Premier Care Limited

Premier Care Limited - Cheshire West & East Branch

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection between the 2 and 23 May 2017. We visited the office premises over a number of days. As part of the inspection we also spoke to people who used the service and visited some in their own homes.

Premier Care Limited is a domiciliary care agency which provides support and personal care to people in their own homes. The agency is based in Tarporley but provides support within the surrounding rural areas and up towards Neston and Ellesmere Port.

At the time of the inspection the registered provider told us that they provided around 773 hours per week of the regulated activity of personal care to approximately 99 people.

The service did not have a registered manager but the current manager had applied to CQC for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had previously carried out a comprehensive inspection of this service on 12 October 2016 and found there to be 10 breaches of legal requirement. The purpose of this inspection was to check if the registered provider now met legal requirements and to ensure that people who receive the service are provided with safe and effective care.

We found a number of improvements on this inspection but the registered provider was still in breach of Regulations 12 and 17 of the Health and Social Care Act 2008.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The registered provider had failed to keep people safe as there had been a delay in staff receiving appropriate training in the administration of eye drops. People had their tablets and creams as prescribed or directed.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Records, however, did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005.There was a risk that support was not being provided in a manner that protected people's rights. We made a recommendation about the assessment and recording of MCA decisions.

Quality assurance checks on care plans, risk assessments and daily records were ineffective. People had a

care plan in place but they were not personalised or accurate. There was a risk that staff may not always deliver safe care in line with a person's needs, wishes and preferences. However, checks carried out on the overall effectiveness of the service delivery were now more robust which meant that concerns could be identified and addressed in a timely manner.

Staff had an understanding of safeguarding and what they needed to do to keep people safe. Accidents and Incidents were reported and investigated appropriately.

People who used the service told us that they were satisfied with the support they received. They said that the staff were caring towards them and they now had a more reliable service. People commented that they mostly knew who was coming to visit and staff were more punctual.

The registered provider ensured that they carried out safe recruitment of new staff. Staff had the required checks prior to the commencement of their employment. This meant that the registered provider ensured that staff were suitably skilled, had the right experience and were of the character to keep people safe.

Training appropriate to their role had been provided to staff and supervisions had been carried out. There were direct observations and competency assessments of staff. This meant that people could be more confident that staff were competent and skilled to carry out their role.

People's complaints were identified and addressed. People's views of the service were recorded if they contacted the office and action was taken when issues were raised. People told us that they were better listened to and action was taken to prevent any unsafe or inappropriate care being reported.

Personal and private information about people was kept secure to ensure confidentiality of information. Access to information was on a "need to know" basis.

The registered provider notified the CQC about key events within the service that impacted on the health and welfare of those being supported. This meant that CQC could monitor the overall risks within the service.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were concerns that specialised medication training had not been provided in a timely manner and this had resulted in harm.

Safe recruitment was followed so people could be assured staff were of suitable character and skill.

Staff had an awareness of safeguarding. Allegations, accidents and incidents were reported and investigated appropriately.

There were sufficient numbers of staff deployed to ensure that people received the care they required.

Is the service effective?

Requires Improvement

The service was not fully effective.

People were supported by staff that assisted them to make choices. Records did not, however, reflect the framework of the MCA and this meant people were at risk of receiving care that did not reflect their best interests.

Staff received training, supervisions and direct observations of their practice. This meant that they were more confident and competent in their roles.

People were supported to have adequate diet and fluid intake.

Is the service caring?

Good

The service was caring.

People were happy with the support they received. They told us they had a good relationship with the staff.

People received support that was reliable and punctual.

People told us that they were treated with dignity and respect. Improvements were required to ensure that records reflected

good practice.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People received care that met their preferences and wishes. However, records did not fully reflect this and did not accurately outline a person's needs.

Complaints and concerns were recognised and responded to in an appropriate manner.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a manager who had applied to the CQC for registration.

Quality audits were not fully effective as they did not pick up or address issues in this report with regards to documentation and medication.

There was a more robust oversight of the delivery of support to ensure it was consistent, punctual and reliable. The service was better able to be proactive rather than reactive to concerns.

People were asked their opinion of the service when staff carried out spot checks. Staff were able to express their opinions during staff meetings.

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Detailed findings

Background to this inspection

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

The inspection commenced on the 2 May 2017 and took place over a number of days as we visited the office and sought the opinion of people who used the service.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by two adult social care inspectors and two experts-by-experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications we had received from the registered provider, we considered questionnaires completed by people who used the service and also other information CQC had received about the registered provider.

We also spoke to both local authorities that commission care from the Registered Provider and also the Safeguarding Unit for Cheshire West and Chester. Both felt that the service had improved.

We gained the opinion of 29 people using the service and 12 relatives.

We spoke with 10 staff to seek their opinion of the service and to talk to them about their roles.

We reviewed records relating to the service such as staff rotas, training records, six recruitment files, staff records, quality audits, complaint logs, policies and procedures.

We also looked at 16 records relating to people who used the service such as care plans, medication administration records and daily logs.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe with the staff and that they had no concerns. Comments included "Safety is not an issue when they come", "I have no problem with the safety of my relative with the care workers" and "I feel very safe with them when I am on my own and it's nice to see someone coming to the house".

In October 2016 we had concerns that the registered provider had failed to ensure care and treatment was provided in a safe way and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We previously identified concerns with the administration and management of medicines which had placed people at risk of harm. On this inspection, we found whilst some improvements had been made, the registered provider had placed people at risk of harm.

Leading up to the inspection, a safeguarding matter had been raised as a person had come to harm as the result of an administration error in regards to eye drops. We found that despite concern being raised previously, staff had still not received training or competency assessments in the administration of eye drops. This delay in training may have been a contributory factor. By the completion of this inspection, this had been rectified.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to make sure that care and treatment was provided in a safe way.

People told us that they had their medication as prescribed and that they were confident that staff knew what they were doing.

We found that further checks were required to ensure that accurate records were kept for creams or patches. For example, one person had a body map that stated pain relief patches were to be applied to the arm but the care plan stated the leg. Another person had emollient creams but there was no information as to where and how these were to be applied. Staff were able to confirm with us how and why these were administered.

In October 2016 we found that Medicines Administration Records (MAR) were kept but they were not accurate and or subject to regular review. ON this inspection, we found that Improvements had been made to the MAR. They were no longer hand written but pre-printed so they were more accurate and legible. Checks were now made to ensure that any gaps or errors were highlighted and investigated. We sampled 16 MAR and audits records and confirmed this to be the case.

We saw that staff were more vigilant in checking that a person had the correct medication prescribed for example, staff had noted that a person had incorrect medication in their blister pack and did not administer

the medicines before seeking further guidance from the GP and Pharmacy.

In October 2016, a lack of risk assessments had meant that steps were not taken to assess or protect the health and welfare of people who used the service or staff. Improvements were now evident on this inspection.

Risk assessments were undertaken to protect the health and welfare of people used the service and staff. An environmental risk assessment was carried out to ensure that staff worked within a safe environment. This assessment also covered the Control of Substances Hazardous to Health (COSHH). The registered provider also now had processes in place to ensure that equipment used by staff such as mobile or fixed hoists were safe and serviced by the person responsible. This was recorded within a person's care file.

Care plans indicated where there were concerns around a person's mobility, medication, skin care or risk of falls. Plans identified specific risks to a person's health, safety and environment and offered guidance to staff to help manage risks in a particular situation. For example, where a person exhibited behaviours that challenged others, a clear management plan was in place for staff to ensure their safety whilst providing support.

In October 2016 , although there was a policy in place to record accidents and incidents, the accident book contained no information. Following the inspection the registered provider reviewed this process and staff were reminded of their duty to report events. This had resulted in a more open and transparent relationship with staff now regularly reporting incidents that occurred in a person's home such as slips, falls, medication errors and unsafe premises. The manager reviewed and used this information to identify any themes and trends which required remedial action.

Previously, people told us that they felt unsafe as they were not always able to contact someone in an emergency. Changes had been made within the organisation to ensure that the office was staffed during day time hours and improvements had been made to on-call arrangements.

In October 2016 we raised concerns around the knowledge, management and reporting of safeguarding matters. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvement had been made.

The registered provider had its own Safeguarding policy but also ensured that staff were aware of the local arrangements for the council areas it covered. The manager had a good understanding in the different requirements of the councils and we saw that matters had been reported and investigated in line with this. The CQC had also been informed of safeguarding matters where applicable.

In October 2016, all of the people we contacted had experienced missed or late visits. At that time , the registered provider had insufficient numbers of staff to fulfil their commitments and the rota system was poorly managed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection, we found that significant improvements had been made. People told us, "In the last 4 weeks it has improved tremendously. Before the care workers would come at least 2/3 hours late, now they are more or less on time. If they are going to be late they contact us", "I have no problem with timekeeping, they are usually on time", and "In the past the timing was dreadful. Now it's quite good". There were still improvements required in some geographical areas and this was reflected in some of the comments made which included, "I feel the rotas are still messed up. Care workers are always rushing and rotas are always

changed in the last minutes" and "They have put a cleaning call for someone else in the middle of my call. The care workers are always rushing because rotas are not planned properly". The manager, in conjunction with senior care staff, were still in the process of revising the rota system and the geographical areas covered by staff in order to reduce travel time, meet people's choice of care time, and to improve on continuity of care.

In October 2016 , we found that people were not kept safe because the staff had not been through the appropriate recruitment checks. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that recruitment processes had been reviewed and were robust.

We reviewed the personnel files of six staff members and saw that safe recruitment had taken place. Staff had a fully completed application form with any gaps in employment verified. References had been taken up and verified and a DBS was in place prior to a person commencing work.

Staff attended infection control training and the service ensured that disposable gloves and aprons were supplied for their use. Staff confirmed that they had no difficulty in obtaining supplies and that these were readily available. As part of the direct observation process, staff were observed within a person's home to ensure that they were adhering to infection control guidelines and the use of Personal Protective Equipment. People who used the service did not have any concerns in regards to infection control. They told us that staff wore the appropriate gloves and aprons.

Requires Improvement

Is the service effective?

Our findings

Some people were more confident than others in the skills and ability of staff to provide care and support. One person said "My [relative] needs the support of two care workers and they need to use a hoist. I feel I am the lead trainer when regular care workers are not there. If I was not there I do not think they would do it properly" and another said "I leave written instructions but they don't sometimes follow this. I do not always feel confident with the newer workers". Others expressed that "The carers are great, they seem to know what they are doing", "They look after me well and meet my needs" and "Since you came last, the carers have lots more checks by the office to make sure they are doing what they should" and "Before people just used to turn up without any training, but they seem to have improved the training and induction. A new carer has recently started and she's been shadowing and is being trained to use the hoist".

In October 2016 we found that the registered provider had not ensured that care and treatment was provided only with the consent of relevant persons. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst the service had made some progress, we recommended some further improvement to practice.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff received training in the MCA both as part of induction but it was also revisited in refresher training.

People said staff asked their permission before carrying out any tasks and respected their decisions. Staff were able to discuss with us what was meant by 'lacking capacity', how this could be variable, but they were less clear as to how it could be dependent on the specific decision in question. People had a Mental Capacity assessment that was generic and did not relate to any specific decision for which assessment was undertaken, for example, medication or financial management. Where staff had to make decisions on behalf of a person who lacked capacity, there was no consideration and record to state that this was in the person's best interest. This meant that there was a risk that support and treatment was being provided without valid consent.

Staff understood the need to gain a person's consent to the care that they received. Staff were aware that people could make 'unwise' decisions and take risks if they had the mental capacity to do so. However, this was not always assessed or documented. Other people had signed on behalf of a person to consent to care but there was no confirmation of whether that person had any legal authority to do so such as a lasting power of attorney (LPA) in place. An LPA is a way of giving someone the legal authority to make specific

decisions on a person's behalf if they lack mental capacity. This meant that there was a risk that support and treatment was being provided without valid consent of the relevant person.

We recommend that the registered provider ensure that they meet the requirements of the MCA in the assessment and recording of mental capacity and best interest decisions.

In October 2016 , the registered provider failed to ensure that staff had the skills, knowledge and support to carry out their roles and this was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that improvements could be demonstrated.

New staff had a 'class room' induction programme that prepared them for their role and a period of supervised practice. The induction programme followed the principles of the 'Care Certificate'. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff. Learning needs were explored during an initial supervision with staff and reviewed during the induction period. Following this checks were carried out to ensure that staff then put their training into practice. There was a formal assessment completed of any new staff members to demonstrate they achieved the level of competency required to work on their own. Staff we spoke with confirmed that the initial training and shadowing opportunities equipped them well for the role.

Some aspects of a staff member's role (such as moving and handling or medication administration) required a practical competency assessment of their skills to ensure that they understood the principles of the training and could follow it. Previously no checks had been carried out as to how effective the training had been. On this inspection, we saw that direct observations and competency assessments had now been carried out by senior staff that had themselves been assessed as "competent" and up to date with current practice. This meant that we were more assured that staff had the relevant skills and knowledge to meet people's needs.

In October 2016, we had concerns that where medication was given in the form of eye drops staff had not received direction from a clinical practitioner to ensure competence. This meant that people were at risk of harm as staff had not been trained and therefore could accidentally cause harm. At the commencement of the inspection, this had still not been completed and a safeguarding incident had occurred. However, by the conclusion of the inspection training had been provided by a clinician and staff observed and deemed as competent on a practical basis.

Staff informed us and records confirmed that they now received supervision on a regular basis and many had now also had an appraisal. Supervision provides an opportunity to review the work of staff, to offer guidance and support and to monitor progress in meeting development plans. The manager had a supervision log that recorded who had received supervision and when the next one was due. Staff also received a direct observation of their work practice carried out by a senior staff member and this was unannounced.

People were supported by staff to ensure that they received adequate food and fluid intake. Due to improvements in the time of calls, people now received this support at a time that met their needs.

Good

Is the service caring?

Our findings

People were complimentary about the staff and felt that they had a better relationship with them now and that there were less concerns about how the support was delivered. Comments included "I do like my care workers they look after me well", "All good with workers are very kind. I would not be without them" and "I have a very nice bunch of carers. I have nothing troubling me. In the past it was dreadful, but now it's very good".

In October 2016, we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2014 as people's privacy was not protected and people were not treated with respect and dignity. On this inspection, there were improvements evident.

Previously, people's preference for gender of staff had not been respected. People now told us "I have regular care workers who are all female. I do not feel comfortable with a male care worker. The company does not send a male care worker anymore". The registered provider acknowledged that there were occasions where, due to absence, they could not meet a person's wishes but that they now discussed this with people before sending a staff member to the call.

The manager and senior staff had reviewed the rota to try to ensure that people had a better consistency of staff and to meet personal preferences. Most people confirmed that this was the case. Comments to us included "I have a team of three regular workers who are good" and "I have a regular team of care workers who I am very happy with. When any of these are on holiday the replacements they send also do well".

We found that staff needed to ensure that the records they kept were respectful of a person and promoted dignity. For example, staff used a variety of names in a record but there was no indication as to what the person liked to be called. Other records described a person in terms of their behaviours and were not meaningful. Descriptions such as "Bad mood", "Violent" and "Kicking off" were recorded in notes. We raised this with the manager and were later told that further training in recording, dignity and respect was to be arranged for all staff.

Relatives were also consulted and they confirmed that the service was now more caring in its approach. Comments included "They are very kind. My [relative] would not do without them, they are good friends to them not just workers" and "I am very happy with the care workers and the relationship they have built with my relative", "The staff are always polite and kind to my relative."

People told us that staff enabled them to remain as independent as possible and encouraged them to do things for themselves. One person said "I can do things when the staff are here as they watch to make sure I am safe. It has helped my confidence in getting back on my feet".

Records were now stored safely and securely to ensure confidentiality and privacy of information. Access was limited to staff files by only those who required it.

Requires Improvement

Is the service responsive?

Our findings

People felt the care their received was good, met their needs and the majority noted improvements in the service. Comments included "They have changed for the better recently. Last month was good" and "They now stay the right time often longer, I don't feel rushed they are all nice".

In October 2016 we found that the registered provider had failed to ensure that they provided person centred care appropriate to meet people's needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found on this inspection that improvements were evident.

Previously, people told us that they had 'lost track' of when their call should be as there was such a variance in time and duration. Care Plans now indicated a person's preferred call time and these had been discussed with individuals. People told us that staff did now come at a time of their choosing. However, a number of people said that they would like to have a rota to be sure of the time the staff were due to arrive. Comments included "I don't get a rota and it would help me be less anxious" and "All I ask them is to let me know for definite when they are coming so a rota would really help". We brought this to the attention of the registered provider who assured us that now that the service was more consistent advance rotas could be provided to those who wished to have them.

People said that, mostly, the staff now came on time, they were not rushed and that staff stayed for the allotted time. People were given the time they needed for staff to meet their needs.

The care plans were written as a series of tasks to be accomplished and did not take account of people's personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use. Staff told us that people tended to tell them these things but did acknowledge that not everyone was able to tell them or had a relative available that could inform staff.

Care plans did not always direct staff as to the level of support required and had generic statements such as 'assist with personal care' or 'requires assistance with transfers'. There was a lack of specific guidelines for staff in how to deliver support such as how a person was to be moved, what equipment was to be used, and how safety was to be promoted. For example, one person required assistance to put on special stockings or footwear but this was not documented in their care plan. Other people had diabetes, but there was no information in their care plans as to how this could present itself if blood sugars were outside of a normal range. This meant that staff, less familiar with a person, would not have the required information to provide a consistent level of support.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to ensure that there was an accurate and complete record in respect of each person using the service.

Staff were able to recognise when people required the further assessment or input from another

professional such as the District Nurse, Occupational Therapist or Speech and Language team. We found, for example, that staff had correctly sought advice in order to get the right equipment and guidance in place for a person who required assistance with mobility and transfers.

People's care and support was now being reviewed on a more regular basis. Senior staff visited people within their home to give them the opportunity to express a view on the quality and effectiveness of the support being provided.

In October 2016, we found that the registered provider failed to identify or respond to complaints and matters of concern remained unresolved. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found on this inspection that improvements had been made.

The manager reviewed the 'client contact log' on a weekly basis as this was a record of calls into the office where issues regarding individuals or the service were raised. The manager spoke to us about the importance of face to face contact with people to try to resolve or, where required, reach an amicable compromise on issues. We spoke to people who had previously raised a concern and they told us that matters had been dealt with and the service had improved or was at least getting better. A written outcome and action plan had also been sent by the manager where appropriate and an apology made where the service had fallen short of expectations.

Requires Improvement

Is the service well-led?

Our findings

People spoke about the improvements that had been made to the service in the last few months. Comments included "It was very disconcerting, but it has got better at the moment. Like everything there is still room for some improvement", "There has been a lot of shuffling around, but now the office seems to have settled and communication is better" and "It has been shambolic but we're now back to the standard of care we used to have" and "From what I have seen, very definitely things are picking up and staff generally seem that bit happier so that makes me happier".

There was manager at the service who was going through the assessment process with CQC to become the registered manager.

In October 2016 we found that the registered provider did not assess, monitor or seek to improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found that, whilst some improvements had been made ,there remained a breach of regulation.

There were now systems in place which were being used to monitor the standard of actual service people received. The manager and the registered provider reviewed specific aspects such as client contact logs, financial transactions, and medication administration. This meant that they could now be proactive and identify and address shortfalls in order to improve the service.

A report was produced to look at the continuity of staff to enable the manager to monitor the number of different staff that attended a call in any one week. This enabled the registered provider to provide a better continuity of care. Planned versus actual call times were monitored so that any late or early calls could be monitored and an explanation sought. Call duration times were also reviewed to monitor if calls were consistently longer or shorter than planned. We saw that this information was then used in discussions and reviews with service commissioners in regards to the duration required in order to provide safe and effective care. Double up calls were checked prior to the rota being finalised to ensure that it was possible for staff to arrive and leave together.

MARS were audited monthly. There was evidence to demonstrate that any gaps in the records or issues highlighted were explored further with staff concerned. We found that where concerns in regards to staff performance had been identified supervision was undertaken, investigations had taken place if required and staff went through a revision of competency assessment if this was deemed appropriate. For example, where a staff member had failed to complete a MAR correctly, an investigation was undertaken to check if the medicine had been given, further training given to the staff as well as a direct observation of their practice.

There were now regular checks on how staff delivered support through spot checks, direct observations and competency assessments that took place within a person's own home. Spot-checks reviewed staff appearance, arrival time, duration and interactions. Direct observations concentrated more on the delivery

care and were usually competency-based. This meant that the registered provider could be better assured of the competency and confidence of the staff in delivering support.

As well as supervisions, regular meetings were held for staff in order to share information. We saw minutes of these meetings to confirm that they were taking place. These covered a wide range of topics as well as giving staff the opportunity to discuss matters of concern and to impart information. These were held in geographical areas to take into account variation across the patch. A meeting had also taken place with staff that worked on the 'double up' runs to discuss how best to manage the rotas and maintain continuity of care.

However, the registered provider had failed to ensure that staff had received training in the administration of eye drops following the last inspection which had resulted in a safeguarding incident.

Quality audit systems had failed to ensure that care plans and daily records were personalised, accurate and appropriate for each person who used the service. They had also failed to ensure that there was an accurate record of all decisions made in relation to care and treatment including consent to care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to ensure that systems and process to assess and monitor the service were fully effective.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. The registered provider had ensured that we were informed of notifiable occurrences such as serious injury, death and safeguarding. This meant that the CQC was able to monitor the events that affect the health, safety and welfare of people who used the service.

In October 2016, the inspection rating had not been displayed as per CQC requirements which was a breach of Regulation 20A Now this is clearly displayed on the registered provider website as well as in the entrance to the office. The registered provider had also written to all those who used the service to inform them of the outcome of the last CQC report and what they intended to do to make improvements.