Consensus Support Services Limited

Strawberry Fields

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 was unannounced and took place on 5 and 7 August 2015.

Strawberry Fields provides accommodation and personal care for up to ten people with a learning disability and complex needs under the age of 65 years. At the time of our visit eight people were living at the service. The building is purpose built on one level and set within its own grounds and gardens. People had access to a communal lounge, dining room and an adjoining building called "Stepping Stones" a day centre which was also owned by the provider.

There was no registered manager in place at the time of the inspection. 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. However a new manager was in post and was in the process of registering with the Commission.

People told us they felt safe living at the service and felt able to raise concerns with staff. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. People were supported to get the medicine they needed when they needed it. The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines.

Summary of findings

New members of staff were checked to ensure they were safe to work at the service. There were enough staff to keep people safe and ensure their needs were met.

Inductions for new staff were not always consistent, some staff did not feel confident in how best to support people following their induction. Supervision had recently been introduced for staff however the records could not be found which evidenced whether supervision had taken place before the new manager started. Staff had not always received the training they required to ensure that they could safely support people.

Risk assessments were not always up to date and did not accurately reflect risk or how this risk should be managed. The service was in the process of arranging person centred planning meetings for all people living at the service. Some people's support plans had been up dated while others where in the process of being updated.

Consent to care and treatment was not always sought in line with legislation and guidance. When people did not have capacity to consent, formal processes were not followed to protect their rights.

People had enough to eat and drink. People were encouraged to make choices about what they would like to eat. Where possible people were involved in choosing their meal and in preparing their food.

People were supported to maintain good health and had access to healthcare services when needed. Staff were able to recognise changes to people's needs and took appropriate action when required. However the recording of daily notes was inconsistent as there were gaps within people's daily records.

People's support plans were not always reviewed and updated as needed and information available to staff did not always reflect their current needs. Communication aids were available within the service but were not used by staff. There were not enough meaningful activities for people to take part in and people spent periods of time in the lounge. While staff were present, there was little interaction with people. The focus of people's daily activities was around going out for a drive in the car.

Staff were supported by management however they had not been receiving regular formal supervisions or appraisals which would support their development and allow the manager to monitor staff practice. The manager had recently introduced supervisions and had a plan to address this issue.

Although the provider had a quality monitoring system in place, this had not been effective in identifying and actioning areas for improvement. There had been a period of instability at a time when there was no manager in post.

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 end 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.

Risk assessments were in place but were not regularly reviewed or updated to reflect people's needs.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

There were sufficient numbers of staff on duty to keep people safe.

Is the service effective?

Requires improvement

The service was not always effective.

People's rights were not consistently protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) were not consistently followed..

Staff were not consistently inducted or supervised to ensure that they had the knowledge and skills to carry out their role effectively. Staff practice, knowledge and recording relating to physical restraint was inconsistent.

People were encouraged to be involved in all aspects of their meals including, where possible, the meal preparation.

People were supported to maintain good health and had access to healthcare services.

Is the service caring?

Requires improvement

The service was not consistently caring.

We observed inconsistencies in how staff treated people with dignity and respect.

Staff were knowledgeable about the people they cared for and spoke with them in a caring way.

The service had recently started to involve people or the people who mattered to them in decisions about their care.

People were treated with dignity and respect however the language used between staff was not always respectful.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were being updated for all people using the service at the time of our inspection

Summary of findings

Daily records were not consistently completed to monitor changes in people's needs.

There were not enough structured and meaningful activities for people to take part in.

Communication aids were not used within the service and the ability to communicate with people was limited.

Is the service well-led?

Requires improvement

The service was not always well led.

There was no registered manager in post at the time of our inspection, although the new manager was in the process of registering with the Commission.

Quality assurance systems were not always effective in measuring and evaluating the quality of the service provided.

Staff felt able to discuss concerns, challenges and share ideas with management.

Strawberry Fields

Detailed findings

Background to this inspection

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

The inspection took place on 5 and 7 August 2015 and was unannounced.

One inspector and a specialist nurse advisor undertook the inspection.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from healthcare professionals and safeguarding information that we had received from the West Sussex County Council Safeguarding Team. We used all this information to decide which areas to focus on during inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas and spoke with people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records including eight care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

During the inspection we spoke with the area manager, the manager and five care staff. We also spoke with three relatives and three health care professionals following our inspection.

The service was last inspected on 5 August 2014 and there were no concerns.

Requires improvement

Is the service safe?

Our findings

Risk assessments were in place but had not always been updated to identify current risks and how these risks would be managed. We identified that arrangements were not in place to identify risk and therefore did not protect people from harm. We have determined a breach in relation to this in the 'Well Led' domain. Systems were not in place to assess, monitor and mitigate the risk to people's health and welfare. We reviewed one person's risk assessment and the support plan had not been updated to reflect changes in their falls risk. One person's risk assessment fire evacuation form had been completed and was due to be reviewed in May 2015, but this had not been reviewed or updated. The document stated that it should be reviewed six monthly. The risk assessment for falls and moving and handling had been reviewed in January 2015 and the document stated that it should be reviewed monthly. We could not find evidence of a further review. The monthly quality assurance action plan June 2015 stated that all risk assessments were to be reviewed and updated by 20 July 2015; from the records we reviewed this had not been completed by the agreed timescales. The risk assessment evaluations which were planned for May 2015 had not been updated since May 2014. **Systems were not in place to assess, monitor and mitigate the risk relating to the people's health, safety and welfare. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were protected by staff who knew how to recognise the signs of possible abuse. A member of staff told us "I can access the safeguarding policy. I read through it when I started". Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe .Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained how they would respond to any concerns "I would approach the team leader, deputy manager or manager. When the manager's not in we have an on-call manager and they will come out". Staff said they felt comfortable referring any concerns they had to the manager if needed. The manager was able to explain the process which would be followed if a concern was raised. We discussed whistleblowing with staff and were told "We have a phone number in the staff room to call if we're worried. The policy and procedure are in the staff room." Another member of staff told us, " I would definitely raise any concerns, I don't have any qualms about that".

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. We observed medicines being administered and saw that the staff who administered medicines did this safely. Staff confirmed that they were confident and understood the importance of this role. Medication Administration Records (MAR) were in place and had been correctly completed. Each person had an individual record of how they liked to take their medicines. Medicines were locked away as appropriate and where they were required to be refrigerated, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines. We completed a random spot check of two people's medicines stock and they matched the records kept. Only trained staff administered medicines. The manager completed an observation of staff to ensure they were competent in the administration of medicines. Staff were observed administering at various times to ensure they were competent at each administration.

We identified that arrangements related to the administration of covert medicines did not always follow the Mental Capacity Act 2005 Code of Practice and therefore did not protect people's rights to consent. We have determined a breach in relation to this in the 'Effective' domain.'

We reviewed another person's care plan and it contained guidance on administering covert medicines and the importance of this decision being made by a multidisciplinary team and that the outcome of this meeting must be recorded and kept in the service user's file. We saw no evidence of the multidisciplinary discussion which had taken place. Another person's care plan stated that a multi-disciplinary decision been made to administer covert medicines due to a failure of alternative methods of administration and clearly outlined the method for administering the medicine. However the manager was not able to find the record of the discussion which resulted in this method being agreed, as it had taken place before their appointment as manager.

Requires improvement

Is the service safe?

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. The manager told us that when she started her priority was ensuring the service was safe and that there were enough staff on duty to meet people's needs. A relative told us "There is certainly enough staff, there's always someone you can approach". Another relative told us, "There's always someone around, we know the staff that look after [named person]". There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staffing levels were assessed by the manager and varied with the changing needs of people living at the home. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had generally been arranged to ensure that known absences were covered.

Requires improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We reviewed records which showed that ten applications for standard DoLS authorisation been completed. Two of the residents that applications were made for had since left the service. The manager was unsure if these applications had been withdrawn. One person currently using the service had an authorised DoLS application. From discussion with the manager it was unknown if the remaining applications had been granted and we saw no evidence that the applications had been discussed further with the authorising authority. There was no evidence of the mental capacity assessment which would accompany the application. As there was no capacity assessment in place, the reason the application was deemed necessary was not clear. While the manager understood the MCA process and could explain the importance of capacity assessments, they were not able to confirm if they had been completed as the requests were made before they came into post.

Some people received covert medicines. Covert medicines are when medicines are administered in a disguised form, for example in food or in a drink, without the knowledge or consent of the person receiving them. We checked one person's records and saw that staff followed the person's medicine care plan and the guidance which had been signed by the doctor. The person's care plan stated that the person did not have capacity to consent to receiving their medicines and a multidisciplinary best interest decision had been made to administer them covertly. However there was no record of how the person's mental capacity was assessed or of the multidisciplinary discussion to evidence how the best interest decision was arrived at. The manager told us that she had written to the doctor telling them how the medicines were being administered and he had returned the signed letter to say they were in agreement. There was guidance in place for each person on when PRN medicines, such as painkillers, should be given. A disability distress tool was in place in each person's support plan to help identify when people were in pain.

The provider had not followed the principles of the Mental Capacity Act 2005 Code of Practice for assessing those who were unable to give consent due to lack of capacity. **This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**One person who was subject to physical restraint had a best interest assessment carried out in relation to the decision to use physical restrictive intervention.

There was an inconsistent response when we spoke with relatives and health care professionals about the staff team. Relatives told us, "It's noticeable that there is continuity there, they retain staff and the staff are there to talk to and they listen". Whereas a healthcare professional told us there "were lots of new staff" and "the new staff were yet to have epilepsy training, despite (named person) and others having complex epilepsy needs".

Staff had not undertaken all relevant training to ensure they had the skills and competencies to meet people's needs. The manager told us that training compliance remains low and they were trying to increase attendance at training. A speech and language therapist involved with the service told us that there seemed to be a lot of new and inexperienced staff. A member of staff told us they had not taken part in training relating to Prader-Willi syndrome, recording and reporting, food hygiene or first aid and they felt that these would be beneficial.

The June 2015 training quality check advised that conflict and challenging behaviour training had been attended by 71% of staff, MCA and DoLS attended by 74% of staff. The manager advised that this was due to the amount of new staff and they were continuing to increase the number of staff attending training. The July 2015 training records showed that there had been an increase in the attendance at the challenging behaviour training as 81% had now attended and 89% had attended the MCA and DoLS training. Although completion of training was improving, some staff still lacked the essential knowledge and competencies to support people's needs.

There were inconsistencies in staff experience of their induction when they started in their role. We spoke with staff about their induction. Comments were, "I spent two

weeks shadowing, I spent time reading policies then shadowing other staff on outings, did online training. (Named person) was good at supporting me to make sure I was confident. We went through an induction checklist looking at things like fire safety". Staff also told us, "I didn't stop shadowing until I felt confident. After two weeks I was counted in the staffing levels. I started off with the people with less behaviour to ease me in". Another member of staff told us that they "had three shifts of shadowing, a morning , an afternoon and then a full day then I was put on the rota". While this member of staff had previous care experience they also told us that they did not feel confident when supporting people and felt that additional training and support would have been helpful. This member of staff told us, "I haven't read their care files, I learned from other staff and picking it up as I go". We discussed the policies and procedures with another member of staff and they told us "I didn't get a chance to look at the policies and procedures". The manager told us that they were planning for all new staff to complete the Care Certificate as part of their induction process. The Care Certificate is a framework for good practice for the induction of staff across health and social care settings and outlines what social care workers should know and be able to deliver in their daily role.

Some people displayed behaviours that could result in harm to themselves or other people. Staff were trained in the use of physical restraint. The restraint policy states "Where possible, people should be supported to be involved in making choices and decisions that avoid challenging behaviours and the need for the use of restrictive physical interventions". Staff told us that they had yearly restraint training and found it helpful. One staff member said, "I know how to keep myself and them safe at the same time. If I started before my Maybo training I wouldn't've felt safe". Maybo training encourages staff to build positive relationships with people and learn conflict management and physical interventions skills. We spoke about when staff use restraint and staff told us "I would say we mainly guide them away from situations". Another member of staff told us, "We try to move ahead of what their problem is, we observe them". Staff told us that they felt as though the approach they used was beneficial for people and said, "It's a really helpful approach, we're better just letting them calm down, they don't like all the contact".

However there were inconsistencies in staff's understanding of the restraint policy. Staff told us, "There's not a restraint policy here" and "I didn't think there is, I don't remember one being mentioned". Another member of staff said, "There's not a restraint policy here, you just shouldn't grab them". Finally a member of staff told us there was a policy in place and was able to describe the restraint policy and when it would and would not be appropriate to use restraint. They told us that they also have a Maybo workbook if they needed a refresher. We reviewed the staff signing sheets which should be recorded when a staff member has read and understood a policy. The restrictive practice policy was signed by three members of staff on 11 May 2015, we could find no other record of staff that had read and signed the document. We discussed the restraint policy and a member of staff told us "I didn't get a chance to look at the policies and procedures".

The manager told us that restraint was discussed regularly and staff were reminded of the policy and good practice guidelines at team meetings. One member of staff told us that they did not feel their yearly Maybo restraint training was helpful. The member of staff did not know if there was a restraint policy.

The above information demonstrates that the provider had not ensured that staff received appropriate training and professional development to enable them to carry out their duties. **This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Staff had not consistently received appropriate professional development as we found staff had not received regular supervisions or appraisals. Supervisions records for staff showed that for two members of staff there were gaps in their supervision records for four months, from December 2014 to April 2015. The manager was unable to locate further information which may show that they received supervision during this period. This meant they were unable to identify areas for their own professional development and receive feedback from the manager on their performance. Monthly supervision meetings had recently been introduced by the manager. The manager told us all staff received supervision in June or July and supervisions would now take place every 8-12 weeks with each staff member. Staff told us that they found supervision helpful as they discussed individual people and how best to support them and any other issues relating to their role. Staff told us they felt comfortable

Is the service effective?

speaking with the manager and were able to discuss any concerns they had while on duty and that the manager's contact details were on the office noticeboard for all staff to access if there was an emergency. We discussed supervision and support available with staff and they told us that they often took advice and support from their colleagues. Staff said "I'm grateful for some of my supportive colleagues" and "there's good support, other staff will make suggestions about how to improve your practice".

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and psychologists to ensure advice was taken when needed and people's needs were met. However a health care professional told us that they were not advised of an incident at a local hospital which may have had an effect on the person's mood and behaviour. Within people's care records there was a section which recorded hospital notes, GP notes and dentist notes. These recorded the date of the visit, the reason for the visit, the outcomes and actions needed. Staff told us that if they were concerned about someone's health they would speak with the team leader and they would try to get the doctor to visit that person. Hospital passports had been completed for people. These provided details for hospital staff about people's medical history and health conditions should they be admitted to hospital. People's healthcare appointments were recorded in a diary which served as a reminder when appointments were due and staff that would be needed to support people to attend. We saw reminders to staff to call family members to arrange dates for person centred planning meetings and reminders of dental appointments. Advice and updates from health care professionals was discussed at the daily staff handover to ensure a consistent approach to meeting people's health needs.

The ceiling within the lounge area was high and the manager was concerned about the echo within the room and the effect this might have for people within the service with sensory impairments. Decoration and furniture with the shared lounge area was sparse and contained three sofas, a table, a TV and a stereo. The manager told us that she had concerns about the premises and had put in a request to senior management that alterations be made. The environment was unstimulating for people and did not promote a welcoming atmosphere. The June and July 2015 monthly monitoring document also identified that redecoration of the whole service was required and that the manager would liaise with the senior management team; this should involve the people they support. The document also stated that decoration of the lounge was to wait until the ceiling has been lowered. A healthcare professional also told us they felt it was a "barren, unstimulating environment" and that there was no equipment available to engage people. This was an aspect of the service that the manager and provider had identified as requiring improvement and were reviewing how to enhance the environment.

We observed a lunchtime experience and saw that people were supported to have sufficient to eat, drink and maintain a balanced diet. The manager told us she made the decision to move away from a chef prepared hot meal at lunchtime to increase the flexibility of the service. This allowed people to take part in activities in the community and not feel they had to rush back for lunch. Where possible people were encouraged to prepare their own lunch from a choice of snacks such as sandwiches or baked potatoes. Staff encouraged people to be as independent as possible with tasks. We saw a staff member open a jar of pickle and the person then decided how much they would like to put on their sandwich. We also saw people make their choice of which crisps they would like to have with their lunch. Staff knew people's preferences well, we saw a staff member cut someone's cucumber into sticks rather than slices as this was how they preferred it. Where people were not able to prepare their own lunch staff encouraged them to choose which topping they would like for their baked potato. People were offered a choice of hot and cold drinks. When needed people had plate guards and adapted cups to encourage their independence with eating and drinking. People were offered support with eating as detailed in their care plans. We saw a member of staff move a small amount of food from a larger plate onto the person's plate during their meal as detailed in the persons care plan as the way they liked to be supported to eat and ensure that they had enough to eat. Staff sat with people while they enjoyed their lunch and friendly conversation could be heard. People were smiling and enjoying this interaction with staff. While preparing lunch, staff also knew which people should not be in the kitchen at the same time due to the likelihood of any conflict.

Requires improvement

Is the service caring?

Our findings

We spent time observing care practices in the communal area of the home. We observed staff maintained people's privacy and that they knocked before entering people's bedrooms. At times we saw staff knelt down when talking to people so that they were at the same eye level. Staff told us to maintain people's dignity they would, "Knock on the door, announce who I am and ask if they need any help. I would close the door and curtains so no one else can see in".

We saw staff sensitively remind one person to clean their face after lunch to ensure they remained clean and well presented and this was done in a caring way. However the language used by staff was not always respectful and did not always promote people's dignity. Words such as "toileted" and "grabby" were heard, this was discussed with the manager on the day of inspection and they advised that they were aware that this was an issue and they were addressing this at team meetings and supervisions. During a staff handover we observed the manager remind staff of the correct terminology when inappropriate words were used.

During our observations we saw inconsistencies in the way in which staff responded to people. On the second day of our inspection we carried out an observation in the lounge. At the time there were four members of staff and four people in the lounge. Two members of staff were sitting on the sofa together and two people who used the service were sitting on the sofa next to them. The staff interacted with one another and were ignoring people. At one point a person became agitated and started to rock in their chair, shaking their hands. This was not acknowledged or responded to by staff. Staff made limited eye contact with people and did not attempt to engage them. Action was not taken by staff to respond to and alleviate people's distress.

One person entered the lounge in their wheelchair and positioned themselves in the middle of the room. Staff did not acknowledge or greet this person, who then chose to go into the garden area. One person was sitting on the sofa throwing a small blue ball into the air and catching it. We returned 45 minutes later and found that the person was still sitting alone throwing the ball into the air. We reviewed this person's care plan which told us that they should have a sensory box near them with sensory toys, books and other sensory activities. Staff had signed to say that they had read and understood this sensory activities document. The care plan also highlighted the importance of these calming sensory activities being easily accessible to reduce challenging behaviour which the person may display. We did not see this box in the lounge at this time. We spoke with staff about this person and how they liked to spend their time, staff told us "there's not much you can do with [named person]".Another member of staff told us, "More experienced staff can watch (named person) while writing records". Staff did not consistently treat people with kindness and make them feel as though they mattered.

We recommend that the provider give further consideration to ensuring that people are consistently treated in a caring and compassionate way.

We also carried out an observation in the garden area and saw positive interactions between staff and people. We saw one member of staff and one person taking part in a ball game. Staff were throwing the ball to the person encouraging them to catch the ball and throw it back. The person was smiling, laughing and appeared to be enjoying the game with the staff member. We reviewed this person's care plan and it told us that they enjoyed playing games and jokes. One person's care plan stated that they enjoyed looking at images of planes and talking about airports. We observed a staff member talking with this person about planes while looking at planes on a computer.

People's rooms were personalised with possessions such as pictures, family photographs and bedding. On the second day of our inspection we saw that individual door signs had been delivered for people. People had been involved in choosing their door sign and they were personalised with their name and a shape such as butterfly. One person's door sign read, "[named person] man cave". The manager told us that people were involved as far as was possible in choosing their door signs and when they were unable to choose they had been guided by the person's likes. One person had recently had a new carpet put in their bedroom and staff told us that the person had been included in this choice as much as possible by showing them a selection of different carpets and observing his response. We spoke with people's relatives and they told us "there are always asking for advice on (named person) , what he likes to do and how best to support him". Another relative commented "staff will always keep me informed of what's going on with my

Requires improvement

Is the service caring?

son". The manager told us that she was trying to involve family members more by inviting them to reviews of people's care and person centre support planning meetings. A family member told us, "I have been invited to reviews, they keep us up to date and listen to suggestions from us, they're very keen to hear our opinion". Health care professionals also told us that the manager had been welcoming of suggestions for strategies to develop the service.

One relative commented that "any request for information has been given promptly and thoroughly"

People's relatives told us, "Staff are very dedicated, they're always thinking about the users, they're very caring, they have good relationships with people". They also told us, "They are kind and caring, they have people's best interests at heart". Family members told us they were able to visit without unnecessary restriction. We spoke with a relative who visited each week and they told us that, "Staff are very welcoming".

Staff had a good understanding of people's needs and individual likes and dislikes and understood the importance of building relationships with people. We spoke with staff about the support they offered to a person and they told us "(named person) needs to get to know and trust you before he will let you support with personal care, we have to respect that". During the lunchtime observation we saw that staff understood the words a person was using to indicate their choice of food. We reviewed this person's care plan and saw that they had a dictionary in place where the sound the person made was written down and the meaning for this word was also written as a guide for staff. This ensured that the person could be understood and their choices upheld. We saw staff walking with a person who required 1-1 support, they were guiding them out of the pathway of people that they did not enjoy being with. They appeared to be enjoying spending time with this person and were walking holding hands.

The manager told us that following a bereavement staff supported the person to visit their relative at the funeral home alongside their family. We saw that there was a reminder in the communication book for staff to be sensitive towards this person and to be aware that there may be an increase in the challenging behaviours due to their bereavement. The manager also told us that one person had been supported by two members of staff to attend a family event and staff agreed to work later into the night as the person chose to stay longer.

Requires improvement

Is the service responsive?

Our findings

The care and support which people received was not always responsive to their needs. The provider's statement of purpose stated that they 'aim to provide person centred care packages that place emphasis on service user involvement and participation. To listen to each service users' wishes, feelings and values and to tailor the plan of care around those choices'. From our observations this statement was not embedded in practice at the service. The manager told us that they were in the process of arranging person centred planning meetings for each person which would review the care and support being offered. The manager told us they wanted to compile support plans which were personalised and reflected people's up to date needs and life histories. Each person had a person centred support plan in place which contained detailed information about their health and personal care needs. However these had not been reviewed monthly in line with the provider's policy. We checked a person's support plan and found that this had not been reviewed between November 2014 and April 2015, it had then been reviewed in April 2015 but there had been no further review following this date. The document stated that each section of the support plan should be reviewed monthly or more often if needed. This meant that people's needs and preferences may not have been reflected in the care and support which they received. The person's support plan contained individual plans including behavioural support plan, personal care support plan, use of physical restraint care plan and activities' support plan.

We checked another person's support plan and it showed that their night time plan was due to be reviewed in December 2014. The documentation showed that it was reviewed in June 2015 and then no further review was evident. We also saw that this person's sensory integration disorder support plan had not been reviewed since December 2014. People may not have received care and support which took into consideration their current needs and preferences. We spoke with staff and they told us they found the support plans useful. One staff member explained, "I felt support plans were really good at getting to know people". Staff told us support plans included information on people's likes and dislikes and indicators of behaviours. A member of staff said, "It made me feel safe as I knew what to expect". We reviewed one person's restrictive physical interventions support plan which detailed known triggers for behaviour. It detailed the area of need, the aim and the steps to achieve. The guidance provided was clear, that physical restraint was the last resort and also detailed proactive approaches to prevent it reaching the stage where physical intervention was needed. The behavioural support plan April 2015 also detailed types of behaviour, triggers, aims and how to best support this person and reduce the likelihood of them becoming upset and displaying challenging behaviour. However the support plans we reviewed did not contain consistently completed behaviour monitoring tools. This meant that it was difficult for staff to identify patterns in people's behaviour and identify ways of supporting them while reducing the likelihood of future incidents.

The service had a behavioural consultant who visited weekly and reviewed the behavioural incident reports. We spoke with staff about the recording of incidents of physical restraint and they told us "we fill out ABC forms, if something has happened between people we support or staff, we record it ". ABC charts are a method of recording information about an individual's behaviour. Another member of staff told us, "after an incident we speak about it. It helps to try to get it not to reach the point of a challenging behaviour" . We reviewed people's behaviour monitoring charts and found that there were gaps within the recording. The monthly monitoring form for July 2015 identified inconsistent recording with the recording of behaviour monitoring and stated that staff must ensure that the correct form , for example ABC, is being completed following an incident. This lack of recording meant that people may not receive consistent support with their behavioural needs.

Daily records were kept in individual diaries for each person. These had a section to record what the person had to eat, what support had been offered and accepted. The diaries also recorded information about people's moods and behaviours, any concerns and what action had been taken by staff. People's daily balance and falls chart were not completed. We reviewed three days of notes and these were either not completed at all or only partially completed. This meant that it was difficult for staff to know if there had been changes in the person's mobility, if they were at an increased risk of falling and if they required additional support to manage this risk. We also identified gaps in the recording of people's activities records which made it difficult to know how people had spent their time and what activities they had taken part in. We saw that one

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person had a continence and bowel care plan which indicated that after no bowel movement, by day four the doctor should be contacted. We reviewed this person's daily notes and saw that this information was recorded and the doctor was contacted when needed. The monthly quality monitoring check dated June 2015 completed by the operations manager identified that more detail was required in people's daily notes.

Some people's support plans advised that they should be weighed weekly to ensure that they maintained a healthy weight. We reviewed one person's care records and saw that their weight had not been recorded since October 2014 nor had it been recorded if attempts had been made to weigh the person and they had refused. The monthly quality assurance action plan for June 2015 stated that all people are to be weighed monthly and action taken to address any weight loss or gain. From the records we reviewed it was difficult to know if the person had lost or gained weight and so it would be difficult for staff to know if a referral to a health care professional was needed. Health care professionals confirmed that they had concerns about the recording of people's weights.

We spoke with relatives about activities and they said, "They support (named person) the best they can, they are trying to rekindle what (named person) enjoys". We asked staff if there were enough activities they told us, "Not at the moment but there's more coming" . They told us, "Just now they go out for a drive, watch TV". The weekly activity timetable showed activities ranging from going for a drive, a walk, doing laundry, listening to music, watching a DVD or going to a hydrotherapy pool. The structured and meaningful activities available for people were limited. A lack of stimulating activities for people with autism and learning disabilities can have a negative effect on their mood and behaviour. A speech and language therapist also raised concerns about the lack of meaningful and structured activities available for people. One person's care plan stated that when they were not stimulated or bored they would have more seizures. A staff member told us that they were being encouraged to start a drama class for people to take part in. This staff member had started a dance class and told us that, "People take part and enjoy this people are coming along to this and are encouraged to participate, and they seem to be enjoying it". Staff recently bought puzzles and soft modelling material for moulding into shapes, for people to use. Although some work had been started to improve structured and meaningful activities for people, further improvements were required.

Communication aids were not used within the service although pictorial resources were available. The manager was able to show us boxes of pictorial aids which could be used to support people to communicate and make choices. The manager was unsure why these resources were not currently being used. Guidance for staff on how to support people to communicate was limited and there were no clear up to date records on how people preferred to communicate. People were not enabled to be involved and engaged in their own care because their individual communication needs had not been considered.

The above information demonstrates that peoples care and treatment did not reflect their needs or their preferences and was not reviewed. **This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People had access to the adjoining day centre which was also owned by the provider. However this facility was not used to its full potential. The day centre had access to a large activity area which contained exercise equipment, a trampoline, arts and craft resources. There were cooking facilities and also entertainment equipment such as a TV and computers. There was also a sensory room. Sensory rooms can be therapeutic for people with sensory processing disorders. The provider's sensory policy stated that the purpose of the sensory room was to calm or stimulate an individual through each of the senses. However this room was largely unusable as equipment had not been repaired when it had broken. The room had bubble lamps and sensory lights which no longer worked and the soft padding required cleaning. Staff told us, "We use the room next door to watch DVD's". The manager told us that she discussed with senior management about the repairs needed but no timescales or dates had been identified for the repairs.

Although there were gaps in person-centred care identified, we also found examples where people received appropriate care and treatment which met their needs and reflected their preferences. We observed a staff handover and saw staff discuss how people had spent their day and

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what support they had received with tasks such as personal care and activities they had taken part in. Time was spent discussing triggers for people's challenging behaviour and how best to support and reduce this.

Where appropriate we noted that people had been referred to the provider's Positive Behaviour Intervention Team (PBIT). The PBIT team help to develop the knowledge and skills of staff when supporting people with behaviours which may be challenging. We noted that detailed guidelines were in place, for example one person had a plan to support them move between activities. We saw that progress was monitored on a monthly basis. Where restrictive physical intervention might be required, a support plan, including diagrams of the techniques to be employed, was in place. We saw copies of documentation regarding incidents where restrictive physical intervention had been used and noted that these were shared with the provider on a monthly basis. The ABC analysis record showed a reduction in the physical restraint being used from 1June to 15 June.

At times staff took people's individual behaviour and needs into consideration when planning their activities. Staff told us that one person liked to walk along the seafront but that at first this was difficult at certain times of the day as the beach was busy with other people. They now took them in the early evening when it was quieter so that they could continue to enjoy the walk on the beach while reducing the risk to themselves and others. One person had a holiday planned to Butlin's. Staff told us, "I'm enjoying it. I would like to do more activities". The manager told us they were aware of the lack of meaningful activities for people to get involved in and this was an area she was addressing. The team leader had applied for bus passes people living at service to allow them to become more involved in the community. Three members of staff had been accepted onto a rebound training course. Once the course had been completed they would be able to offer rebound therapy to people. Rebound therapy uses trampolines to promote movement and balance and can also improve communication skills. During the staff handover meeting the afternoon's activities were discussed and the focus was on who was going out for a drive. Other activities options for people were limited. We spoke with the manager and were shown an activities choices folder full of picture references. These were not currently used and the manager's aim was to get staff using these again. The manager told us that people were on the waiting list for horse-riding at a local centre and that they had made further contact to discuss start dates for this activity. We were also told that the outcome of one person's person centred planning meeting was the decision to buy a wheelchair to use when they when outside, as this would allow them access to more activities outside of the service.

The manager was aware that methods of communicating with people was an area which needed to be developed and had made a referral to the speech and language team requesting an assessment for each person and to gain support to develop communication plans. The July 2015 monthly quality monitoring form identified communication plans as an area for improvement and stated that support plans need to be reviewed and updated. A communication lead had also been identified within the staff team to focus on developing pictorial and visual aids to support people to communicate and make choices. A speech and language therapist had attended a staff meeting to discuss communication aids and the importance of using communication aids. In consultation with a speech and language therapist, a best interest meeting had been held for person with regard to buying an i-Pad which would be used as a communication aid. The manager was a Makaton tutor and had booked a date in October to begin training staff to use this as a way to improve communication with people. A speech and language therapist told us that they had met with the manager to discuss the communication needs of people at the home. They agreed to offer ongoing support to address the communication needs of the service as a whole and identify support strategies that could then be addressed with training

We found examples where responsiveness of staff ensured good outcomes for people. We reviewed a person's care plan and saw that their food needed to be cut into small pieces. At the lunchtime observation we saw that staff knew this and provided the support as detailed in the care plan. We reviewed the communication book and saw an entry which reminded staff to encourage individual people to use cutlery and also to promote people to lift their own cup where possible to increase their independence. At the lunchtime observation we saw that staff gave encouragement and prompting when needed. We saw a letter dated June 2015 from the learning disability team which noted the recent improvement in the person's behaviour and that they had learned new skills such as laying out the cutlery.

Requires improvement

Is the service responsive?

People were given a service information pack and there were pictures throughout to help people who had difficulty reading to understand the document. This detailed what the home provided and what facilities were available. People were supported by a named keyworker who was responsible for planning all aspects of their care. The manager told us that key working meetings had been recently introduced. However we found limited information which related to keyworker meetings and discussion which had taken place. We saw records from one keyworker meeting for a person with a sensory impairment. Their key worker had recently had a best interest meeting in which the decision was made to purchase a sensory light for the person's room. The person regularly used this light when they were feeling overstimulated and the light provided a calming effect helping to helped promote their wellbeing. The monthly quality assurance check June 2015 also identified issues relating to keyworker meetings and stated that they remained sporadic and the content was limited.

Relatives of people receive an evaluation form once a year. The current evaluation form was in the process of being sent out to people's relatives. The most recent evaluation was in August 2014 and the response from families was mainly positive. One relative commented that their overall impression was that the service "Is far ahead in terms of quality of care and the facilities they offer to residents". Another relative commented, "Excellent staff, always helpful. Makes life really good for my son. He has really improved and his behaviour is good". Feedback had also been requested from staff in August 2014 and most feedback was positive. Staff commented that there was a "good team and support for service users". We could not find any evidence of feedback being requested from people who use the service although the manager told us that this would be discussed at keyworker meetings. The provider's vision statements stated that they must listen and respond to the individuals they support but they did not currently have a formal mechanism to do so.

People's care plans contained a, 'making a complaint and speaking out' document which had pictures throughout to try explain the process of how people could make a complaint. We spoke with relatives who told us that they would feel comfortable raising a complaint or concern with staff or the manager. The manager had written to families to let them know that she was in post and advised that they should contact her if they wanted to talk about any concerns. Family members spoke positively about the manager and said "(named manager) is very approachable, there's has been a lot of change and we have had more contact than before". Family members told us they felt comfortable discussing any concerns they had and felt they would be responded to when needed. Staff demonstrated an understanding of how to deal with a complaint. They told us they would speak with the team leader on duty or the manager, "if someone came to me with a complaint I would find the team leader or if not available I would find (named manager)".

Requires improvement

Is the service well-led?

Our findings

The service was not always well led. The current manager was employed in May 2015 and was in the process of becoming registered with the Care Quality Commission.

Quality assurance systems were in place to regularly review the quality of the service that was provided. However when issues were identified, they were not always resolved in a timely way and many remained outstanding at the time of our inspection. There was an audit schedule for aspects of care such as medicines, support plans and infection control. The operations manager visited monthly to ensure that quality assurance systems such as audits were being carried out. Following this visit an improvement plan was then completed which detailed any concerns and an action plan set. From the quality assurance records reviewed, the actions identified had not always been completed within the timescales set. The same concerns were identified in the June and July reports and were not yet resolved by our inspection in August 2015. For example, the May 2015 monthly quality assurance checks identified that behavioural incident reports were not always being completed by staff. The action set on this issue was to ensure this was clarified with staff. From the records we reviewed this issue had not been fully addressed with staff as behavioural incident reports following the May 2015 audit were not completed as they should be. On the 1st June 2015 the monthly quality monitoring document identified that the person centred planning paperwork and all support plans should be reviewed and updated by 20 July 2015. The records we reviewed showed that this process had been started, but had not yet been completed. It was not clear whether the timescales set were not realistic or if the mechanisms for improvement were not effective. There was no evidence of additional guidance or support offered to the manager to achieve the action tasks set within agreed timescales. In addition, there were additional concerns we raised at this inspection, such as consent to care and treatment under the MCA and inconsistencies in the caring approach of staff which had not been identified by the provider's quality monitoring systems.

The above evidence demonstrates is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager about the challenges which the service faced and they told us their priority was to increase staffing and ensure the service was safe. They felt that this had been achieved and their next goal was to ensure that the service became person centred. We spoke with staff about the challenges which the service faced and they told us, "The care is really improving dramatically here". We were also told that the manager was aware of the challenges and addressed these issues while supporting staff. Staff told us, "She feels very supportive and is pushing things forward" and "(Named manager) has been great, she's been focusing on getting folk out more". Staff told us the manager had been encouraging them to further develop their knowledge and skills by accessing the training available.

Management and staff did not always have a shared understanding of the goals the service were aiming for. We heard discussion between the manager and a staff member about a day trip to Brighton that was planned. The staff member had decided to cancel the trip as they were concerned that the person may become upset while in the community and display behaviour which may challenge them or others. The manager talked through the risk assessment process with the staff member and explained the importance of balancing the person's right to take part in activities and enjoying life, while balancing any risks. Following discussion and risk assessment the decision was made that the person should continue with their trip to Brighton and plans were put in place to manage any risk. We spoke with the manager about this and they advised that at times staff do not make person centred decisions and can be risk averse. This could lead to negative outcomes for people who use the service as it does not promote their independence or support them to have new experiences.

The registered manager understood the home's safeguarding and whistleblowing policies and told us they would contact West Sussex Safeguarding team with any concerns. There was a whistleblowing policy in place and staff knew how to respond if they had a concern. Staff were able to explain the process and advised that they would feel comfortable speaking with the manager. Staff told us they felt they would be listened to and supported by the manager if they raised a concern, one member of staff told us, "I can speak to (named manager) about anything, I get on well with her". Throughout the inspection we saw that the manager spoke with people and staff in a warm and

Requires improvement

Is the service well-led?

supportive manner. The manager was also focusing on building relationships with people's families and involving them in the support provided. A family member said the manager, "Is wonderful, she's putting all sorts of things into operation". Another relative told us, "She has made changes which have been beneficial for (named person) and all the service users".

The manager and staff told us there were senior carers on duty at all times and they could access an on-call system if managerial support was needed. The manager's mobile number was clearly posted on the office wall to be used in emergency. Monthly staff meetings took place and topics discussed included safeguarding, accidents and incidents and person centred planning. Staff felt that they worked well together and that the team was supportive of one another. Staff told us, "I'm grateful for some of my supportive colleagues". We were also told, "There's good support, other staff will make suggestions about how to improve your practice". We spoke with staff about the vision of the service and one staff member told us their aims were to, "help people have a calmer peaceful life". Relatives told us they felt the service was now well led and there was a consistent staff team. Relatives also told us that staff generally knew people well and that people received a good service. However there were occasions depending on the staff on duty when they felt staff did not always have an understanding of the best ways to support people with the most complex needs. A relative told us, "Some staff are absolutely brilliant with (named person), others haven't quite got the knack". Healthcare professionals also identified inconsistencies in how staff work with people. They told us, "There are pockets of good practice observed, some good person-centred practices and some good relationships between staff and service users, but this is not consistent or embedded sufficiently across the culture of the home". Health care professionals told us that it can be difficult for them to work effectively with people when there are inconsistencies in the care and support that they receive.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person did not ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences 9(1)(a)(b)(c)(2)(3)(a)(b)(c)(d)(e)(h)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment had not been provided with the consent of the relevant person because the registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11(1)(2)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not ensured that systems and processes enabled the assessment, monitoring and improvement of the quality and safety of the services provided in the carrying on of regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17(1)(2)(a)(b)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured that people employed had received appropriate training, professional development, supervisions and appraisal. Regulation 18 (2)(a)