

## Unique Care Providers

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### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection of Unique Care Providers took place on 26 and 27 January 2016, a further visit also took place on 5 February 2016. Each visit date was announced. We previously inspected the service on 5 and 11 August 2015, at that time we found the registered provider was not meeting the regulations relating to safe care and treatment, fit and proper persons employed and good governance.

The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Unique Care Providers is registered to provide personal care. Care and support is provided to people who live in their own homes within the localities of Lindley and Deighton. Unique Care Providers also provides care and support to people who live at Bradley Court retirement living complex. One the day of our inspection 100 people were receiving support with personal care.

At the time of our inspection the service had a manager in post but they were not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was not the same manager who had been in post at our last inspection in August 2015. They said they had commenced employment in December 2015 to provide support when the previous manager had left the organisation.

People told us they felt safe and staff said they received training in safeguarding, however, during our inspection we found evidence of two potential safeguarding incidents which had not been reported to either the local authority safeguarding team or to the Care Quality Commission. This evidenced a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Peoples care plans contained risk assessments but these did not always cover all aspects of peoples care and support needs.

People told us staff were often late, particularly at weekends or when their regular carer was not on duty.

People's medicines were not managed safely. We saw gaps in people's medicine records and hand written entries that did not record all the information required to ensure the medicine was administered as prescribed. The application of creams was not included on the organisations medicines risk assessment. This evidence demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all the people who used the service felt staff had the skills to meet their needs.

We saw evidence new staff received induction and there was on-going training and supervisions provided for staff.

Where people lacked capacity a mental capacity assessment had been completed.

People told us staff were kind and caring. People's care plans included if a summary of their life history and also if they had a preference for the gender of their care worker. Only one person we spoke with said staff did not always maintain their privacy as they did not always close the door to their flat.

Although people told us if they were unhappy with the service they would complain, we found complaints were not always logged and recorded.

The organisation did not have a registered manager in place. Concerns highlighted in previous inspections had still not been addressed. During our inspection the board of directors were unable to clearly evidence they had clear oversight of the organisation and could not demonstrate areas of non-compliance were being addressed. Audits that were completed did not identify concerns highlighted by us during our inspection. People were not protected from unsafe or inappropriate care. This evidence demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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?

**Inadequate** ●

The service was not safe.

People were not protected against the risk of harm or abuse.

People did not consistently receive their care and support at their anticipated time.

Medicines were not managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was effective.

Staff received regular training and support.

We saw evidence assessments had been completed where people lacked capacity.

People received support to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and kind.

Staff were knowledgeable about peoples need.

Staff told us how they supported people to make choices about their daily lives.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People had care plans in place which were reviewed at regular intervals.

Care plans reflected people's individual needs.

Complaints were not investigated.

## Is the service well-led?

The service was not well led.

The organisation did not have a registered manager.

People were not protected from unsafe or inappropriate care as the quality of services provided was not assessed and monitored.

There was no system to effectively gain the views of people who used the service to ensure the quality of service was of a satisfactory level.

**Inadequate** ●

# Unique Care Providers

## 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.

This inspection took place on 26 January 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of one adult social care inspector and a pharmacy inspector. Both inspectors also visited Bradley Court retirement living complex on 27 January 2016 and one inspector returned to Unique Care providers' office on 5 February 2016. Both of these visits were also announced.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was not available for this service. 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. On this occasion we had not asked the provider complete this document.

During our visit we spent time looking at six people's care plans and medicine records for ten people. We also looked at seven records relating to staff recruitment and training, and various documents relating to the service's quality assurance. We spoke with two members of the board of directors, the manager, three care co-ordinators and a team leader. When we visited Bradley Court retirement complex we spoke with six people who used the service. On 1 February 2016 one inspector telephoned and spoke with four support workers. On 3 February 2016 one inspector telephoned and spoke with a further four people who used the service and three relatives of people who used the service. We also visited three people in their own homes and spoke with them and/or their relatives.

# Is the service safe?

## Our findings

Each person we spoke with told us they felt safe with the staff who provided their care. One relative we spoke with said, "Yes (name of relative) is safe". However, we found the risks to people's safety were not always fully assessed and medicines were not managed safely.

We asked staff members if they were aware of any recent safeguarding concerns and they told us they were not. Staff told us they had completed online training in safeguarding vulnerable adults and they were able to describe types of abuse, for example, physical, financial and neglect. The manager told us they were scheduled to attend a role specific safeguarding training course with the local authority in the next few days. Staff told us they would report any concerns to the manager or a care co-ordinator, however, not all the staff we spoke with were sure how they would report a safeguarding concern, other than through the manager of the organisation. This meant that in the event of a person being at risk of harm or abuse there may be a delay in this information being reported to the relevant external authorities.

During the inspection we found two examples of incidents which had not been identified as safeguarding concerns and had not been investigated or reported to the relevant authorities. For example, the relative of one person who used the service told us about an incident which had occurred with their relative. The manager told us this was recorded on the organisation's computerised records but there was no evidence this incident had been investigated or referred to the local authority safeguarding team. The organisation had not submitted a statutory notification to the Care Quality Commission (CQC). A person who used the service told us staff had failed to attend one of their breakfast calls. This had resulted in them not taking their medicines and not having any breakfast. This meant this person's health and wellbeing was put at risk. The manager told us they had been aware of this incident, however, it had not been reported to either the local authority safeguarding team or to CQC. This showed the registered provider and the manager were not aware of their responsibilities in relation to safeguarding the people they cared for and the requirements placed upon them to make statutory notifications under the 2009 regulations.

This evidence demonstrates a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Each of the care plans we looked at contained a generic risk assessment. This addressed a variety of areas, including access to people's home, smoking and the location of emergency points for people's gas, electricity and water. We saw evidence these risk assessments were reviewed between every six and twelve months.

Where people required moving and handling equipment we saw an individual risk assessment and care plan was in place. The information recorded in this document detailed the equipment they used and how this was to be fitted. We noted in one of the care plans we looked at the person was identified as being at risk of falls and a relevant risk assessment and falls prevention care plan was in place. When we spoke with the relative of one person who used the service they told us about an incident which had occurred with their

relative, following the inspection we asked the manager to provide us with evidence of the risk assessment which had been implemented to address this matter. They said they did not have one. This meant not all aspects of peoples care and support was planned and delivered in a way that reduced risks to their safety and welfare.

When we asked staff what action they would take in the event of a person not responding to them when they arrived at their property, they each told us how they would attempt to ensure the person was safe. This included, looking through the window or letterbox and speaking with neighbours. Each staff member also said they would report this to the office staff to enable them to telephone the person and/or contact their family to report the concern. We saw evidence in one of the care plans we reviewed that the person was not always home when staff called but there was no risk assessment or information recorded in their care plan to direct staff as to the action they should take when this occurred. We spoke with two of the care co-ordinators who explained the persons' circumstances and we saw evidence on the organisation's computerised records of the action taken by staff when the person was not home when staff called. This showed staff were aware of their responsibility in keeping people safe but not all aspects of peoples care and support was planned and recorded.

Our inspection on 5 and 11 August 2015 found the registered provider was not meeting the regulations regarding fit and proper persons employed. On this visit we checked and found that improvements had been made.

We looked at the recruitment records for seven members of staff and saw evidence that the registered provider had undertaken appropriate checks before staff began working for them. This included completing an application form, conducting an interview, taking up written references from previous employers and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups. We asked the manager and the board members if the organisation accepted a DBS from a previous employer, they told us they would always complete their own DBS check. However, we saw the DBS check for one of the staff we reviewed was, although dated very recently, from their previous employer and not Unique Care Providers.

When we spoke with people who used the service, we asked if staff arrived on time. Some people told us they had not had any problems with staff being late but some people told us there were problems when their regular carer was not on duty and at weekends. People also said they did not always know which staff were due to attend to their calls. One relative told us their family member's first call of the day should have been between 8am and 9am but on a recent occasion staff had not arrived until 11am and then returned for the second call at 13.30. They explained their relative left their meals sometimes as they were not hungry due to an inadequate time gap between the calls. Another person told us they never knew which staff was coming to them on a Sunday and the time was inconsistent. However, another relative told us their family member had fixed call times and although staff may sometimes be delayed, this had never been problematic.

We asked the care co-ordinator how they would know if a person had not received their allocated call or if people's calls were late. They told us there was no electronic system in place and they would only be alerted if staff or people who used the service alerted them or when they audited people daily logs. This meant there was no system in place which would alert senior staff that people's calls were being delivered late.

Our inspection on 5 and 11 August 2015 found the registered provider was not meeting the regulations regarding safe care and treatment. On this visit we checked and found that improvements had not been



made.

We reviewed the organisations medicine policy. We noted a section of the policy stated that if staff gave 'when required' medicines to clients, a 'when required' protocol should be written and included in the care plan. When we looked at peoples care plans we did not see any evidence of 'when required' protocols and the care co-ordinators told us 'when required' protocols were not prepared for care plans. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

The medicines policy described three levels of support that staff might provide for people with their medicines, level 1, level 2 and level 3. When we read the description of each level this did not reflect the verbal description of each level given to us by the care co-ordinators. For example, one care coordinator told us applying creams to a persons' skin was level 1 however, a second care coordinator told us it was level 2. We also noted that supporting people with the application of creams was not contained in the medicines risk assessment form which was in people's care plans.

We also noted the medicine policy was not signed or dated. We asked one of the board members if this was the policy staff were meant to be following, they told us this policy was not the one staff should be using. Ensuring staff are following up to date policies helps to ensure staff are working in line with current legislation and good practice.

We saw hand written entries on six peoples medicines administration records (MARs). Five of the hand written entries did not record the name of the staff member who had annotated the information on the MAR sheet and there was no evidence the information recorded had been checked by a second suitably trained member of staff. One of the MARs had a single staff signature to identify the name of the staff who had annotated the entry. Having hand written entries checked for accuracy by a second suitably trained and competent person reduces the risk of medicine errors. The organisations medicines policy instructed a second staff member must check the MAR for accuracy however, the policy did not instruct staff to sign the MAR.

We noted from the name of one of the hand written entries, the medicine was likely to be either an eye ointment or eye drops. The entry did not record the form of preparation, the method or frequency of administration or which eye the medicine was to be applied to. When we raised this matter with the care coordinator, they said they were not aware this medicine had been prescribed. This evidenced robust procedures were not in place to ensure people's medicines were managed safely.

We saw that there were missing signatures on many of the MARs we looked at. For example one person's medicines had only been signed on four out of 31 occasions; another person's medicine had only been signed for on 19 out of 31 occasions. We also saw that where medicines had been hand written on MAR's, staff did not record the number of tablets received. One person had been prescribed antibiotics, the number of tablets received was not recorded and there were three missing signatures. This meant we were unable to evidence people had received their medicines as prescribed to them by a healthcare professional.

When we spoke with one person who used the service they told us about a particular medicine they were prescribed which they self-administered, however, when we looked at their MAR record this medicine was not recorded. This meant in the event of this person being unwell, staff may not be aware they were prescribed this medicine.

People's medicines were not managed safely. These examples demonstrate a continuing breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

We spoke with two people who told us staff had the skills they needed to meet their needs. However, we spoke with one person who told us about a particular aspect of their care which they said staff did not have the skills to support them with. They said as a result of this, an external health care professional visited them daily to provide assistance. We reviewed eighteen quality monitoring forms completed between October and December 2015 for one of the localities. Of these, nine people had recorded 'no' to the question 'are staff trained and experienced'.

We spoke with a staff member who had been with the organisation for about twelve months. They told us they had spent a period of time shadowing and watching more experienced staff before they had to complete their tasks unsupervised. Another staff member who had commenced employment during 2015 told us they had gone to an external training organisation where they had completed all their basic induction training. A staff member who had worked for the organisation for a number of years said new staff sometimes shadowed them or would work with them for a period of time to enable them to gain skills and confidence. We saw evidence in staff files of the induction and shadowing new employees had completed. This demonstrated that new employees were supported in their role.

We saw evidence in each of the staff files that staff had completed training in a variety of topics, including, health and safety, first aid and infection prevention and control. Staff told us they had to complete regular training and one staff member said that most of their training had to be refreshed either annually or every two years. Another staff member told us the majority of training was completed online, although moving and handling also had a practical element which they had to complete. Ensuring staff receive regular updates to their training means staff have up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

The care co-ordinators told us staff received a supervision or spot check on their performance every three months, unless this was required more frequently. Staff files evidenced supervisions and spot checks were completed, however, the records did not evidence that all staff had received this support at a regular interval. Regular supervisions and monitoring of staff performance helps to ensure staff have the skills and competencies to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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.

One of the care co-ordinators told us staff completed MCA training on line and we saw evidence in all but one of the staff files we reviewed that staff had completed this training. We asked staff about their

understanding of the MCA and how this impacted upon their role. One staff told us, "One person doesn't have capacity to handle their finances but they have capacity in other matters". Another staff member said, "It's about people being able to make their own decisions."

We reviewed the care plan for one person who lacked capacity to consent to their care and support or to manage their own medicines. We saw a two stage capacity assessment had been completed and a meeting had been held between the previous manager of the organisation and a relative of the person. This had resulted in a best interest decision being made as to how this person was to be supported. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the Mental Capacity Act 2005.

People's care plans recorded if they were assessed as requiring assistance with meal preparation, eating and drinking. We saw one person's support plan recorded their specific personal preferences in relation to the food they ate. Where people required staff support with meal preparation people told us staff provided them with the food and drinks of their choice.

Each care plan we looked at contained the name and contact details for the persons G.P, pharmacist and where appropriate, district nurse. This meant staff had information to enable them to access other health care professionals if required. One person we spoke with told us their support worker had recently been telephoning their chiropodist on their behalf to make an appointment for them.

## Is the service caring?

### Our findings

Everyone we spoke with told us staff were caring and kind. One person said, "I have no issue with the girls, they are all lovely." Another person told us staff were 'kind', when a particular staff member approached them they told us, "This one's a superstar." We asked a relative if staff were kind and caring, they said, "Yes, very much." Another relative said staff were, "Very good. They (staff) are very caring and person centred." They went on to say the staff knew their relatives needs and routine very well. Only one person we spoke with was not happy with the support workers, they told us not all the support workers had a caring attitude.

When we visited one person they told us they looked forward to the staff visiting them. They said the staff made time to chat to them. They also said they enjoyed the morning newspaper and told us how the support staff would collect the newspaper for them if their relative was not able to do this.

Each member of staff spoke to us in a professional manner and referred to the people they supported in a caring way, referring to people as individuals. None of the staff we spoke with identified people by their health or support needs. We asked one staff member what they understood by the term 'person centred care', they told us it was where the care was designed around the individual person. During our conversation with another staff member they said, "We try to do our best with every service user."

Each of the care plans we reviewed contained a brief life history for the person. This included details about their previous employment, their spouse, children, grandchildren, hobbies and interests. Having detailed information about a person's life enables staff to have insight into people's interests, likes, dislikes and preferences. Life history can also aid staffs' understanding of individuals' personalities and behaviours.

Each care plan also recorded if people had a gender preference regarding their support worker. This demonstrated the service acknowledged people may have preferences regarding the gender of the person entering their home and providing their personal care.

We asked people who used the service if they were involved in the development or review of their care plan. People all told us they were aware they had a care plan and were able to tell us where it was kept in their home. Most people told us they knew they could look at the care plan whenever they wanted to but chose not to. When we asked one person if they had been involved in their care plan they said, "Yes, definitely." This showed people had been consulted about the care and support provided for them.

We asked staff how they supported people to make choices about their lives. One staff member said, "I ask them what they like, what they want to eat. With their clothes, I open the wardrobe, show them". Another staff member said, "We ask them. What do you want to do? If we do their shopping, we tell them what they have in their fridge, they tell us what they want and we get it for them." We asked one person if staff enabled them to make choices, they told us, "I tell them what I want and they get it for me."

When we asked people if staff took steps to maintain their privacy and dignity, only one person made a negative comment. They said they had to remind staff to close the door to their flat as not all the staff did

this automatically. Another person we spoke with told us staff always closed doors and curtains. Staff were able to explain how they took steps to maintain people's privacy and dignity. One staff said, "When I go in (their home), I always speak and say hello. Privacy is very important. I always close doors and windows." Another staff member explained how they used towels to reduce people's body exposure during personal care.

We saw from people's care records that maintaining people's independence was included in people's support plans. One care plan we looked at recorded, '(person) can wash their own hands and face and brush their own teeth'. Staff were able to tell us how they enabled people to maintain their independence. For example encouraging people to wash themselves where possible. This can help people become more independent and improve their quality of life.

In each of the staff files we reviewed we saw staff had signed a confidentiality agreement. This showed the organisation was aware of the need for staff to be aware of the importance of not sharing people's personal details with people who are not authorised to have that information.

## Is the service responsive?

### Our findings

A care co-ordinator told us they did not accept new service users unless they could accommodate them within the current staffing rotas. They said when a new service user was accepted a care co-ordinator would go to meet the person and/or their family to assess their needs and to discuss the care and support they needed and how they wanted this to be provided. Staff told us each person they visited had a care plan at their home. One staff member told us, "The care plans are very good. If I haven't been to the client before, I read it, they are pretty accurate." This ensured staff had the information they needed to enable them to meet people's individual needs.

We asked the manager and a care co-ordinator how often people's care plans were reviewed, they both told us an initial review was completed six weeks after the person's care package began and then future reviews were annual or in the event of a person's needs changing. In each of the care plans we reviewed we saw the date the care plan was last reviewed was recorded along with the date of the next planned review. One of the relatives we spoke with told us a care co-ordinator had visited their relative in hospital to review their care and support needs prior to them being discharged home. Reviewing care plans help to ensure care records are up to date and reflected people's current needs.

Archived care plans were retained at the back of peoples care plans; these were clearly marked to ensure staff were aware these were no longer current records. This enabled staff to be able to refer to these documents if required.

Each of the six care plans we looked at contained an individual support planner. This recorded the care and support the individual needed at each call. We saw this information was person centred, for example, one person's care plan recorded, 'likes toast and a cup of tea with one sugar'. Another care plan recorded how the individual liked their porridge and how they liked to eat it.

We saw one person's care plan recorded they had a medical device which they needed support with. The care plan contained information for staff as to what the device was for, risks associated with the device and how the person using the device should be cared for.

We also looked at a random sample of daily logs which were completed by staff. We saw these recorded the time staff attended the call and a brief description of the care they had provided to the person. The relative of one person we spoke with told us they felt the information recorded on their family members daily logs was 'sparse' and did not always contain enough detail. They said this meant that information was not always passed between care staff.

People told us if they were unhappy with the service they would contact the office and complain. When we visited people's homes, we saw information about how to raise a complaint was kept in the file containing their care plan. We spoke with one person who told us they had made a complaint recently due to staff being late. They told us who they had spoken to and they said they were satisfied the matter had been dealt with. When we were looking at the other records at the organisations office, we saw a relative had contacted

the office in November 2015 and said they wished to complain about a late call. When we looked at the complaints file we saw there had been no entries made since our last inspection in August 2015. This showed that while people were aware of how to complain, complaints were not being formally logged, investigated, responded to or analysed. This meant there was not an effective complaints system in place.



## Is the service well-led?

### Our findings

At our inspection, 1 and 16 October 2014, the board of directors submitted an action plan detailing how the service would achieve regulatory compliance and how the quality of service provided to people would be monitored. When we inspected the organisation on 5 and 11 August 2015 we found the registered provider was still not meeting the regulations regarding good governance as there were insufficient systems of governance in place and a lack of oversight by the board of directors. On this visit we checked and found that satisfactory improvements had still not been made.

The regulatory breaches highlighted in this report evidenced that systems and processes were neither effective nor robust. People were not safeguarded from the risk of abuse. During the inspection we found evidence of potential harm and abuse to service users which had not been reported to the local safeguarding authority or to CQC. Failure to identify and report potential safeguarding matters had also been identified during a previous inspection in December 2013. People's medicines were not managed safely, there was no system to monitor if people's calls were late or missed and there was no organisational overview of the systems and processes staff were operating.

There was a manager in place on the day of our inspection. This was a different manager to the one who had been in place at our inspection on 5 and 11 August 2015, they were not yet registered with the commission. They told us they had commenced their employment with the organisation in December 2015 and they were contracted until March 2016.

We asked the board members if, following the previous inspection, an action plan had been put in place. One board member said they did not have an action plan, the other board member said they did, the action plan was not produced for us to see. An action plan enables organisations to summarise how objectives will be met, who is responsible for this and the date by which the objectives should be met. We also asked one of the care co-ordinators if they had ever received a report or action plan from either the manager or the board of directors which recorded a formal visit by them and/or identified areas which required attention. They said they had not. During our discussions with the manager and with the two members of the board of directors they told us they had not clearly understood the potential ramifications of not ensuring the organisation was compliant with the current regulations.

We asked to see copies of the monthly report submitted by the manager to the board of directors and copies of the minutes of the monthly board meetings. We were told these were not all available but some were emailed to us after the inspection. We saw that issues recorded on the managers' report were not always completed or followed up. For example, minutes for September 2015 recorded that a business continuity plan was required. This was not noted on the board meeting minutes and when we asked the board members if this was now in place they said it was not. We also noted that board meeting minutes dated 2 November 2015 recorded 'discussed warning notice. We need to be compliant by ending November 2015'. The report referred to staff files being monitored but there was no reference to other regulatory failings, for example, safe management of people's medicines.

We asked the board how they monitored the performance of the organisation in relation to service user call times. The board member showed us information they had printed off from the electronic system but this did not evidence people were not receiving missed or late calls. The board members admitted this should have put in place and told us they would implement this. Following the inspection the board submitted a 'KPI report' dated 11 January 2016. This recorded '% late start of care visit, 30 minutes x 1'. This was the only KPI report submitted and did not record the time period this related to. This meant we were not able to evidence the performance of the organisation was being effectively monitored.

We asked if we could see an overview of staff training statistics. The manager and the board members showed us a training matrix spreadsheet, this had a significant number of gaps and did not reflect the training evidence we had seen in staff files. They said this information was currently being inputted on to their electronic system, we were told this was being completed at our inspection on 5 and 11 August 2015. This meant that the organisation was still not able to evidence all staff training was current and up to date.

We asked the board members how they were assured that all staff had received their supervisions, spot checks and appraisals. The board members showed us a 'board performance appraisal sheet', however, this only identified three staff. We asked the board member how many staff should have received an appraisal but they were unable to answer this question and they were not able to evidence all staff supervisions and spot checks were up to date.

Audits of people's daily logs and MARs were being completed by the care co-ordinators but these were not always done in a timely manner. An audit is completed to identify concerns and weaknesses; if audits are not completed in a timely manner their effectiveness is greatly reduced. For example, an audit in September of people's daily logs had checked records dated March, May and June 2015. An audit of peoples MARs completed in November 2015 had checked peoples MAR charts dated September 2015 or earlier. We did not see any evidence the audits of peoples MARs had identified the issues we have referred to earlier in our report.

People told us the organisation asked for their feedback about the service they received. However, we found that although feedback was gathered, there was no review or analysis of this information. For example, when we reviewed the quality monitoring for one of the localities where nine people had made a negative comment to the question 'are staff trained and experienced', there was no evidence to suggest any action had been taken to address this concern. The members of the board of directors told us the service user questionnaire had been revised and was due to be sent out to all service users and/or their relatives in the coming few days. This meant at the time of our inspection there was no effective system in place to ensure peoples views were obtained and issues identified were acted upon.

We found people who used the service were not protected from unsafe or inappropriate care as the quality of services provided was not vigorously assessed and monitored. This evidence demonstrates a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The manager told us staff meetings were held on a regular basis and we saw minutes from meetings held at Bradley Court in February and December 2015. One of the staff told us there was an agenda issued prior to the meeting and minutes were available for staff who could not attend. For staff who worked in the community, we saw minutes from meetings held in September and November 2015. Staff we spoke with told us they felt confident they could speak openly in staff meetings and raise any issues they were concerned about.

Staff we spoke with told us they felt it was good organisation to work for and they said they felt supported by their care co-ordinators and by the previous and current manager of the service. One of the staff we spoke

with said the office based staff were approachable.