did not have any concerns. There was a written complaints procedure, but not everyone could read. People had some opportunities to provide feedback about the service they received.

Summary of findings

People were not socially isolated and staff supported them to access the community.

Is the service well-led?

Requires improvement

The service was not always well-led.

People's records were not always available or up to date.

There was an established registered manager that ran the service supported by a management structure.

Staff felt supported and listened to. The service had systems in place to audit the quality of service people received.

One Step South Domiciliary Care Agency

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 April 2015 and was announced with 48 hours' notice. The inspection was carried out by one inspector as only 18 people were receiving a personal care service. Due to the small size of the service, and in respect of people's learning disabilities it was not appropriate for the inspection to include more people on the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider also supplied information relating to the people using the service and staff employed at the service. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We sent out seven surveys to people and two were returned completed. We sent 50 surveys to staff and three were returned completed and we sent 18 to health and social care professionals although none were returned.

We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, three staff recruitment files, the staff induction, training and supervision records, staff rotas, medicines records and quality audits.

During the inspection we spoke with five people who were using the service, the registered manager, the new manager and eight members of staff.

After the inspection we contacted two health and social care professionals who had had recent contact with the service and received feedback from both of these by telephone.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe using the service, but the service was not always safe.

The registered manager told us only five people were receiving help with their medicines. Medicine records were not available within the office when we visited so we looked at management of one person's medicines when we visited them. They told us they received their medicines when they should and they felt their medicines were handled safely. However we found shortfalls in the management of medicines. Where the person was prescribed medicines on a "when required" basis, for example, to manage pain or constipation, there was not always guidance for staff on the circumstances in which these medicines were to be used and how to handle them safely. The person was also prescribed with two different types of pain relief medicine and there was no guidance about whether these could be administered at the same time or not. This could result in people not receiving their medicines consistently or safely.

Information within people's care plans regarding their current medication was not always up to date. For example, one person's care plan stated they took iron and calcium tablets, but when we checked with staff they told us this was not the case.

The provider had failed to ensure that records were accurate and complete. The above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was a policy in place, which showed the procedure to administer medicines safely. Staff had received training for administering medicines. Medicine Administration Records (MAR) charts were in place and demonstrated that medicines were checked when they arrived at the person's home. Records confirmed that the person received their medicines in line with the prescriber's instructions. Medicines were held securely and checks on the temperature of storage were undertaken to ensure medicines remained in good condition.

People told us that they felt risks associated with their support were managed safely. Some people required support with their mobility and they felt safe when staff moved them. Most risks associated with people's care and support had been assessed and procedures were in place to keep people safe. For example, risks in relation to handling their medicines, maintaining healthy skin and accessing the community. One social care professional felt there was not sufficient guidance in place in order to keep the person and others safe and this was evident in some cases during the inspection. For example, one person's moving and handling risk assessment did not contain guidance specific to the person. It talked about different types of hoists or slings rather than the type of sling that had been assessed for the person. This meant that the guidance was unclear about exactly how to put the sling on leaving a risk this may not be done properly or safely. One person's moving and handling risks had been assessed by a health professional, but the advice and guidance received from them had not been used to update the moving and handling risk assessment. In another case a person had a history of behaviour that might challenge others, but guidance was insufficient in how staff should manage this consistently and safely and also what they should do if their first approach did not work, in order to keep people safe. During the inspection it was identified that some restrictions were in place, such as a door alarm or not having access to toiletries and there were no records to show this was the least restrictive option, in order to keep the person safe.

The provider had failed to ensure that records were accurate and complete. The above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us they had a risk assessment in place in the event of emergencies. This included bad weather, fire and a lack of telephones. This included measures, such as using staff that lived locally or sharing staff with another nearby service to ensure people would still be supported and kept safe.

Staff told us that visual checks were regularly undertaken on any equipment used, such as hoists and servicing arrangements were in place, which was confirmed by records.

People told us they felt safe whilst staff were supporting them and would feel comfortable in saying if they did not feel safe. People who had completed surveys all indicated that they felt safe from harm and abuse. During the inspection there were good interactions between staff and people often with good humour. People were relaxed in the company of staff. There was a safeguarding policy in place.

Requires improvement

Is the service safe?

Staff had received training in safeguarding adults and how to recognise different types of abuse. Staff knew the procedures in place to report any suspicions of abuse or allegations. The registered manager was familiar with the process to follow if any abuse was suspected; and knew the local safeguarding protocols and how to contact the local authorities safeguarding teams. Staff that had completed surveys all indicated they felt people were safe from abuse or harm within this service and they knew what to do if someone was being abused or was at risk of harm.

People had their needs met by sufficient numbers of staff. Staffing levels were provided in line with the support hours agreed with the local authority. Some people were supported 24 hours a day with additional one to one support hours and others just received one to one support hours. Senior staff were responsible for covering the rotas taking into account people's support needs. The service had staff employed on permanent contracted hours and staff on flexi contracts (staff that worked as and when required). In addition some hours were covered by an outside agency. The registered manager kept staffing numbers under constant review. At the time of the inspection there were nine vacancies and the service was actively recruiting. There was an on-call system covered by senior staff.

People were protected by robust recruitment procedures. Recruitment records included evidence of a full employment history, a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. Prospective staff attended for an interview and the registered manager told us people were part of the panel, although there was no evidence of this. Staff undertook an induction programme and were on probation for the first six months.

Accident and incidents were reported and details recorded. Senior staff had the responsibility of investigating any incidents or accidents and taking action to reduce the risk of further occurrence and keeping people safe. Incidents and accidents were also recorded on the computer system and sent to a health and safety consultant, where they were audited and analysed to ensure appropriate action had been taken. In addition, accident and incident details were sent monthly to senior management. Social care professionals felt that the service was good at incident reporting. Where there had been any poor practices by staff these had been investigated and action taken to reduce the risk of reoccurrence. For example, staff not following the medicines policy. Staff had been reminded that a signature or code must always be entered onto the medicine record. In addition any refusals of medicines were now recorded in handover records to reduce the risks of further mistakes.

Requires improvement

Is the service effective?

Our findings

People were happy with the care and support they received. One person said, "I really like it here". People told us staff had the skills and experience to meet their needs. People who had completed surveys had mixed opinions as to whether staff had the right skills and knowledge to give them the support they needed. Fifty per cent indicated they felt staff did and 50% indicated staff did not.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which they felt equipped them for their role. The induction included reading, orientation, shadowing experienced staff and attending training courses. They also completed Skills for Care common induction standards, which are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff had a six month probation period to assess their skills and performance in the role. The registered manager told us staff received initial training and this was refreshed regularly depending on the training subject. Training included health and safety, moving and handling, fire safety awareness, emergency first aid, infection control and basic food hygiene. There was some delay in staff receiving their refresher training and the registered manager was aware of this. Some service specific training was completed, including autism, dementia and mental health awareness, Prader-Willi syndrome (**Prader-Willi syndrome** is a rare genetic disorder that causes characteristics, such as obesity due to an excessive appetite), managing epilepsy and Buccal Midazolam administration (**Buccal Midazolam** is an emergency rescue prescribed medicine). Staff felt the training they received was adequate for their role and in order to meet people's needs. One social care professional felt there were a lot of new staff that did not have the experience in managing challenging behaviour or people that did not wish to engage.

The provider's supervision policy stated that staff should receive supervision six times a year in addition to an annual appraisal. The registered manager told us that there was a delay on this target, due to issues and changes of senior staff. One team leader confirmed this slippage although told us that all but two of their staff had now received a supervision meeting and appraisal forms had been given out to staff to start the process. The registered manager told us that supervision would include observational checks on staffs practice and one to one meetings with their manager. The registered manager told us not all staff had the opportunity for team meetings as this depended on the locations in which staff worked. Minutes of meetings that were held showed people's current or changing needs and procedures were discussed. Staff told us they had opportunities to discuss their learning and development during supervision, team meetings and as their manager was accessible at other times. Staff said they felt supported.

Staff employed had not received appropriate support, supervision and appraisals. The above is a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they knew the staff that supported them. People who had completed surveys indicated that they were always introduced to staff, and supported by familiar and consistent staff, which would therefore be familiar with their support needs. People told us staff always arrived when they should. They had mixed views about whether or not staff stayed the full time, but indicated that all tasks they wanted staff to do were completed. Details of the hours allocated to people were recorded in their care plans. However these were not all up to date and returns of hours delivered, sent in monthly by staff, did not always show the correct hours. The registered manager knew what hours people were allocated and rotas confirmed that people had received these hours, but it was not easy to ascertain this from records. There was no accurate schedule for each individual person showing the hours allocated and who had supported people during these times. This meant there was a risk that people may not receive their full allocation of hours although all of the tasks people wanted staff to complete were done. Staff told us that people were supported by a small team of staff to ensure continuity and this was confirmed during visits to people. Nobody received a schedule of who would be supporting them in advance, so did not always know who was coming to support them. Some people told us they knew who was coming next, but others did not. One person said, "Lots of times I do know, (staff member) tells me".

People told us their consent was gained. People said consent was achieved by staff discussing and asking about the tasks they were about to undertake. People who had completed surveys indicated that they were able to make

Requires improvement

Is the service effective?

their own decisions and that if they wanted, the service would involve others in important decision making. People said they were offered choices and we heard staff carrying this out, such as what to have to eat or drink. The registered manager told us that no one was subject to an order of the Court of Protection and that each person had the capacity to make their own day to day decisions. The registered manager said two people had Lasting Powers of Attorney in place; this was where someone held responsibility for a person's finances. The registered manager had been involved in best interest meetings or decisions around people's finances or medical treatment and understood the process to be followed when one was required. The registered manager and staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's needs in relation to support with eating and drinking had been assessed. Most people required minimal support with their meals and drinks if any. One person told us they were looking forward to spaghetti bolognaise for their lunch. People were supported to plan and shop for their meals. Staff then prepared a meal from what people had in their home. One person and a staff member talked about how they were just about to put a shopping list together and then the shopping was to be done the following day. Care plans showed that some people had adapted cutlery, plate guards and non-slip mats to aid their independence. Where there were risks relating to nutrition measures were in place to reduce these risks. For example, foods were cut into small pieces when there was a risk of a person choking.

People were supported to maintain good health. One person had attended an appointment at the dentist on the morning of the visit and another had attended a doctor's appointment. Information and guidance about supporting people's health care needs were contained within their care plans, such as managing epilepsy. Where people were at risk of pressure sores staff were observant and equipment, such as air mattresses were in place. In the majority of cases staff had recorded appointments and outcomes of health appointments on monthly summaries. However it was difficult to find information about when people had last seen a health professional, such as a dentist or when they were due for a routine check-up. Some people as part of their care plan had a 'My keeping healthy' booklet, which showed next appointments or review dates, but this was not consistent in all care plans. One social care professional felt that records in place to monitor people's health were not always as informative as they could have been. Appropriate referrals had been made when there was a concern with a person's health. For example, people had input from a psychiatrist, the Kent Association for the Blind, occupational therapists, district nurse and the speech and language team. Social care professionals told us that the service worked with them and kept them informed about people's health and wellbeing. One professional felt that advice and guidance they gave was slow to be implemented.

Requires improvement

Is the service caring?

Our findings

People had mixed opinions as to whether staff were always kind and caring. People told us staff listened to them and acted on what they said. One person said they did this "Most of the time". People spoken with felt staff were caring. Although people who had completed surveys had mixed views about whether all staff were kind and caring, with 50 per cent indicating that they were and 50 per cent indicating they were not always. They indicated that they were all happy with the care and support they received from this service. During the inspection the staff took the time to listen and answer people's questions. People were relaxed in the company of staff and felt confident in asking staff questions, and receiving explanations. During the inspection staff made sure people were included in any conversations that took place.

Staff used different forms of communication to ensure people were able to make their needs known. For example, staff used pictures and photographs to plan one person's day with them. Staff told us they also used symbols and Makaton to communicate effectively with people. Makaton is the use of signs and symbols to support speech. Where one person was partially sighted staff ensured they spoke to the person as they approached them informing them of who they were and touched their hand. Staff made sure the person was aware of everyone who was in the same room. Staff involved people in discussions about what they wanted to do and where they wanted to go, and gave people time to think and make decisions.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. One person talked about how they did not feel safe in the hoist, but said staff took the time to talk to them explaining what they were going to do and when so that made it better. Staff supported people to do the things they wanted to do, such as going out to the gym or riding their bike. People told us and indicated in surveys that their independence was encouraged wherever possible. The registered manager told us about one person who had wanted to ride a bike. Staff used to go in front for safety, but the person did not always follow staff. Staff then adapted their bike so they had mirrors and could see the person at all times to keep them safe and so the activity could continue.

Staff had built up relationships with people and were familiar with their personal histories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively, but this information was not recorded within people's care plans. The registered manager told us about one person who had suffered anxiety, which used to trigger their seizures, but over time a consistent staff team working together with the person to help them accept small changes had minimised these risks. A social care professional told us that the "Live in carers and other committed staff make this a successful service".

Care plans varied in the level of detail about people's preferences, but lacked details of people's personal histories. One care plan was not written in a manner that respected the person's dignity. For example, 'It has been stated that I can be moody, uncooperative or confrontational. Previous support plan stated I will at times require redirection and/or time to settle'. In another section the care plan said 'The family would like…., but there was no reference to the person's own preferences. Daily notes made by staff did not always demonstrate respectfully language when writing about people. For example, '(The person) went back to bed, they refused to get up. They finally woke up at ….'.

During the inspection staff talked about people in a caring and meaningful way. When the staff thought that people had not fully understood a question or they had forgotten an event they quietly intervened and reminded the person, so they did not become distressed. Staff responded quickly during the inspection when one person became agitated, talking to them in a calm and patient way until they were able to ascertain what the person wanted and then meeting this need.

Records confirmed people were involved in the initial assessments of their care and support needs. In some cases relatives had also been involved. The registered manager told us at the time of the inspection most people that needed support were supported by their families or their care manager, and no one at that time needed to access any advocacy services.

People told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction and although during the inspection treated everyone with respect in person, in notes they made about

Requires improvement

Is the service caring?

people they were not always respectful. Information within the service user guide confirmed to people that information about them would be treated confidentially. The service user guide was a booklet that was given to each person at the start of using the service, so they knew what to expect. Staff signed a confidentiality policy and statement during their induction. This ensured that they understood the importance of treating people and information about them with respect, and only sharing information with the right people at the right times. Confidentiality had also been discussed at a recent team meeting. People had a copy of their care plan with a copy retained at the office. Those stored at the office were stored securely, so as to protect people's confidentiality.

Social care professionals felt people's privacy and dignity was respected and their independence was promoted.

Requires improvement

Is the service responsive?

Our findings

People were involved in the initial assessment of their care and support needs and then planning their initial care and support. Some relatives had also been involved in these discussions. The registered manager undertook the initial assessments. Additional information from health and social care professionals involved in people's care and support had been obtained, to make sure they had the most up to date information about the person. In one case records showed that the care plan from the previous placement had also been obtained for information.

The registered manager told us care plans were developed from discussions with people, observations and assessments. One person told us they were aware of their care plan and people who had completed surveys indicated they were involved in decision making about their care and support. However the care plans did not contain any evidence that people had been involved in care plan discussions or agreed with the content of their care plan. Care plans were split into section and each section should have contained a guide to supporting people in that area, including their preferences, what they could do for themselves and what support they required from staff in order to keep them safe. The level of detail within care plans varied greatly and in most cases required further information to ensure that people received care and support consistently, according to their wishes and to show that staff promoted people's independence. For example, one care plan stated that a person used sounds and facial expressions to aid communication, but there were no details about what these included, to help staff communicate effectively with the person. A section on 'having a bath or shower' stated 'I need full support'; there was no information about the person's preferences in relation to this activity. There was a lack of information about any aspirations people may have had in relation to developing their independence skills, such as household chores or accessing the community. One social care professional felt that care plans required more detail.

Information within one care plan was contradictory. In one section it described the person as 'moody, confrontational and uncooperative', but in another section said the person was a 'bubbly and happy person'. In another example one section said the person did not take any medicines, but then gave details of two medicines in another part of the care plan. This meant staff did not have proper information to inform them about the person or their support needs in order that they could receive safe and consistent care.

One care plan was dated October 2013 and showed no evidence of review. Information contained in the care plan was not up to date to reflect the person's current care and support needs. For example, the care plan stated that the person took medicines, but staff told us this was not the case. The care plan quoted information from the previous placement and family, which had not been updated to reflect the person's own perspective or staff's knowledge and understanding of this person's needs. In the section headed 'What makes me sad/scared' was written 'this is going to be a learning curve'.

In another care plan it stated the person could wash themselves with some verbal and physical promptings. We discussed what physical prompting might be with the registered manager and they told us they did not know and felt that the person would not require this help anyway. In another case a care plan was dated July 2014 with a review date of January 2015, but staff told us this had not been reviewed. The provider's policy stated that care plans should be reviewed six monthly and care plans had not been reviewed in line with this policy. The record to evidence the care plan had been reviewed was not being used by staff. People or experienced staff would have to explain people's preferred routine to any new staff or they would not receive consistent and safe care in line with their wishes and preferences.

The provider had failed to ensure that information within the care plan reflected people's assessed needs and preferences. The above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

One person talked about a care plan meeting, which they confirmed had been held with their family, staff and care manager. Records examined showed that one person had had a review meeting. This was a meeting where their care and support needs were reviewed. Records showed that the person, their family, their care manager and staff attended to discuss and agree future care and support needs and any concerns and aspirations the person may have had. Following one review a person was referred to a health professional for their low mood. Staff talked about another review meeting, but they had not taken any notes

Requires improvement

Is the service responsive?

and the minutes had not been received from the authority funding the person's care and support. This meant that information about what had been discussed and agreed at the review meeting regarding the future care and support of the individual was not available for staff and may leave a risk that action agreed may not have been implemented.

People were supported by staff to access the community, so they were not socially isolated. One person confirmed that they enjoyed going to the gym or out riding their bike. Another person was about to go down to the local shops when we visited. Care plans and records made by staff showed that people stayed in contact with family and friends either by visits and using the telephone or internet. One person told us about a family member who visited each week, a place they had visited with staff support in the last week, and their pet. Their care plan reflected that they liked to be ready for a visitor who visited regularly each week. One person told us they liked living there because "I can see my family".

People told us they felt confident in complaining, but did not have any concerns. People who had completed surveys indicated they knew how to complain. People told us they would speak to staff, their family or care manager if they were unhappy about something. They said when they had raised concerns staff had responded and resolved them.

People who had completed surveys had mixed views about whether staff responded well to concerns, with 50 per cent of people indicating that staff responded well to any concerns or complaint that they had raised. There was a written complaints procedure, but this would not be accessible to every person as some people could not read. Complaints had been investigated and the complainants had received a response showing the outcome. One complaint had been from a relative who felt staff contacted them when it was not necessary as they (staff) should have been taking action to resolve issues. This had been investigated thoroughly and action was taken to help reduce the risk of further occurrence. The service had responded to the complainant explaining what action they had taken.

People had opportunities to provide feedback about the service provided. People were asked for their feedback using quality assurance questionnaires, which had been sent out during December 2014. Some people had more opportunities to feedback about the service than others. Two team leaders told us that house meetings did not take place within the houses they managed, although staff told us people were proactive in coming to the office with any issues they may have.

Requires improvement

Is the service well-led?

Our findings

The registered manager was unable to produce some records required during the inspection. For example, records used to monitor which staff had received their annual appraisal. Other records were not easily accessible or were incomplete. Care plans and risk assessments were not all up to date and had not been reviewed in line with the provider's policy. Care plans folders contained risk assessments that had been superseded by the care plan, but remained in the folders. Other records were not fully completed, such as some sections in care plans, and monitoring records for the appointments or outcomes of people's health appointments. Records relating to people's allocation of support hours and the delivery were inaccurate. The system for returning daily and monthly reports and MAR charts completed by support staff in people's homes was not effective and records were not returned to the office in a timely way.

The registered manager had identified in pre-inspection information that obtaining review meeting minutes from funding authorities was a concern. However there was no system in place for staff to make their own records, which could be used until the official minutes were received.

This meant people could not be confident that information about them was accurate and complete.

The provider had failed to ensure that records were accurate and complete. The above is a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service was run by a registered manager. The registered manager had managed this service since it was registered. The registered manager worked in the office, attended meetings and visited the individual supported living houses. In the last 18 months the registered manager told us they had had a dual role and this included undertaking assessments for the organisation. This had impacted on the amount of management time available to manage this service effectively. At the time of the inspection the registered manager had submitted an application to cancel their registration. A new manager had been appointed and was on induction. They told us they would shortly be applying to register with the Commission.

The registered manager was supported by three team leaders. The team leaders had day to day management responsibility for either a supported living house or houses. They were supported by assistant team leaders and support workers. People spoke highly of the management team. They felt comfortable in approaching and speaking with them.

The registered manager told us they adopted an open door policy regarding communication. This was achieved by visiting the houses monthly or by being accessible by telephone or email. Staff who had completed a survey indicated they felt their manager was accessible, approachable and dealt effectively with concerns raised, although they did not always receive information in a timely way. People who had completed surveys indicated that information they received from the service was not always clear and easy to understand.

The registered manager told us they encouraged staff to take ownership within their work and made sure they felt valued and respected. They said, "It's about knowing your staff and what drives and motivates them".

Social care professionals told us that the management of the service had "Slipped" and "Hadn't been the best", but one person felt it was improving. One talked about how emails had not been responded to or timescales that had been agreed for work to be completed had not been met. They felt that forms to monitor a person's health had not been "Implemented robustly" by management, but said "Things are changing; they have realised their shortfalls and are addressing them". Another professional told us how they had had a meeting with management about one concern and then things had improved and the service had "Come up trumps".

Senior management had been effective in assessing the service and identifying shortfalls. The new manager had already identified most of the shortfalls found during the inspection and had started to put together an action plan to address these shortfalls to ensure compliance. Senior management received reports from the registered manager regarding the activity of the service, such as accidents and incidents. The compliance and regulation team had recently undertaken an audit of the service based on the current inspection methodology of the Commission. This had included a visit to the office, visits to people using the service and surveys had also been sent out. This had all been collated and a report of the findings had arrived on the first day of the inspection. The report had identified that improvements were required and a list of actions was

Requires improvement

Is the service well-led?

included. The registered manager told us they would be required to report monthly on the outstanding actions and then there would be a follow up visit by the team in six months. The registered manager told us they felt the key challenges for the service had been the volume of changes and time constraints in facilitating these changes.

The service had signed up to the Social Care Commitment in Kent. **The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.** It is made up of seven 'I will' statements, with associated tasks. Each commitment will focus on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. This membership, the internet and attending managers' meeting within the organisation and meetings with other stakeholders, such as social services was how the registered manager remained up-to-date with changes and best practice.

The provider had a personalised strategy, which was displayed within the offices we visited. Staff were aware of the strategy of the service through training. They told us the service recognised people as individuals.

Staff felt their managers always listened to their opinions and took their views into account. Staff said they understood their role and responsibilities and felt they were well supported. Staff who had completed surveys indicated they would recommend this service to a family member. There were systems in place to monitor that staff received up to date training, appraisals and supervision meetings. The registered manager was aware that there had been delays in timescales for these areas.

People and/or their relatives completed quality assurance questionnaires to give feedback about the services provided. During December 2014 people had responded to surveys sent out by the provider. These showed that people were satisfied with the service received. The registered manager told us they used any negative feedback to drive improvements required to the service and had responded to negative comments people had made when they were aware of the person completing the questionnaire.

Staff had access to policies and procedures via the internet. These were reviewed and kept up to date.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to ensure that records were accurate and complete.** Regulation 17(2)(c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff employed had not received appropriate support, supervision and appraisals.** Regulation 18(2)(a)