Allied Healthcare Group Limited

Allied Healthcare - Darlington

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We visited Allied Healthcare – Darlington on 10, 15 and 16 December 2014. This inspection was brought forward due to concerns we had received from the local authority. We gave the registered manager 48 hours' notice of the inspection because of the nature of the service. We needed to be sure that the registered manager would be available when we visited. We last inspected the service in July 2013 and found the service was in breach of one regulation at that time: Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Allied Healthcare - Darlington is registered to provider personal care for people who live within the community in their own homes. The service provides personal care to older people and people living with a dementia, and younger people with sensory or physical disabilities. The service is provided by Allied Healthcare Group.

The registered manager had been registered with us since 1 May 2013. 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.

Summary of findings

People we spoke with told us that they felt safe using the service.

Staff did not understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards, which meant they were failing to work within the law to support people who may lack capacity to make their own decisions.

We looked at staff employment files and found that staff were subject to rigorous pre-employment checks before they commenced work. When we spoke with staff they informed us of the checks that were carried out and the induction and training process they undertook when they took up employment. Staff told us that they were always completing training and that they felt well supported.

Staff we spoke with spoke with had knowledge about the care needs of people that they helped to support and care for. We found that the staff knowledge of people's needs was corroborated by care records and our discussions with people who used the service.

We found that people who used the service were provided with information about how they could raise any concerns and complaints as necessary. We found people's concerns were not responded to appropriately by the registered manager and there were ineffective systems in place to ensure that confidentiality was maintained when complaints were made.

The service had an effective process for monitoring and assessing the quality of the service provision, but we found they needed to be more proactive in their approach to gathering feedback from people who used the service.

The law requires that providers send notifications of changes, events or incidents at the service to the Care Quality Commission. The provider had failed to do this without good reason.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staffing levels were appropriate. The service had taken appropriate action to address concerns raised about the levels of staff employed to deliver the regulated activity. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

People's medicines were managed so that they received them safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Consent to care and treatment was not always sought in line with legislation and guidance.

Staff attended training relevant to the needs of the people who used the service and were supported by management through a supervision and appraisal process. Some people thought that staff needed more knowledge about specific care needs and illnesses that effected the people they cared for.

People had access to healthcare services and received ongoing healthcare support. External healthcare professionals were involved in the ongoing assessment of people's needs when appropriate.

We found that people were supported to have sufficient to eat, drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

The service had experienced staffing problems that disrupted the continuity of care, but people told us that positive and caring relationships were developed with regular staff who had taken time to get to know the people who used the service.

People's privacy and dignity was respected and promoted. Staff were discreet in their approach to offering care and support to people who used the service.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care records demonstrated that people had been involved in development of care plans.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received personalised care that was responsive to their needs.

Planning and delivery of care and support was person centred and focused on assessed needs. They were subject to regular review to ensure care remained responsive to the needs of the people who used the service.

The service had a complaints procedure in place that was made available to people who used the service. Staff demonstrated a good understanding of the procedures around receiving complaints. However, we found that the registered person had not ensured that effective systems for receiving, handling and responding to complaints had been put in place and people were not appropriately supported to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. They achieved this by ensuring that people who used the service and staff had opportunities to suggest ways in which the service could be improved.

The service had a process for monitoring and assessing the quality of the service provision and had implemented actions to address some of the concerns that were raised to us throughout the course of our inspection.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. The provider had failed to do this without good reason.

Allied Healthcare - Darlington

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.

We inspected the service over three days, 10, 15 and 16 December 2014. 48 hours' notice of the inspection was given because of the nature of the service. We needed to be sure that the registered manager would be available when we visited. The inspection team consisted of a Care Quality Commission inspector, a bank inspector and an expert by experience. The expert by experience had experience of services that provided care and support to people living with physical disabilities.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning officer from the local authority commissioning team about the service.

The provider was not asked to complete 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.

At the time of our inspection visit the service provided the regulated activity of personal care to over 150 people. Our bank inspector and expert by experience spent time speaking with people who used the service over a four day period. They spoke with 38 people who used the service (25%) and four relatives. We also spoke with eight members of staff (11%), including six members of care staff, the registered manager and the regional manager.

During the inspection we reviewed a range of records, including care records, care planning documentation, staff files, including staff recruitment and training records, records relating to the management of the regulated activity provided by the service and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

The majority of people we spoke with and their relatives told us that they felt safe when they used the service. Some people expressed dissatisfaction with late calls, but told us that they never felt at risk as a result of these occurrences. One person said, "Yes I do (feel safe) and when they do my shopping they always give me a receipt and count out my change." Another relative said, "We feel safe with our regular carer. X has panic attacks so we need the same carer. If they want to give us a different carer they need to introduce them to X and myself in advance. Currently if our regular carer is off I go without care that week. We only have her once a week so it is not too hard to manage."

One relative told us, "Y has a key safe but on several occasions I have arrived to find the safe open and the code clearly visible. They don't scramble the code or check they have closed it properly. This puts Y in a vulnerable position and could lead to Y having uninvited visitors. They might just as well leave the front door unlocked if they can't be bothered to close the safe properly."

The service had a comprehensive policy in relation to the safeguarding of vulnerable adults. This policy clearly outlined what constituted abuse, how it could manifest itself and provided staff with flow charts of the safeguarding referral process (outlining the action they should take should they have any concerns). This reiterated staff accountability in ensuring the immediate safety and welfare of any person they had concerns about, before going on to describe who should be contacted and when. This policy was accessible to all staff employed at the service and formed part of the induction process of new employees.

Training in relation to the safeguarding of vulnerable adults was a mandatory requirement within the service and at the time of our visit all staff employed held up to date and current training.

We looked at six sets of care records pertaining to the delivery of personal care to people who used the service. We found that risk assessments were completed covering a range of risk areas, such as the person's home environment, which in turn incorporated risk assessments relating to safe moving and handling, external and internal aspects of the environment and electrical safety. Risk assessments relating to health and hygiene were also undertaken, including consideration of control of substances hazardous to health (COSHH) and food hygiene. We saw that these assessments were subject to annual review as a minimum and were subject to review as and when people's needs changed. This meant that there was a system in place to assess and minimise risks associated to the health and safety of people who used the service and staff.

We had received information that staffing levels had been lower than required in recent months. We spoke with the registered manager about this and they demonstrated to us that they had recruited 18 new staff members between July and December 2014, to ensure that they service could continue to meet the needs of the people who used the service. This equated to a 25% increase in the number of staff employed. From reports produced by the registered manager and regional manager we saw that this increase in staffing levels had led to a significant decrease in the number of calls that were unallocated at the time of inspection. For example, in September 2014 we saw that there were over 4,310 calls unallocated within the four week period. The management team (the registered manager and the regional manager) explained that each call, regardless of length was incorporated into the figures, i.e. one person cancelling 4 scheduled calls per day for a week would equate to 28 calls in these figures. As at December 2014, following the recruitment drive, the number of unallocated calls was 716 (a decrease of 83%). We asked the registered manager why those calls remained unallocated. They explained to us that these unallocated calls incorporated a range of variables such as unexpected staff sickness requiring cover and cancelled calls that had not yet been updated on the system. This demonstrated that the service had made significant improvements to ensure that there were sufficient staff available to keep people safe and meet their needs.

Staff we spoke with told us that they felt there was now sufficient staff and support available on each shift. People we spoke with told us that they felt that late calls were improving. Some people shared that they had experienced issues in the past which they felt were down to availability of staff, but said that this had begun to change.

We saw that the recruitment process was effective and that there were checks in place to ensure safety and suitability of individuals was explored prior to offering employment to staff. We saw that the provider had a recruitment policy

Good

Is the service safe?

and that in line with that policy, checks to ensure people were safe to work with vulnerable adults, called a Disclosure and Barring Service Check (DBS), were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of seven members of staff who had been recruited to the service in the past 12 months. There were checks on their identity, references from previous employers and details of the interview process in place. We saw that each of these members of staff had completed an induction prior to working unsupervised in the service.

We found that people's medicines were managed so that they received them safely. We saw that the service had policies in place governing the safe management of medicines. Medicines were administered by trained staff members. We saw that where medication errors had occurred these had been reported to the local safeguarding authority. Due to concerns held by the local authority a visit to review medication practices was arranged with the 'Medicines Optimisation Pharmacist' from the commissioning support team. They visited the service on 10 November 2014 and shared their findings with us. They concluded that the medication policies were appropriate and no serious concerns were evident from their visit.

In each of the six sets of care records we looked at we saw that medication risk assessments had been completed. These assessments detailed the level of intervention required to meet the medication needs of each individual. There were also medication fact finding documents available in each set of records. These documents provided staff with written information and guidance about the medication each person was prescribed. This meant that there were processes in place to ensure that people's medicines were managed so that they received them safely.

Requires Improvement

Is the service effective?

Our findings

We saw that staff had received training to ensure that they were appropriately trained to deliver effective care to people who used the service. For example, at the time of the inspection we saw that all staff had completed training in mandatory areas such as; safeguarding of vulnerable adults, moving and handling, health and safety, infection prevention and control, medication and food hygiene. We found that staff were also provided with training in non-mandatory areas such as dementia care, catheter care, diabetes and palliative care. The regional manager told us that these additional training courses were made available to ensure that staff were trained to effectively meet the needs of people who used the service.

We also saw that all staff were up to date with appropriate supervision and annual appraisal. We carried out a sample check on seven employee files and found that these training courses were up to date and current, and that where appropriate they had received appropriate levels of supervision and appraisal. This meant that staff were appropriately supported to develop their skills and knowledge.

The majority of other people expressed that they were happy with the staff that provided support and care. One person said, "The regular carers we have are reasonably well trained and competent." Another person said, "They appear to be well trained, we have one regular and four others who we have got to know, they know exactly what to do." Other comments we received from people who used the service included, "I am very happy with my regular carers, they are really good and I have got use to them" and "The two regulars I now get are very well trained and understand me and my condition. They did send one girl who couldn't cook when that is a major part of my care plan."

People we spoke with did raise some concerns around the skills and knowledge of staff who delivered care to them or their relatives. One person told us, "Personally I feel the new carers could be trained better." Another person said, "I feel staff need training on medication, how to handle people with dementia - I know they get some but could do with more." One relative told us, "X has been receiving care for just over a year now. Whilst I have no concerns in relation to abuse or dishonesty with the carers we get, I do sometimes worry when they don't understand the effects of X's Parkinson's especially when X freezes. They often turn to me and ask what is happening. X falls about a lot now so they do need greater understanding of how to support X." We spoke with the registered manager about the concerns that had been raised with us. They told us that they had three or four people living with Parkinson's who received care and support from the service. They told us that they had tried to source training in this illness, but had so far been unsuccessful.

In each of the six sets of care records we looked at we saw that people who used the service were provided with information about how their personal care records would be used and in what circumstances information would be shared and with whom it may be shared with. People were asked to provide consent to demonstrate that they understood what this meant and also to detail if they did not agree with this.

We also saw that consent was obtained in relation to the administration of medication and that people consented to their medication being administered to them. Four of the six sets of records we looked at demonstrated that this consent had been obtained from relatives instead of the people who used the service. We did not see capacity assessments had been completed and there was no evidence in care records to demonstrate that the relatives held lasting power of attorney in relation to care and welfare needs. This goes against the fundamental principles of the Mental Capacity Act 2005 where capacity is assumed until assessment demonstrates otherwise.

We found that the registered person had not acted in accordance with the principles of the Mental Capacity Act 2005 and ensured that people's legal rights relating to consent were protected. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people we spoke with told us that they were happy with the care and support they received to help them maintain a balanced diet. One person we spoke with said, "They do cook me healthy meals and provide me with drinks. They always ask what I would like." Another person said, "I am happy they always give me a choice. On Thursday's when they take me shopping we go to a café for a meal and a drink." One relative we spoke with said, "They are doing their job properly and encouraging her to eat and

Requires Improvement

Is the service effective?

enjoy her meals." However, one relative that we spoke with told us they were often concerned about whether their family member received a balanced diet. They said, "The carers tend to always go for the ready meals in the freezer rather than scramble eggs and cook some bacon which mum loves. She doesn't get much fresh stuff like salads even though the goods are in the fridge."

We saw that nutritional assessments were completed by the service. These assessments were used to identify those people who may be at risk of malnutrition or obesity. Care plans reflected preferences and dietary requirements of people who had expressed any specific likes and dislikes.

Care records demonstrated that where appropriate people had access to other healthcare support and professionals. Initially this was completed as part of the initial assessment of people's needs and was done to help ensure that people's care and support was appropriately planned and could be delivered effectively.

Good

Is the service caring?

Our findings

We spoke with people who used the service. They told us it was important that they felt comfortable with the staff that were coming into their homes to deliver care and support. One person said, "We do get a variety of carers but over the year we have got use to most of them. Those who come very regularly are a bit like family now." Another person said, "I am lucky I usually get the same lady who is very nice and very caring. When she is off on the weekends I get other carers who I soon get to know." Other comments made to us included, "They (carers) have made his life much, much happier". Some of the people we spoke with wanted to tell us about specific carers and what they thought of them. One person said, "He's terrific. He's a miracle for us." Another person said, "X is wonderful and Y is just so kind."

A major feature in our discussions with people who used the service was the importance of continuity of carers to enable caring relationships to be developed and needs understood. One person told us, "They won't send regular carers, there is one person I would really like to care for me and even though I have asked they don't send her to care for me. Last week out of 11 visits I had nine different carers. Today I had to ask who the lady was as her name didn't match that on my rota." Another person said to us, "I really would like to have the same carers Mon – Fri. I would be happy to put up with different ones on weekends, but the office will insist on rotating carers. You can't get to really know carers when they are changing all the time and you have to tell new people what and how you want things done continually."

We spoke with the registered manager about the importance of ensuring continuity of care. The registered manager advised that as far as possible the service do try to accommodate regular carers with people who use the service. They gave examples of times when this was not always possible, for example when people required rest days, or when travel distance had to be considered, for example where staff did not have transportation accessible to them. The registered manager told us that the service was trialling a 'buddy up' arrangement whereby calls which required two members of staff could be arranged between one member of staff with their own transportation who could collect and work alongside another member of staff who did not. We found that this was only recently implemented, but that initial feedback from staff had been positive. No feedback had yet been received from people who used the service as to how this had impacted or improved their care.

We were told by the registered manager that the service completed reviews of care and support needs, including decisions made by the people who used the service at least annually. The six sets of records that we reviewed demonstrated that these annual reviews had taken place and that the preferences and choices of people who used the service had been taken into account. For example, we saw that one person was unhappy with their morning call and felt it was too early. This was then changed to accommodate when they would like the call to be carried out.

People we spoke with told gave us mixed feedback about the frequency of the formal reviews of their needs. Some people we spoke with told us that their reviews were conducted annually with their social workers and representatives from the service. Others told us that they had not had a review in over two years; one other person told us that they could not remember when they were last reviewed but that it suited them as they "were not bothered." We spoke with the registered manager about the importance of ensuring people had an opportunity to be involved in decisions about their care and support. The registered manager told us that as well as completing formal reviews, the service also completed informal telephone reviews with people who used the service. We were provided with a file displaying the details of discussions held with people in December 2014 and also August 2014. We saw that 25 people had been contacted in December. Two people had expressed concerns that their preferences in relation to the gender and age of carers who delivered their care and support were not being considered. We saw that the service had acted upon this and ensured that people's choices were respected in as far as possible.

People we spoke with told us that they felt that their privacy, dignity and respect were promoted by staff. One person we spoke with said, "She always covers me with towels especially my private areas and as I like to do this area myself she will leave me to do that bit in private." Another person said, "They always close the toilet door to give me some privacy and when washing me they cover my private area whilst washing my top." One relative told us,

Good

Is the service caring?

“They will leave him on the toilet in private and always knock on the door before entering. They wrap him in towels when doing his personal care.” Another relative said, “Mum will only have a shower if it is one of the more regular carers. She is a very private person and doesn’t want young people doing it. Her regular carers do draw the curtains and cover her over to protect her dignity.”

One person raised concerns about staff not upholding people’s privacy. This person told us “The staff talk to X about other clients and say negative things about the office. Surely they should be trying to make a positive atmosphere when visiting clients who live on their own. They don’t want to hear their moans and groans.”

Requires Improvement

Is the service responsive?

Our findings

We looked at care records of six people who used the service. These records showed that people's needs were assessed and care and support was planned and delivered in line with their individual care plans. Individual choices and decisions were documented in the care plans. These records demonstrated that changes in people's needs were identified and as appropriate referrals were made to other health professionals to help ensure that people's needs were met in a safe and effective way. This meant that the assessment of people's needs, including the delivery plans remained accurate and responsive to the needs of the individuals.

Care plans we reviewed were not always person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example four of the six sets of care records demonstrated that the wishes of the people who they concerned had been sought, and that the care planning had taken into account matters that were specific to them. For example, capturing details of personal care that the person could do independently and detailing the type of encouragement and intervention that would help the person to carry out the task themselves and promote their independence. The other two records did not capture any person centred information such as what the person liked, how they liked certain things to be done, and who they wanted involved in the delivery of their care. The files contained information relating the current health of the individuals, but also included previous histories (both social and health). This meant that staff could respond appropriately to any reoccurrence of these matters.

People we spoke with told us that they found staff to be responsive to their needs. One person gave us an example of when they needed a visit from their GP. They told us that staff had identified that they were not themselves and had requested permission to call the GP out on their behalf. This meant that staff responded appropriately to the changing needs of people they delivered care and support to.

The service had a complaints procedure available. This provided a statement of assurance to complainants that any complaint received would be fully investigated and responded to. This procedure was made available to people who used the service and was also on display throughout the premises. The procedure contained details of who would be responsible for addressing and investigating the complaint, the timescales that could be attributed to investigation and details of who the complainant could approach if they were unhappy with the outcome. This procedure was supplemented by a formal complaints investigation process. This was for the use of staff and offered guidance on how to initially handle and report any complaints that may have been raised to them.

We saw that complaints were reported throughout the provider organisation via an electronic reporting system. We saw that at the point of making an entry onto the system there was an automatically generated email sent to the regional manager making them aware of the issue.

At the time of the inspection we saw that the service had one complaint outstanding which had surpassed the timescales provided within their own policy. We spoke with the regional manager about this complaint and spoke of the importance of ensuring that all parties were informed of delays so that they were aware that issues were being dealt with and expected timescales.

People who used the service all confirmed that they were aware how they could complain about the service. Two people gave us examples of complaints they had made and told us that they were satisfied with the outcome. However, three people we spoke with passed negative comments about their experiences of speaking with the office. One person told us, "On contacting the office once to complain the person on the end of the phone was very rude and unapologetic which I felt was dis-respectful." Another person said, "I don't think they do take complaints seriously enough. My experience of making a complaint left me feeling the management didn't understand that my time was as important as theirs. I feel very sorry for people who are on their own with no one to help them with complaints."

Concerns were also raised to us about confidentiality within the service when complaints were made. We were told, "I tell the carers directly if I am unhappy with what they have done. I gave feedback to a man in the office a short while ago and he broke the confidentiality as the carer next day told me he said I was the only one he spoke to who made complaints." One relative told us, "X will not ring the office and tell them about the poor care they are

Requires Improvement

Is the service responsive?

receiving and won't allow me to do it on their behalf, as they are so afraid that they will get even worse care than they are having now. It doesn't help when carers talk about how other clients are treated after making complaints."

We found that the registered person had not ensured that effective systems for receiving, handling and responding to complaints had been put in place. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

We spoke with six members of care staff. They told us that they were well supported by the management of the service and could talk with them or call an emergency number out of hours if they had any concerns. We found that staff were aware of the overall aim of the service and all stated that this was to ensure that people were supported to be as independent as possible in their own homes.

One member of staff we spoke with said, "If I'm not sure about anything I ask, If I'm lost I'll ring the office and ask. I have no trouble; I can talk with Lisa (the registered manager) at any time. They thanked us for our help when they were really short staffed. They said that your work's appreciated. I needed a day off and she gave me that straight away. Some carers moan and whinge. I tell them if you don't tell the office they can't do anything about it."

Another carer told us that they felt that their work was appreciated by management.

Staff told us that they attended team meetings and that they were given the opportunity to share any concerns or comments that they might have. We saw copies of meeting minutes which demonstrated that these meetings had occurred and that there had been a good staff presence.

People we spoke with told us that they were not routinely asked for their feedback about how the service was ran or what improvements they would like to see. When we asked them if they felt the service was well ran we were met with a lot of negative responses. Comments included, "Listening to what staff have to say it is not well run" and "The staff talk very negatively about the office and the managers, in fact I feel the office is atrocious and it shows in the attitude of its staff." Another person said, "The carers talk very negatively about the office, the management have not asked for feedback or paid a visit to see if her care is up to standard."

One relative said, "Consistently there are breakdowns in communication and the office doesn't pass messages onto the appropriate persons."

We did see that informal reviews were completed in August and December 2014 where a sample of 25 people had been contacted via telephone by the registered manager. As part of this review we saw that people had been asked if they had any comments or concerns that they wished to share. Records demonstrated that these people raised concerns around continuity of carers, especially weekends and we saw that investigations were initiated to rectify these concerns. Other comments were positive about the care provided with people saying it was 'good' and others saying they felt they received an 'excellent service'.

We also found that the provider had a national 'customer research department' who were responsible for arranging surveys and providing the analysis of such feedback to the service.

During 2014, the registered manager failed, without good reason, to inform CQC of any notifiable incidents that the service was required to tell us about. This includes deaths of people who use the service, serious injuries, abuse or allegations of abuse, police incidents and events that stop the service running effectively. The local authority made CQC aware of four separate safeguarding episodes between February and July 2014 which would have warranted notification from the service.

We spoke with the registered manager about the importance of completing and submitting timely notifications in order to comply with the requirements of their registration and gave them advice and guidance on what is considered to be 'notifiable incidents'. The registered manager told us that they had not reported incidents to CQC as they did not fall within the local authority threshold of safeguarding. We explained to the registered manager and regional manager that CQC did not incorporate a threshold based on the severity or impact of incidents, but that instead the service had a legal responsibility to report incidents according to the requirements set out in the Regulations.

Ahead of our inspection visit we spoke with external professionals and third parties to gather intelligence on the home. People we spoke with raised concerns about how the service was operating. We saw evidence that the local authority had recently completed two visits to the service and conducted inspections against their own requirements, due to the nature of their concerns. We found that the local authority had introduced a range of measures that the service was cooperating with until such time that the concerns were reduced.

The service carried out a wide range of audits as part of its quality programme. We saw that regionally and nationally

Requires Improvement

Is the service well-led?

the provider had a set of systems that allowed the ongoing monitoring of different aspects relating to the service delivery. For example, we saw that the registered manager was sent regular analysis of training requirements to ensure that training was kept up to date. We also saw that there was a system in place for the recording, reporting and analysis of complaints, incidents and accidents. These incidents were reported to the Head of Risk Management who carried out weekly reviews to ensure that actions were taken and investigation underway to identify a root cause analysis (this is to determine why the incident occurred). All incidents and accidents were rated by severity, which impacted on who was responsible for investigation. Any incident assessed as having a high degree of severity was seen to be passed to the directors of the provider for final authorisation, before the outcome was agreed and shared with the regional and registered managers.

There was evidence available to demonstrate that some of the concerns that were raised to us in our discussions with people who used the service, had been addressed by the registered manager and that they had begun to implement changes to drive improvements in these areas. For example, weekly rostering was now in place so that people knew who to expect on set calls and recruitment had been undertaken to address concerns in staffing levels and continuity of staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: The registered person had not acted in accordance with the principles of the Mental Capacity Act 2005 and ensured that people's legal rights relating to consent were protected.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The registered person had not ensured that effective systems for receiving, handling and responding to complaints had been put in place.