

Livability

Livability Lifestyle Choices South East

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Lifestyle Choices South East provides personal care and support for people living in their own homes. The service is provided in East Sussex and Brighton and Hove to adults with physical and learning disabilities. The support hours varied from a few hours daily to one to one support throughout the waking day. This was dependant on people's individual needs. The service was staffed 24 hours a day.

There was a registered manager in post. 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. The registered manager is also registered to manage a care home and they told us that their time was split evenly between both services. They were registered two months before this inspection.

This comprehensive announced inspection was carried out on 2 and 6 December 2016.

There were a range of systems in place to assess the quality of the care and support provided to people. However, the last full analysis was carried out in March 2016 and although shortfalls identified at that time had been monitored to ensure they were completed, no further full assessment had been carried out. A range of shortfalls identified through our inspection would have been identified through effective and regular monitoring.

When people's needs changed there was a delay in either introducing risk assessment documentation or in reviewing the risk assessment documentation already in place to ensure the risks of accident and/or incidents had been minimised and this left people at risk of harm.

DoLS applications had been made in respect of some people. (A DoLS is used when it is assessed as necessary to deprive a person of their liberty in their best interests and the methods used should be as least restrictive as possible). Some staff knew which people had restrictions in place but others were unsure. Documentation related to restrictions were not detailed in care plans.

Whilst staff felt supported by their line manager and attended regular supervision meetings, they did not feel supported by the management of the service. They felt the distance between the service and the office was too great to be effective. The registered manager had only met with people once since taking on their role as manager. However, six weekly staff meetings were held and detailed minutes were kept that demonstrated that staff were encouraged to share their views and that they were kept up to date with changes within the service.

Although there were staff vacancies, with the use of overtime, bank and agency staff there were enough staff to meet the needs of people. Staff understood what they needed to do to protect people from the risk of abuse and if there were concerns appropriate documentation was completed and sent to the local authority

for investigation.

The service was committed to enabling people to gain and maintain daily living skills and improve their independence. Relatives spoke positively of this and recognised that independence often required risk and that this was done in a planned way to safeguard against accident and incidents.

People knew who to speak with if they had any concerns or worries. There was a detailed complaints procedure along with an easy read format. There were also additional measures in place to support anyone who might not be able to understand the easy read format so that anyone wanting to raise a concern could do so.

There were good systems to carry out environmental risk assessments and as part of this to ensure that all equipment in use was in working order. The business contingency plan had been used good effect following a recent electricity power cut and as a result learning from the experience had been added to the plan.

All staff completed basic training and more specialist training was provided for staff who supported people with specific needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently with them.

We found one breach 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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to meet people's needs safely.

People knew how to recognise signs of abuse and knew how to report concerns.

People confirmed they had a choice in who supported them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Documentation did not always show that staff had information to ensure they acted in line with the Deprivation of Liberty Safeguards.

New staff received a thorough induction to the service.

Staff received appropriate training to fulfil their role.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and displayed kindness and compassion when supporting people.

There was a strong commitment to enabling people to develop skills and gain independence.

People were supported in a way that suited their needs.

Is the service responsive?

Good ●

The service was responsive.

There was a detailed complaint procedure and an easy read format for those who might not be able to understand the procedure.

People knew who to speak with if they had any concerns or worries.

Support plans included advice and guidance about how people's needs should be met.

Is the service well-led?

The service was not consistently well-led.

Systems for monitoring and improving the service had not always been effective.

Whilst staff felt supported by their line manager they did not feel supported by the registered manager.

Requires Improvement 

Livability Lifestyle Choices South East

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.

Livability Lifestyle Choices Southeast is registered to provide personal care. Support is provided both to individuals living in their own home and to people living in small group settings. At the time of our inspection there were 18 people using the service. Two people lived in Brighton, 14 lived within a cluster of two to three bedded houses in Eastbourne, and another two people lived with their families.

We spent the first day of our inspection at Newhaven where the registered office is located. The second day of our inspection was in Eastbourne, where we met with people and staff. Although people received support in a range of areas we only inspected the personal care element of their care package.

Before our inspection we reviewed the information we held about the service, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and this helps to inform some of the areas we look at during the inspection. This was provided before our inspection.

This inspection took place on 2 and 6 December 2016 and was announced. When planning the inspection we took account of the size of the service. As a result, this inspection was carried out by one inspector

without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services. We contacted the service two days before our visit to let them know we would be coming. We did this because staff were sometimes out of the office and we needed to be sure that there would be someone available.

As part of the inspection, with their permission, we spoke with two people who lived at two of the supported houses. During the inspection we met with the registered manager and deputy manager at the Newhaven office. In Eastbourne we met with a team leader and three care staff. Following the inspection we spoke by telephone with the relatives of three people. We also received feedback from two visiting health professionals.

During the inspection we reviewed the records of the service. This included staff recruitment, training and supervision records, medicines records, complaint records, accidents and incidents, quality audits and policies and procedures. We also looked at three people's support plans and risk assessments along with other relevant documentation.

Is the service safe?

Our findings

People felt safe living in their own homes. One person told us, "I feel safe here. If I need help I know how to get it." They said, "I have agency staff today, they have worked with me before, if it's agency, it's always someone I know." A relative told us, "Yes my relative feels safe. They encourage my relative to do things I might not have let them do and would never have thought them able to do. Another relative said, "They give independence and choice, with that comes risk, but I'm not worried about my relative." A third relative said, "The turnover in the staff can be disruptive but I know they try hard to recruit and keep staff."

We asked if people had the opportunity to be involved in staff recruitment but this was not the case. The deputy manager said that this had been their practice but this had not happened recently and would be reintroduced. A relative confirmed that their relative had been involved in staff interviews in the past. The deputy manager told us that the initial staff interview was held at the office in Newhaven and that following this staff went to the service to meet people so this would be an opportunity for people to share their views about prospective staff. Staff told us that this had been the practice but it did not always happen. One staff member told us that they themselves had asked to visit and had found the visit invaluable as they had no previous experience in care. The deputy manager said they looked at staff interests, availability and previous experience when matching staff to people. They took people's preferences into consideration, for example one person had requested not to have a particular staff member, and others requested not to have a smoker or requested to have a car driver. People confirmed that they had a choice in who supported them.

Medicines were given and recorded safely. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols were stored with the MAR charts. All staff completed training on medicines and their competency in giving medicines was assessed annually.

There were enough staff working at the service to meet people's needs safely. We were told that there was a shortage of 94 hours each week and this was covered with the use of staff overtime, bank staff and agency staff. We were told these posts had been advertised and interviews were to be held for 60 hours of the vacant posts the week after inspection. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. The organisation had procedures to ensure staff did not work over 48 hours a week. Staff told us there were enough staff to meet people's individual needs. They said they always tried to have regular agency staff.

Staff supported people for a set number of hours each week. In addition to this there was what was known as a 'background' shift through the week. This meant that 15 hours a day (7am to 10pm) seven days a week, a staff member was available on background to support any service users as and when required with any of their medication. The team leader kept records of the support they provided and told us that if someone's needs changed and they needed extra support, the records they kept would be used to demonstrate the changed needs. Recently this had been effective when one person's needs had increased and they had to request additional staff support to meet their changed needs.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and knew what action they should take if they believed people were at risk. There were policies and procedures available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Staff told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. This training is important and helps to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected.

Most people lived in properties that were rented from housing associations. The properties therefore did not form part of this inspection. However, there were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. Records showed regular environmental and cleaning checks were carried out in each of the homes and that where appropriate, equipment was appropriately serviced and maintained.

There were systems in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as; outbreak of disease, flood or burglary, loss of gas or electric, severe weather, loss of use of buildings and loss of computer systems. Just before our inspection there had been a period where they had no electricity. The registered manager said that this had been a good test of the contingency plan and that they had made a number of revisions as a result to ensure greater protection for people. Systems were in place to protect the health and safety of residents in the event of an emergency situation.

Is the service effective?

Our findings

People received support from staff that knew them well and had an understanding of how to support them appropriately. People's health needs were met and there were good systems in place to ensure people attended a range of healthcare appointments. One person told us, "If I'm unwell I tell staff and they call the GP for me."

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and if there was appropriate documentation in place. The registered manager told us that applications had been made to the relevant local authority in relation to two people and these had in turn been passed on to the court of protection for approval as required by law. These people had restrictions in relation to the use of lap belts. The registered manager told us that another three people who lived together in one house had restrictions in place as they were under continuous supervision and if they left the house they would not be safe on their own. Applications had been made to the local authority but there had been confusion about the procedure and this had yet to be clarified. We looked at the support plan for one of these people and there was no reference to restrictions or related risk assessment documentation. We asked staff if anyone had restrictions in place and if DoLS applications had been made. The team leader was clear about those who had restrictions but other staff knew about some and not others. Staff did not have all the information they needed to understand why some people had restrictions in place.

The organisation's policy is to assume a person has capacity to make a decision unless it has been assessed otherwise. However, in relation to the use of over the counter medicines, no capacity assessment had been carried out to determine if the person understood what they were taking. Staff told us in relation to one person that a parent had requested this. It was therefore not clear if this person had made an informed decision about the use of such medicine.

One person attended a medical appointment in August 2016 to discuss consent to a medical procedure. However, the issue of consent had been a problem. Whilst the service had been proactive in discussing the problem with a number of professionals, a best interests meeting still needed to be arranged so that a decision could be taken on the most appropriate way forward for this person.

The above areas are a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff told us they asked people's consent before providing support. At the front of each support plan there was a tick box requesting people to respond if they were happy with the support detailed in their support plan. People told us that their keyworkers had read the care plans to them. They told us that if they changed their mind about the support they wanted to receive their decisions were respected.

There was information in people's support plans about how they communicated effectively. One person's support plan stated, "I like it when staff use Makaton as it is a good form of communication for me as I don't always like speaking." There was no advice in the support plan about the signs known to the person. We asked a staff member what signs were known to this person and they said they were aware that the person used a sign for 'cake' but were not sure of other signs. The staff member felt they should have training in this area. There was a Makaton booklet available in the staff office with the various Makaton stages. This is an area for improvement.

In other areas there was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. The training programme and records showed that most of the staff had completed essential training. One staff member had not completed their basic training. They were still working within their probationary period and this had been identified and a timescale had been set for them to achieve this. Staff told us they completed online training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. One staff member told us that the online training was, "A bit repetitive when you have it every year and it's the same video. It's better when you have face to face training so you can ask questions but we don't have that so often now." Another said, "training is very good, we get over and above what's needed."

Systems were in place to ensure staff received appropriate training to maintain competence in their role. We asked if staff had received any specific training to meet the needs of the people they supported. Staff had completed essential training on autism. A staff member told us, the training had given them a clearer insight into the condition and had helped them understand the importance of respecting a person's need for routine. We were told that staff who supported one person who had epilepsy had received training in this area. As part of the quality assurance procedures, personal boundaries had been identified as an area that some staff needed additional support with. As a result training had been provided to all staff. Staff told us that they found this training very useful. The service was striving to drive improvement to ensure staff had the skills they needed in their role.

The registered manager ensured staff had opportunities to participate in training appropriate to their role. As part of the commitment to ongoing training, 14 of the 32 staff had completed a health related qualification at level two or above and another two staff were in the process of studying for a qualification. Staff told us that the training provided equipped them to meet people's needs. A team leader told us they were studying for a 'management matters' training course. They had completed two modules and had a third module left to complete. They said that the course had made them realise the responsibilities of their role and the importance of the records they kept.

There was a structured induction programme for new staff to make sure they knew what was expected of them in their role. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the service's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

There were effective systems to enable new staff to develop competence in their role. A staff member told us that the induction was very thorough. Day one of induction had been at the Newhaven office where they spent time learning about the policies and procedures and health and safety. Induction at Eastbourne continued with shadowing more experienced staff. They told us they appreciated the fact that as they were new to care, "I started off supporting people with minimal support needs and gradually built my skills over time. I could ask for more time if I wanted it." The registered manager told us that whilst there was a local in-house induction checklist they would be introducing a service specific induction that would demonstrate more clearly each staff member's competence in supporting people.

Systems to ensure staff received appropriate support; supervision and appraisal to make sure competence in their role were maintained. Senior staff provided supervisions for support workers and the registered manager provided supervision for senior staff. These meetings enabled staff to talk about their work and any areas of training or development they may require. Staff told us they received regular supervision and felt supported by their line manager.

People were supported to maintain good health and received on-going healthcare support. Where specialists provided guidelines to staff these were available within care plans. For example, a speech and language therapist (SaLT) had provided guidelines about how one person should be supported to prepare their food. In addition staff told us that the SaLT team had provided training for staff in this area. The detailed guidance meant that staff had a very clear understanding of the person's needs and how to support them. A health professional told us that they had provided training to staff and had been very impressed with the numbers of staff that had been, "Released for training and with their engagement in the training."

Another health professional told us that a staff member was, "Very engaged with my treatment plan and ensured that all members of staff knew and understood the changes I made and why." They also said that arrangements were made for them to attend staff meetings to demonstrate equipment and provide manual handling advice when necessary.

Is the service caring?

Our findings

One person told us, "I am happy with the care, I would give it 10/10. The best thing is the staff are friendly and helpful." A staff member supported one person to tell us about their experience of using the service. This person told us, "The staff are lovely." We saw staff understood the person's individual needs and limitations and communicated with them in an empathetic and appropriate manner. When this person raised a worry they had about another staff member, they listened carefully and explored the issue thoroughly until they were clear about why they were worried. Once this was known they were able to give the person the reassurance they needed and explained the situation to them in a way they understood. The person was content and reassured with the explanation they received.

Relatives told us they had no concerns about the care provided. One relative said, "The care is really good." Another relative told us, "Staff work hard to get the best out of people. My relative can be impulsive, staff take time to slow her down and think about things, to make careful decisions about appropriate clothes and presents. My relative still makes their own decision in the end but it's a more informed decision." They also said, "My daughter had several operations and staff were brilliant in sorting out appointments and supported her when in hospital.

There were opportunities provided to promote people's independence. During our inspection we found that the staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs, and things that were important to them. Staff told us that they worked in teams in each of the locations and this meant they regularly worked with their key clients and this helped with continuity of care.

The organisation was in the early stages of implementing 'active support.' (Active Support is a way of working that enables and empowers people with learning disabilities to participate in all aspects of their lives). All staff had attended training during the summer months. One staff member had completed extensive training and was the designated 'champion' for the area. Each person was encouraged to consider a goal that they wanted to work on. For example, one person wanted to learn how to dry themselves properly after their shower/bath. There were detailed guidelines to show the parts of the task the person could do independently and the tasks they needed support with. The plan ensured staff worked consistently to support the person to complete the task as independently as possible. Staff kept progress records and we were told that these would be evaluated regularly and adapted as needed.

The provider was working in a person centred way to support people to build on their skills and independence. One person told us that although staff were trained well, "Some needed to learn how to tie a tie." They felt this was not going to be something they themselves could learn, but wanted staff to learn. They said that they had not raised this with staff before but they liked to dress smartly and this had not been a problem before now. We raised this with the team leader and the active support champion. The 'champion' said they would initially look to see if the person could do parts of the task and write a goal plan that would be clear to the person and to staff about the steps that needed to be taken.

People who needed support were given help to plan their day. One person told us, "I talk to staff about what

I'm going to do every day." A staff member said, "We know (person) doesn't like to have any support until they have finished watching their programmes in the morning." The person smiled and confirmed their agreement with this. Staff were able to give us examples of how they maintained people's privacy and dignity. For example they said they ensured their doors and curtains were always closed when personal care was given.

Is the service responsive?

Our findings

People knew how to share any concerns or worries they might have. One person told us, "I can talk to (staff member) if I have concerns, I have had to raise a lot of concerns and they have all been resolved, she sorts them for me." Another person told us, I speak to night staff if I am worried, or to my keyworker."

Relatives told us that if they had a concern they would speak with their relative's keyworker in the first instance and if need be the registered manager. They said they were invited to all reviews. One relative said, there is very good communication, another said, "We have almost weekly phone calls. They check our views, but mostly (our relative) makes their own decisions."

A staff member told us, the best thing about working in the service was the, "Sense of community among the tenants and that people have more control over their lives." Another staff member told us the best thing was, "The tenants and the work itself supporting independence and the enjoyment received from this."

Most people had received support from Livability Lifestyle choices for a number of years. Whilst we only looked at how the organisation supported people with personal care, documentation provided a holistic assessment of each person's needs, including what they could do for themselves and the support given to them to live their lives. If people needed support with health needs or behaviours that challenged we looked at these areas in relation to the information staff would need to support people. Apart from matters referred to in the Safe section of the report, there was clear guidance on how to support people with their needs.

The provider was in the process of implementing a new computer system for recording care documentation. We looked at the new format. An advantage of the new system would be that when information is updated in Eastbourne it would be immediately available at Newhaven without the need for scanning. It would also enable improved systems for monitoring and evaluation of care documentation and demonstrate people's opinion on the care and support they receive.

There were systems for managing complaints in the service. People told us they felt able to raise any worries or concerns. There were five complaints recorded. One person had raised concerns about their living arrangements. This had been appropriately referred to the local authority and was being monitored. In respect of another concern, we noted that the organisation had carried out an investigation which was not substantiated. They had advised the complainant of the outcome of their investigation and received confirmation that the complainant was satisfied with the outcome. The complaint had been handled in line with the organisation's policy.

The complaints procedure provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with.

The provider had systems in place to ensure that everyone who received a service would be able to say if they were unhappy with the care and support given to them. We asked if everyone would be able to use the easy read complaint procedure. Staff said that one person might have difficulty. However, there was a section of the monthly summary sheet with pictorial questions that sought confirmation about whether people were happy with the service.

Is the service well-led?

Our findings

The registered manager told us that they had officially been in post for two months but that over the past nine months they had overseen the service. They were also registered to manage a care home and they told us that their time was split evenly between both services. The deputy manager told us that since the new management arrangements they had taken on additional responsibilities in relation to the day to day running of the service. The post of administrator was vacant and had just been advertised so in the short term this meant additional record keeping for the manager and deputy. They acknowledged that this had led to some areas not being as up to date as they would normally be.

Whilst we were told that the registered manager could be contacted and responded very quickly by phone, all staff said that the registered manager had only visited people once since taking on the role. We were also told that some people had not been in at the time so they had still not met the registered manager. The registered manager told us they would be spending more time visiting people to hear their views of the service provided.

Organisational quality assurance systems were in place; however they were not all fully up to date and had not identified some of the shortfalls we found. We were told that the report format was under review. The system in use was called a QPD/Health and Safety check. The last check carried out was in March 2016. However, the computerised document of the visit was a live document that could be updated to show when actions identified had been completed and when they were then signed off by the original author. In addition the deputy manager provided a monthly update on the running of the service. Although the deputy manager referred to the problems with staff vacancies there was no action plan about how to address the continuing staff problem. There was no reference to the issue of DoLS applications and the lack of progress regarding applications made in relation to applications for some tenants. It had not been identified that there was no documentation in support files regarding restrictions.

Medicines were kept in locked metal boxes but these boxes were not stored in a secure way and this left the risk of medicines being removed from the premises. In June 2016, the practice of storage of medicines had been identified in the QPD and it stated that the registered manager, 'may wish to review this practice to ensure safer storage'. There was no update regarding this. The organisation's policy referred to secure storage as a 'locked cupboard' so medicines were not stored in line with their policy.

One person's needs were not reviewed in a timely way to safeguard against the risk of accidents and injuries. This person had a couple of choking episodes in the past few months. The deputy manager told us that they had assessed that additional staff support was required at all meal times so a request was made to social services for additional funding. A follow up request was made in November 2016 following a recent choking incident. Although it had been identified that additional staff support was required, staff support was only provided for the evening meal. Staff told us that the person wore a lifeline and could summon staff support immediately and the person's house mate was also good at calling for assistance when needed. The risk assessment form had not been reviewed since July 2016. The deputy manager told us that 'background' staff called in during breakfast and at lunch to give medicine prompts so they would keep an eye on the

person. The team leader confirmed this but this advice along with what to actually do in the event of the person choking were not included in the risk assessment. Record keeping did not demonstrate the measures to be taken to ensure this person's safety and there was a potential that this could have left the person at risk of harm.

Another person's needs had changed considerably in the past few months but in particular in the last two weeks. This person's support plan had been reviewed and updated and there were new guidelines that had been written with the support of a specialist. However the risk assessment documentation had not been reviewed since August 2016. This person was now at risk of choking but there was no risk assessment in relation to this. There were areas of personal care that the person had previously not required staff support, for example in relation to shaving, oral care and grooming but there were no risk assessments written to guide staff on how to reduce the risks of accidents or incidents occurring. One of the measures taken to mitigate risks was that this person was only supported by staff who knew them well. However, this person's health was changeable, and records did not demonstrate that potential risks had been under continual assessment to determine actions staff should take to mitigate risks and ensure the person's safety.

Systems to monitor the management of medicines were not effective. Records showed that a medicine's audit was carried out in May 2016. A number of shortfalls had been identified including a cream prescribed on an 'as required basis', but applied twice a day and there was no 'as required' protocol in place. We were told that a follow up audit had been carried out but there were no records of this. The manager was unable to demonstrate that they had addressed the problems identified and improved their practice for managing medicines.

The deputy manager told us that recruitment records were stored at head office but the service had a copy of each file. However, one applicant's records were not on file. Within a second file there were gaps in the staff member's employment history between 2009 and 2013. There was nothing on file to say this had been explored. On the application form the applicant had ticked that they classed themselves as disabled but later in the document said they did not need any particular adjustments made. There was no risk assessment related to this. We brought this to the attention of the deputy manager who had not been aware of this and thought this must have been a mistake. This had not been discussed with the applicant. Records for a third person were complete. However, interview notes for the three staff members were not on file but were sent to us after the inspection and they showed evidence of each applicant's knowledge and skills. Staff files included evidence that a Disclosure and Barring System (police) check had been carried out to ensure people were safe to work in the care sector. There was no auditing carried out in relation to staff files. If this had been in place the shortfalls we found in relation to staff files would have been identified.

House meetings were held every two to three months. Records for one house showed that one person had raised a concern about hearing noises from other people at the service. Records did not state if this had been a complaint. There was no evidence any further questions were asked to explore this further or if anything had been done.

The above issues are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

As a result of management changes the culture of the service was evolving. Staff did not feel supported by the managers of the agency. A staff member told us, "I feel supported by my team leader but not by management, they are too distant." Another said, "The staff, 'on call' is a phone call only. Management are too far away to jump in a car and give support so it's by phone only." Another staff member said, "We used to see the deputy a lot but now we don't." One staff member told us the team leader was, "very approachable,

when we need support we can be transparent with her." As an example they said, "If a plan is not working she will give guidance and advice and an honest opinion. Staff respect her." This staff member told us they were confused as to why there was an office in Newhaven.

Some staff felt management made decisions such as changing rotas or changing the keyworker system with little consultation and that the way the changes were made rather than the actual changes had an impact on people and staff. For example, within one person's keyworker report it stated that the person, 'struggles with change' and the comment from the person about their new keyworker was, 'I will get used to you.' A staff member told us that they had been informed that for their key client the change would be gradual in line with their needs, but the change had been overnight. A relative told us the keyworker change had been, "A necessary change." Another relative told us they now received less contact from the new keyworker but they recognised that it was still early days and it took time to develop relationships. The registered manager told us that some people had had the same keyworker for years and had become dependent on them. It was felt that it was in everyone's interest to have a change. Staff acknowledged that they had regular opportunities to share their views at six weekly staff meetings. The registered manager told us that the service had been through an unsettled period in terms of management and although they had been overseeing the service for a number of months they were only officially in post for two months. They were aware that they needed to spend more time at the services with people and staff and said that it was going to take time to embed some of the changes that were being made to improve the service.

There were systems to gather people's views. An annual survey had been carried out in May 2016 to give people the opportunity to comment on the care and support provided. We were given a copy of a draft document that included comments from 11 people. Where people could not contribute verbally to the process staff recorded their view/observations of on their behalf. The overall response to the survey had been very positive with people feeling supported and having their individual needs met in a way that suited them.

Environmental checks were carried out at each service. We were told that the local authority were responsible for ensuring that all equipment in use was serviced at regular intervals. However, the service also ensured that as part of their environmental checks, staff checked that the equipment was in order.

Records were kept of all incidents that had occurred in the service and the service sent notifications to the CQC when appropriate. A notification is information about important events which the provider is required to tell us about.

Staff meetings were held six weekly. Minutes of the meetings were detailed and showed that staff were encouraged to share their views about the service and that they were updated on any changes to be implemented. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would understand the agreed actions and outcomes. A staff member who had received training in 'active support' told staff about the training and how with people's permission they would gradually be introducing this within the service. (Active support is when people are actively encouraged to develop skills to promote their independence.)

The registered manager told us that when incidents occurred, staff completed a form which described the incident and how they had been resolved. The forms were then sent to Newhaven where a decision is made about whether the matter should be referred to safeguarding. A copy of the incident report was also sent to the head office to inform them and this added an additional view when it was not clear if the matter was safeguarding. Records related to incidents had been documented well and matters had been reported to the local authority for further advice and support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. 11(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor or improve the quality of services provided. 17 (1)(2)(a)(b)(d)(f)