

Priory Education Services Limited

Priory Rookery Hove

Inspection report

22-24 Sackville Gardens
Hove
East Sussex
BN3 4GH

Tel: 01273202520
Website: www.priorygroup.com

Date of inspection visit:
21 January 2019

Date of publication:
04 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 January 2018 and was unannounced.

The provider runs and manages a wide range of services for people, including hospitals, rehabilitation services and longer stay facilities. They generally specialise in providing services to people who have mental health conditions or who are living with a learning disability.

Priory Rookery Hove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Priory Rookery Hove provides care and support for up to 13 younger adults living with Asperger's Syndrome or associated conditions. Priory Rookery Hove is not a home for life, but a transitional facility. During people's time in the service they will be supported where possible to be able to access a combination of educational, social development, life skills, work experience and therapeutic care. The aim is to further develop their life skills to gain independence and integration into their community. There were 11 people living in the service at the time of our inspection.

Priory Rookery Hove had been designed, developed and registered before 'Registering the Right Support' and other best practice guidance was published. Had the provider applied to register Priory Rookery Hove today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs. Improvements are needed to ensure the service develops in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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. There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager, and two senior care staff. However, the registered manager was not present for the inspection, and we were told they are due to leave the service. A new manager has been recruited and had started working in the service the previous week. They were present for the inspection.

At our last inspection on 24 January 2017 we rated the service Good overall but Requires Improvement in Effective. Where new staff were completing Care Certificate modules, they did not appear to have deadlines for completing these to ensure they were completed in a timely manner. At this inspection we found this had been addressed. Not all care staff had completed training to provide specific care and support needs for people using the service in relation to managing challenging behaviours. Some staff felt they hadn't received

enough support and guidance in the management of such incidents. At this inspection we found not all these issues had been fully addressed and further areas were in need of improvement. The overall rating of Good for the service had not been maintained.

Prior to this at our inspection on 15 December 2015 the service was rated overall as Requires Improvement, and at our inspection on 16 April 2015 the service was rated overall as Inadequate. The provider had not ensured through the management of the service the maintenance of the required standards and continuous improvement to ensure the service had maintained the overall rating of Good.

At this inspection we received similar feedback. A number of staff had left the service, which had led to a high use of bank and agency staff. This had meant not all the staff had the knowledge of people's individual care and support needs, and had received training to support them in a safe and consistent way. Staff spoke of a number of people admitted to the service who displayed challenging behaviour. They did not feel they had received enough information, training or support to manage this safely. Staff told us this had led to a drop-in staff morale. A member of staff spoke of a, "Very stressful time." People told us these changes in staff had resulted in a difficult and unsettling period. Feedback was varied from people and their relatives when asked if people were safe in the service. Feedback from people, relatives and staff and was that of a lack of visible management and a lack of communication and support in the service. A complaints process was in place for people and their representatives to raise any concerns. However, where concerns had been raised a relative told us there had been a lack of clarity of the process to be followed, especially where there had been a lack of satisfaction with the outcome. Some recording and notifications systems had not been fully maintained. There was a maintenance programme to ensure premises were safe and maintained. However, feedback received was that repairs identified were not always addressed in a timely manner and had affected the quality of life for people in the service.

The provider had identified these concerns through their own quality assurance processes in place. The provider's representatives had drawn up a robust action plan with identified timescales and they were working in the service with staff and people to address these. Staff and people also spoke of improved morale and positively of the new management in place and of the work already completed to drive improvement and provide more stability in the service.

Care and support provided was personalised and based on the identified needs of each individual. Staff demonstrated a good understanding of equality and diversity when providing care and support. People were being supported to develop their life skills and increase their independence. There had been the use of technology to support people. Care and support plans were detailed and informative. People had been involved and these clearly detailed the goals people were working towards. People were being supported to be involved in a range of activities. A complaints policy and procedure was in place for people and their representatives to raise any concerns.

Robust recruitment practices had been followed. People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

Infection control procedures were in place. Medicines were managed safely.

People were supported to follow a healthy diet. People spoke well of the food provided. People had access to health care professionals when needed.

People and their representatives could give their views of the care and support provided through reviews, quality assurance questionnaire and 'Residents' meetings. We could see the actions which had been completed following the comments received. A range of internal audits had been completed, and records confirmed this.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not consistently safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. However, staff spoke of lack of support and training to work with people who have challenging behaviours.

Some repairs and renovations had not been actioned in a timely way which had impacted on people's quality of life.

Medicines were managed safely.

Robust recruitment procedures had been followed. People were supported by sufficient numbers of staff to meet their needs.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had a good understanding of people's care and support needs. Staff told us although they had undertaken the necessary training they did not feel this had always provided them with the necessary skills and knowledge to meet people's individual care and support needs.

Staff were aware of their responsibilities from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) Care staff had a good understanding of consent.

People were supported to make decisions about what they wanted to eat and drink and to stay healthy. They had access to health care professionals when they needed them.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly

Good ●

about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

The service was not consistently responsive.

The system in place to manage complaints and comments had not always ensured a timely response to concerns raised.

Care plans had been reviewed. Staff had information that enabled them to provide support in line with people's wishes, including the best way to communicate with people.

People could participate in activities which reflected their interests.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Staff told us the management and leadership of the service had not always been visible and supportive.

We identified a number of areas on this inspection that told us the provider's policies and procedure had not always fully been maintained.

Quality assurance audits had been completed to review the care and support provided.

Requires Improvement ●

Priory Rookery Hove

Detailed findings

Background to this inspection

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

This inspection took place on 21 January 2018 and was unannounced. The inspection team consisted of two inspectors.

The date of this inspection was brought forward due to the number of incidents reported to the CQC through the formal notifications reporting process. Notifications are changes, events or incidents that the service must inform us about. We had also received concerns highlighting a lack of staff, the high use of agency staff who did not have the knowledge of people to be able to support them the way they preferred, of broken equipment, and a lack of support, supervision and training for care staff to undertake their role.

Before the inspection we looked at information we held about the service. This included previous inspection reports and notifications. The provider had not been requested to complete a Provider Information Return (PIR) as the inspection had been brought forward due to the concerns raised. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted two local authority commissioning teams to ask them about their experiences of the service provided.

During the inspection we spent time with people living in the service and observed the care and support provided in the communal areas. We looked around the communal areas and people's own rooms when we were invited to do so. We spoke with five people individually. We spoke with the operations director, a regional manager, a quality improvement lead, the manager and deputy manager, two senior care staff and five members of care staff. We sat in on a staff handover session. After the inspection we received feedback from four visiting health and social care professionals. We also contacted and received feedback from three relatives.

We spent time looking at records, including three people's care and support records, four staff recruitment

and training records, and other records relating to the management of the service, such as policies and procedures, and complaints and compliments. We looked at the provider's own improvement plan and quality assurance audits. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about people receiving care.

The provider subsequently sent us information on accident/incident recording.

We previously carried out a comprehensive inspection on 24 January 2017 and rated the service overall 'Good'.

Is the service safe?

Our findings

Feedback was varied as to how safe people felt and how safe relatives thought their relative was living in the service. Four of the five people we spoke with told us they felt they were safe. One person told us, "I've lived here ten years. I like it here. The staff are really good and they help me out if I need it. I trust them." Another person said, "They're great. Things have got better lately since a resident left the home. They were very disruptive." However, one person told us they did not feel safe. They said, "One of the residents is extremely violent, mostly with property. I didn't feel the staff kept me safe then. Everything gets broken; computers, televisions, even kitchen taps." The last service user survey completed in December 2018 detailed seven of the eight respondents stated they always or mostly felt safe and one sometimes felt safe. A relative told us, "They have done everything they can to keep her safe. Keeping them safe is massive as she could be unsafe. They keep their eyes on her as much as they can." Another relative told us, the service was too large to properly cater for the needs for people with such a wide range of needs. The intake of people with challenging behaviour had increased significantly during the last couple of years leaving their relative feeling unsafe each day.

The provider had arranged for care staff to attend strategies for crisis intervention and prevention (SCIP) training, but staff spoke of a number of people admitted to the service who displayed challenging behaviour. They did not feel they had received enough information, training or support to manage this safely. There had been a period when several staff had left the service, which had resulted in the high use of bank and agency staff. This had meant not all the current staff had the knowledge of people's individual care and support needs and training to support them in a safe and consistent way. This had put a lot of pressure on staff and morale had been low. A member of staff told us, "In November and December there were not enough staff, and a lack of SCIP trained staff. A lot of staff left at that time." However, staff told us this had now been resolved, with new staff recruited and SCIP training had been provided to all staff including bank and agency staff who worked in the service regularly. Feedback was consistent and care staff still felt they needed more training to support them in their role. A member of staff told us, "I don't think some of the training is good enough. The SCIP training doesn't work with everyone. It's supposed to help us contain situations with the residents, but a couple of them are too big and strong for it to work. We try our best, but sometimes I don't think it's safe. We need better training."

There was a system in place to request any repairs or new equipment needed. However, feedback from people, staff and a relative stated that repairs had not been dealt with in a timely way, which had impacted on people's access to the facilities and quality of life in the service. For example, the replacement of the kitchen taps in the kitchen people used. People had not been able to use the computers in the computer room which had been damaged. A relative told us of the concerns they had raised regarding the fabric of the building, which had taken too long to rectify to ensure the health and safety of their relative.

There was an emergency on-call rota of senior staff available, for help and support. However, feedback from staff was the on-call service had not always worked. They had not felt well supported, as they had not always been able to contact the person designated to be on call and had had to ring around other staff on the on-call list for a response.

The above demonstrates a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regular health and safety inspections of the environment and fire safety had been carried out. A maintenance programme was in place, which ensured checks were completed on equipment and services. Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. Contingency plans were in place to respond to any emergencies, such as flood or fire.

The provider had policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They were aware they had to notify the CQC when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. A member of staff told us, "I have done training within the last year. It was helpful; safeguarding is an issue here because of the nature of the place."

There was a whistle blowing policy. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. A member of staff told us, "I would always let my manager know or one of the Ops team if I saw abuse going on. Failing that I would whistle blow."

Staff demonstrated a good understanding of risk management and keeping people safe whilst not restricting freedom. A member of staff told us, "The aim of the support we give is to help people gain independence and move on. No-one lives here permanently." Another member of staff said, "We have to keep people safe but at the same time they are adults and we can't restrict them without a really good reason." The care and support plans contained relevant and up to date information on the management of risks. For example, we noted for one person on occasion displayed anti-social and violent behaviour to staff and property in the service. Their behaviour support plan was detailed and relevant. It gave clear guidance for staff on potential triggers to behaviours, how to manage them and how to deal with the aftermath.

Systems were in place to ensure the cleanliness of the service. The most recent environmental health visit to the kitchen had awarded the service the top rating of five. There were regular audits completed to ensure the cleanliness of the service was maintained. During our inspection, we viewed a selection of people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. Feedback from people and observations on the day was that the service was clean. However, a relative did raise concerns at the standard of cleanliness they had found in the building during their visits.

People received their medicines safely. Systems were in place to ensure the timely requests for repeats medicines, the safe storage and for the disposal of medicines. Care staff were trained in the administration of medicines, and received a regular competency check to ensure that they continued to administer

medicines safely. Regular audits of medicines had been carried out to ensure procedures had been followed. Two people managed their medicines independently. They had been formally assessed to manage this safely.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. New care staff confirmed the process had been followed. People told us there were enough staff on duty to care for people safely. One person told us, "Yes, there's always someone around." Another person said, "I do things for myself and I just need the staff for advice or to get my money. There's always someone to help." There was a calm atmosphere in the service during our inspection. The staff rota was reviewed to ensure the right number of staff were on duty with the skills mix needed on each shift. Staff told us there were enough staff on duty to provide a safe environment and good quality of support for people. One staff member said, "Yes there are enough staff I think. We do use agency and that was a bit of a problem a while back, but we tend to use the same ones and they know the residents well now." Another member of staff said, "It's better than it was. We had someone living here whose moved on now who required a lot of input which took away from the rest. Since they left, it's much easier to manage."

Is the service effective?

Our findings

At the last inspection on 26 September 2017 we found staff wanted further training and guidance in managing challenging behaviour. This has been detailed further in the Safe domain in this report. Also, induction had not been provided in a timely manner to meet the timescales identified in current guidance. At this inspection we found improvements had been made with the completion of induction for care staff. However, we found further areas in need of improvement in relation to the induction and supervision of the management team and training provided to ensure people's individual needs continued to be met.

Care staff completed an induction before they supported people in the timescale to follow current guidance. The induction incorporated the requirements of the Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. One staff member told us, "When you start, you do all your training before you start work. I shadowed staff for quite a while. I didn't need to do the Care Certificate because I had done similar training before I came." However, senior staff in the service had not always received an induction into their new role. This has not ensured they were fully informed of the providers expectations in their new role. This had not ensured they were aware of the provider's policies and procedures to ensure the safety of people living in the service. This was an area in need of improvement. Staff had completed the providers essential training to ensure they had the knowledge and skills to meet the care needs of people using the service. Senior staff in the service monitored the completion of training to ensure staff had completed the necessary training. They had been supported to receive regular training updates and to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care. However, feedback was consistent that care staff wanted more training to help them meet people's needs, particularly for the new people being admitted into the service. A member of staff told us they had been asked to become a keyworker for one person. This was not a role they had undertaken before and they had been given no guidance or training on the expectations of the provider in carrying out this role. A further member of staff told us, they felt more training on gender issues should be provided as this was relevant in the service. Another member of staff said, "I think training could be better. If you look at what's on offer, it looks okay on paper, but the training wasn't very good. I've spoken with the new manager and they are looking into it." This was an area in need of improvement.

Staff told us that the care staff worked well together and that communication was good between the group. When asked if staff had received regular supervision feedback was varied. We asked how staff were formally supervised and appraised. Staff told us there was a period when regular supervision had not been maintained. The provider had already identified this and had followed a robust action plan to address this. Care staff told us they had received recent, formal supervision or a yearly appraisal. A member of staff told us, "It is open and honest. I can say what I want." Another member of staff said, "It's confidential. I know I can say what's on my mind and it won't go any further." However, a formal process of supervision and appraisal for senior staff in the service had not been maintained. This was an area in need of improvement.

People's physical and general health needs were monitored by staff and advice was sought promptly for any

health care concerns. Records detailed people had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed. Records detailed people had been able to access a wide variety of core and specialist external services. For example, referrals had been made to agencies such as the in-house psychologist, consultant psychiatrists, social workers, speech and language therapists and behaviour support managers. Staff were knowledgeable about the input of these services and followed advice and guidance given.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff demonstrated they had a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. It was clear the provider's focus was on facilitating people to make some choices for themselves whenever possible and to support people to avoid potentially risky or unwise decisions where possible. Where best interests' decisions were indicated, these had been assessed for each relevant area of the person's life, such as personal support or engagement with the wider community.

Potential new people were assessed prior to them moving into the service. There was evidence that people's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected.

People were supported to follow a healthy eating plan. Their nutritional needs had been identified and recorded, and any special diets, and people's likes and dislikes had been discussed as part of the admissions process. People told us they were happy with the food and drink provided. One person said, "I help make it and it's great." Another person said, "The cook is brilliant. I can go out for food too if I like." Where possible people were supported with shopping and meal preparation. Staff were knowledgeable about people's differing dietary requirements. They were also aware of people's right to choose for themselves and of the importance of a good quality dining experience. The care and support plans also revealed a high level of awareness in the provision of healthy food and drink. For example, for one person who had been identified as being at high risk of developing diabetes. Staff were working with this person to promote a healthier diet and to cut down on fast food. They were also weighed monthly with the person's permission.

There were ongoing plans in place to further improve the environment in which people lived. We looked at how people's needs were met by the adaptation, design and decoration of the premises. There was appropriate signage to facilities such as toilets and bathrooms. We looked in a selection of people's rooms with their permission. These were highly personalised, in terms of decoration and furniture. The people we spoke with told us they were proud of this as it helped to express their interests and personalities.

Is the service caring?

Our findings

People received care from staff that were kind and caring in their approach. They told us they felt the service was a caring place to live. One person told us, "The staff care." Another person said, "I like it here because some of the staff are my friends. They help me when they can and they are always there." A relative told us care staff appeared to be genuinely caring and dedicated. Another relative said, "They do a good job especially when they (Their relative) are down. I don't have any worries with them being there. They like being there and they really like the staff. They have a big bedroom." During our inspection we spent time with people and staff. People were comfortable with staff and frequently engaged in friendly conversation or an activity. When asked if the service was a caring place for people to live, a member of staff told us, "Yes, definitely. It's better since the new manager came. There's changes for the better already."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff interacting with people throughout the day. We found the support to be safe and appropriate, with adequate numbers of staff present. We observed good interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was generally a high level of engagement between people and staff. Staff were responsive to people's needs and addressed them promptly and courteously. It was evident staff knew all people well; for example, staff knew people's food preferences without referring to documentation. We observed staff were respectful and kind and saw many instances of genuine warmth between staff and people. On these occasions, staff took time to explain their actions to minimise people's anxiety.

Care provided was personal and met people's individual needs. People were addressed according to their preference and this was by their first name. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family/representatives and their progress towards their goals as part of the review process in place. For example, where people were developing their skills in budgeting, menu planning and shopping to help them when they moved on to further accommodation where they would be more independent and would need these skills.

A key worker and a co-keyworker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. People knew who their keyworkers were. As well as formal reviews of the care and support provided there were also regular 'keyworker' meetings, held between staff and the person. The purpose of these meetings was to review the support offered to the person, the progress they were making towards an independent life and the measures needed to facilitate this further. Staff we spoke were knowledgeable about the people they were caring for and could explain to us people's individual needs and requirements. It was evident staff saw people as individuals. A member of staff told us, "This is their home and we need to respect that." Another member of staff said, "Being treated with respect is important to everyone and the residents are no exception."

People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved where possible in making day to day decisions about their lives. For example, we saw people deciding what they wanted to do that day. People were in and out of the service on an activity, or were involved with tidying their room.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered and people confirmed this. Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and could give us examples of how they protected people's dignity. People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. People had been supported to keep in contact with their family and friends.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and support. People were supported by staff with individual care and support plans to develop their skills and increase their independence with their agreed goal that people were working towards. When asked what the service did well a member of staff told us, "Everyone is very good here understanding people's needs to get them to where they want to be. How to communicate well with them." Another member of staff said, "We are good at progression with the right people. Good at social skills and independence That works very well." However, we found an area in need of improvement in relation to the complaints procedure.

People were made aware of the compliments and complaints system which detailed how staff would deal with any complaints and the timescales for a response. This was detailed around the service, and available in a pictorial format to help people understand the process to be followed. It also gave details of external agencies that people could complain too. They knew who to talk with if they had any concerns. Seven complaints had been received during the last year. However, we received feedback from a relative and a visiting health and social care professional of the lack of timeliness in responding to concerns raised. The relative told us of their experience when they had raised a number of concerns. They told us it had also taken too long to receive a response to concerns they had raised about their relatives care and support. They said there had been a lack of clarity as to the process to be followed, and what the next steps were they could follow as they had not been they were not satisfied with the outcome of the investigation into their concerns. A senior manager acknowledged the complaints received and the process followed was in need of review. They told us they were currently going through and reviewing all the complaints received to ensure these had been fully investigated, responded to and then concluded to meet the provider's policies and procedures. This was an area in need of improvement.

People and their relatives/representatives were asked to be asked to give their feedback on the care through reviews of the care provided or through quality assurance questionnaires which were sent out. The last service user survey completed in December 2018 detailed the seven of the respondents stated they always or mostly were involved in their support planning, supported to do interesting things, they lived in an environment which was clean and comfortable, six of the respondents stated they always or mostly were involved and one stated never that staff were friendly and caring, and people felt involved in their support planning and six of the respondents stated they always or mostly were involved and one sometimes in goal setting. There was evidence of feedback of the outcome being given to people, and of discussions of how issues could be rectified and of the actions completed following the feedback received. A further quality assurance questionnaire was due to be sent out again to ensure people's needs continued to be met. Residents meetings had also been held. This had enabled people to find out what was going on in the service and agree menu options and to discuss activities.

People told us they were aware they had a care and support plan and had contributed to the completion of these. The care and support plans were detailed and had the information needed to support people appropriately and consistently and of the goals the person was working towards. People's choices and

preferences were documented. It was possible to 'See the person' in these care plans. The daily records were person centred and gave an insight into people's daily lives by reading them. These had been reviewed. Each person had a personalised weekly timetable. People described a variety of different interests and activities both within the service and beyond it, that they either undertook themselves or were supported to by the service.

Work had been completed with some people in the service to identify their gender and sexuality in a way they felt comfortable with. This work and ongoing support had a significant impact to people's wellbeing. In one person's care and support plan was a 'gender identity support' section. This detailed information concerning how staff could manage this issue with sensitivity and insight. It described the need for staff to avoid 'misgendering' the person, which caused them upset. Feedback from visiting health and social care professionals and a relative was this had been managed well with people in the service. One health and social care professional told us staff had managed some complex issues well and very effectively. There had been a significant improvement in the person's mental health and wellbeing since their move into the service.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. People used electronic tablets and mobile telephones. For example, one person who did not communicate verbally, used an electronic tablet as a communication aid.

End of life care had not been provided in the service. However, where applicable people were supported to make decisions regarding their end of life care and support to ensure their wishes were recorded.

Is the service well-led?

Our findings

At our last inspection on 24 January 2017 we rated the service Good overall but Requires Improvement in Effective. At this inspection the overall rating of Good for the service had not been maintained. Prior to this at our inspection on 15 December 2015 the service was rated overall as Requires Improvement, and at our inspection on 16 April 2015 the service was rated overall as Inadequate. The provider had not ensured through the management of the service and the quality assurance systems in place the maintenance of the required standards and continuous improvement to ensure the service had maintained the overall rating of Good. This was an area in need of improvement.

Priory Rookery Hove had been designed, developed and registered before 'Registering the Right Support' and other best practice guidance was published. Senior staff were aware of this guidance, but told us there were currently no further plans for the further development of the service to work towards meeting this guidance. Improvements were needed to ensure the service continued to be developed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was an area in need of improvement.

The organisation's mission statement was incorporated into the recruitment and induction of any new staff. The aim of the service was to be, "Specialist care services for young adults with Asperger's Syndrome, including education, social development, life skills, work experience and therapeutic care that gives young people a good start in their adult life" Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and understood the importance of respecting people's privacy and dignity. However, feedback from people, staff, health and social care professionals and a relative detailed a lack of focus as to who the service was now for. There had been an increase of people admitted to the service with whom staff had not been unable to work with over a period of time to increase their life skills. Where people had displayed challenging behaviours, this had not been managed in a way to ensure this not had impacted on the quality of life for the other people living in the service. Because of this not everyone living in the service had always felt safe. Senior staff acknowledged it had not been possible to work with all of people recently admitted into the service and to support them in increasing their independence to move onto more independent living. They acknowledged the admissions process was in need of review and the process strengthened. Part of the strengthening of the process would be to take into more account the needs of people already living in the service would also be a focus as part of the admissions process. This was an area in need of improvement.

We asked people and staff if they thought the service was well-led. One person told us, "It's better since the new manager came. I didn't see the old one at all." Another person said, "The new manager is very visible. I've noticed that already." A member of staff told us, "I think things have been difficult in the past, but hopefully with the new manager certain things will improve." Another member of staff said, "It felt like we were left alone. There was so much going on, but the care team was very supportive. Leadership got lost which affected everyone." A further member of staff said, "I've always liked working here, but the new manager has ideas to improve things for the residents and us." Two of the three relatives told us of poor

communication with senior staff for example, of not being told with changes of management staff and people's keyworkers, and staff and people's keyworkers. Having to be reminded of dates for people's medical appointments. A relative told us they had not had contact with the registered manager since their relative went to stay in the service, "There's not been much communication with them, but that's improved now. I have never spoken with the last manager."

Feedback from health and social care professionals was varied as to how the services had worked together. Health and social care professionals spoke of dedicated, caring and professional staff. However, other comments also received included difficulty in contacting senior staff in the service, senior staff not always being able to be present for planned reviews and of a lack of documentation available to reference. This was evidenced during the inspection. This was an area in need of improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. Senior staff were aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. Senior staff had submitted notifications to us, in a timely manner. But recent audits undertaken had identified a number of recent notifications which had not been sent, but have been subsequently sent to the CQC. This was an area in need of improvement. Records of any incidents and accidents had been reviewed and collated to give the provider a clear oversight as to the incidents which had occurred. Audits had also led to a review of the complaints received to ensure any response met with the providers policies and procedures.

Senior staff had monitored the quality of the service by regularly completing quality assurance audits of the care and support provided. This included a medicine, infection control and health and safety audit which had been recorded. Representatives of the provider were present during the inspection. They showed us the internal audits they also undertook to ensure the provider was informed of the quality of the service provided. Through these audits they had already identified a number of areas in need of improvement. They had a robust action plan in place and had been working with senior staff in the service to address the issues highlighted in this report. We also spoke with them about the recent admissions into the service. They acknowledged the difficulties and told us of the work in place to address this and work more with people already living in the service and to monitor all future placements into the service. This was an area in need of improvement.

Senior staff were aware of the CQC's revised Key Lines of Enquiries that were introduced from 1 November 2017 and used to inform the inspection process. They were aware of their responsibilities under the Duty of Candour. This is where providers are required to ensure there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People had not had care by staff who had been fully supported to enable them to deliver care safely and to an appropriate standard as they had not consistently received necessary training and supervision.