

Clece Care Services Limited

Clece Care Services Ltd (County Durham)

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

This inspection visit took place on 4 May 2016 and was unannounced. We spoke with people and staff members on the 5 and 6 May 2016 via telephone.

Clece Care Services Ltd (County Durham) is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency covers areas within Teesdale and County Durham.

29 people were using this service when we visited and there were 17 staff.

The registered manager was on maternity leave. Another manager had been appointed and had begun working for the registered provider for three weeks. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 found the registered provider was following safe recruitment procedures and the organisation's own recruitment policy. The provider had sufficiently competent and thorough background checks for staff before they started working with vulnerable people.

The registered provider could demonstrate that people were receiving their medication as prescribed. However there was a lack of information relating to medicines in people's care records which meant that people were at risk of not receiving their medicines safely.

The registered provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments which were required had not been carried out and others were not detailed to show how potential risks had been mitigated.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the manager had an understanding about how the service was required to uphold the principles of the MCA, and when people needed additional support to ensure decisions about their best interests were robust and their legal rights protected.

Staff had appropriate specialised training to meet their needs of the people they supported. People were complimentary about the staff who supported them and the positive relationships they had with their carers. Some people felt empowered to contact the provider when they were unhappy or when they wanted changes to be made.

People's care plans were not detailed, person centred or written in a way that accurately described their individual care, treatment and support needs. 'Person-centred' is about ensuring the person is at the centre of everything. Care planning was not consistent and did not ensure that all staff were clear about how people were to be supported and their personal objectives met. Care plans were not regularly evaluated, reviewed and updated. People were at risk of receiving inappropriate care and that reasonably practicable steps to reduce any such risks had not been taken.

Staff told us they were supported by their management and could get help and support if they needed it. Some staff had received supervision although the regularity of the programme had slipped slightly and recently employed staff had not received supervision. The manager assured us they would address this issue straight away.

The provider did not have effective systems in place for monitoring the quality of the service or using information to critically review the service. Feedback from relevant persons so the provider could continually evaluate and improve services was not in place.

The service had a complaints policy which provided people who used the service and their representatives with information about how to raise any concerns and how they would be managed. The registered provider should ensure complaints are available for review.

The records showed the service only had one accident during 2015 and we saw the factors associated with this had been reviewed by the manager at the time.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated.

You can see what action we told the provider to take at the back of the full version of the report.

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 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.

Systems which should have been in place to manage risks were not effective or in some cases were not in place at all.

Records in relation to medicines needed improvement.

People told us they felt safe and staff knew the procedures for recognising and reporting abuse.

Staff recruitment procedures were robust and staff had been trained in dealing with emergency situations.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where the service provided support with mealtimes, we saw that staff did not have the appropriate written guidance to follow in relation to specialist nutritional needs.

Staff had received supervision during 2015. New staff we spoke with had not received supervision at the time of our inspection but the manager was in the process of arranging this with them.

Staff received suitable training to ensure they were sufficiently knowledgeable and competent to meet the needs of people they supported.

Is the service caring?

Good ●

The service was caring.

Staff had good relationships with the people they were caring for.

People told us their privacy and dignity were well respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Arrangements for the assessment planning and review of peoples' needs were not in place.

Care plan records were not person centred or demonstrated the use of individual approaches.

Is the service well-led?

The service was not always well led.

The management systems which should have ensured the service was well-led were ineffective.

The management team did not have had effective systems in place to assess, monitor and drive the quality of the service.

Staff members told us they could approach the service management for support. □

Requires Improvement ●

Clece Care Services Ltd (County Durham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

One adult social care inspector completed this unannounced inspection of Clece Care Services Ltd (County Durham) on 4 May and we spoke with people and staff members on 5 and 6 May 2016.

Before the inspection we reviewed all the information we held about the service. We reviewed any notifications that we had received from the service and information from people who had contacted us about the service since the last inspection. For example, people who wished to compliment or had information that they thought would be useful.

Before the inspection we reviewed information from the local safeguarding teams, local authority and health services commissioners in which the provider operated. Prior to the inspection we also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information given by these public bodies were used to inform the inspection process.

During the inspection we spoke with seven people who used the service. We spoke with four care staff, one field co-ordinator, the manager and the regional manager.

We also spent time looking at records, which included six people's care records, and records relating to the management of the service.

Is the service safe?

Our findings

Out of the six care files we viewed, five people required support to either administer or needed prompts to take their medicines by staff from Clece Care Ltd (County Durham).

We viewed one medicine administration record. This had been handwritten and had not been signed by the person completing it. This meant there was not a check on whether the medicines were exactly as prescribed. We saw that all the medicines had been signed as being administered. In the six care plans we viewed we found in two there was a list of medicines prescribed for the person. This had been handwritten and had no date on so we could not verify if it was up to date.

We saw one medicine administration record for one person who was unable to take medicines orally, received their medicines via a PEG (Percutaneous endoscopic gastrostomy). We saw staff had been trained by the local Nutricia nurse in using a PEG. There was no guidance in this person's care plan or risk assessment for staff to follow in how to administer medicines via this route.

We saw that all the staff had completed recognised safe handling of medication qualification at their induction. The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. In the four personnel files we checked there was no evidence of on-going medication competency checks. We saw that there had not been any formal audits on medicines administration by the service.

We looked at one person's assessment of needs which had been compiled by their care manager. This indicated that the person had a poor appetite and needed encouragement and all meals preparing. Their Clece care plan stated 'Please prepare a meal of my choice.' However the risk assessment in place which would determine the steps staff from Clece Care should take and give guidance as to how, in practical terms the risk of inadequate nutrition would be minimised stated the person was 'independent' in terms of managing meals.

One person who used the service had been assessed by their care manager as 'Needs assistance to get up from sitting' and 'Has equipment to enable transfers to shower.' However there were no care plans in place which described how this person's needs were to be met safely. For example; how risks of mobilising into the shower were reduced by the specialist equipment. The risk assessment in place had just ticked that the person could not be left unattended, there was no other information about how to support this person. The risk assessment also stated the person was 'independent and weight bearing' which conflicted with information in the assessment by the care manager. This meant that arrangements to ensure the proper and safe care of service users were not in place, putting them at risk of receiving inappropriate care and that reasonably practicable steps to mitigate any such risks had not been taken.

The manager agreed that risk assessments and care plans did not fully identify the issues and risks for people and staff to reduce the risk of harm. They informed us that since they started at the service three weeks ago they had already audited five care plans and found that work needed to be done to improve care

plans and risk assessments.

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

People we spoke with said; "My family feel safer as they know the carers are coming in," and "I feel very safe with them."

During the inspection we spoke with five of the care staff who provided personal care. All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence in the manager responding appropriately to any concerns.

Staff members told us; "I would contact the office and report it". One staff member said; "It's about making sure people are safe. If you have continuity of care you can tell straight away if something isn't right, you would look for the signs."

Staff told us that they had received safeguarding training at induction. Staff members said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. We saw that all staff had completed safeguarding training as part of their induction in the last year. The service had a safeguarding policy in place.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. The manager told us they had experienced some difficulties with staff sickness and were also struggling to recruit drivers. We had feedback from a local commissioner that the service had recently struggled to fulfil care packages in the more remote rural areas. The manager of the service agreed with this. We saw that the service had four missed calls in April 2016 but we saw these had been investigated and the learning from them shared with staff. One person told us they had two missed calls at the start of their service in 2015 but had not had any problems since that time. The manager told us the service was moving to a revised electronic rostering system that they hoped would be simpler and easier to populate. Staff told us they received their rotas with whom they would be supporting each week. We discussed with the manager that people they support may like to have a copy of these rotas so they could see which staff would be coming and when and the manager agreed to look at this.

The four staff files we looked at showed us the service operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. We saw appropriate records including application forms, interview records, identification and reference checks and evidence of people's right to work in the UK were held.

The provider had a policy in place to promote infection control by staff. We saw staff had access to appropriate personal protective equipment (PPE) such as disposable gloves and aprons. This showed the provider had considered infection control issues in people's homes and had taken action to minimise their risks when required.

We reviewed the records of accidents and incidents involving staff and people using the service. We examined the accident log and found that only one accident had occurred since the service registered in

April 2015.

Is the service effective?

Our findings

Some people who used the service needed support with their diet or had specialist diets to help them manage long term conditions. We looked at two care plans which showed that one person required support and assistance from staff with a specialist feeding device, called a percutaneous endoscopic gastrostomy (PEG). We saw that staff had been trained by a Nutricia nurse in using a PEG. However there was no assessment of staff competency in providing PEG nutrition once training had been given and no record of on-going monitoring that staffs practice continued to be successful and competent. One staff member told us; "I went to this person for the first time on Friday, I made sure I went with another carer so I was introduced to people."

We saw that a person had to have their food pureed and fluids thickened. There was no information in the person's care plan as to how this pureed food should be prepared. On the day of our visit this person did not have a risk assessment in place; there was a blank document that had been signed by the assessor on 25 April 2016. Immediately following our visit the manager informed us that the assessor had been waiting for a family member who wanted to be involved in the assessment process to be available but they still hadn't been in touch and the risk assessment was now in place. The person themselves told us; "They make my tea too thick." We asked a care staff member how they knew how to prepare this drink and they told us they followed the instructions on the packet. This showed that people did not receive care that was personalised specifically for them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone we spoke with told us they had confidence in the staff's abilities to provide good care. They told us the staff from Clece Care (County Durham) were able to deliver the care and could readily carry out the tasks they required from their assessment. People told us they were very happy with the arrangements. People said; "I find the staff very kind and very helpful, they are usually on time or even early," and "I get on really well with them. They work together as a team."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. For example one person told us; "They are brilliant, they helped me with a shower this morning."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received training that was relevant to their role and this training was up to date. We found staff had completed mandatory training as part of their induction. All staff fed back this training had been of good quality. We saw that staff did not have any ongoing assessment of their competency to monitor their skills and experience One staff member told us; "I keep asking them about a course for

dementia and I work with two people with dementia and that would be helpful." We fed this back to the manager after we spoke with staff.

Clece Care staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited.

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. The service had implemented the new Care Certificate and three staff had completed this as part of their induction. One new staff member said; "Yes it was good, I was shocked there was so much and not all of it was appropriate to me, but it was good."

Some staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. However, we noted that appraisals and observational checks on staff had not been carried out. (A spot check is where a senior member of staff arrives unannounced to monitor a care workers care practice). The manager told us; "I know there hasn't been any done."

Two staff we spoke with who had been recruited since March 2016 told us they had not received supervision. We asked another staff member who told us; "Yes I had one a few weeks back but it was the first one for a while. We did used to have them regularly but I haven't had one for a few months." We saw the manager was aware of this issue and had begun to schedule meetings with individual staff from the time of our inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We observed that the service had sought consent from some people to the care and support they were provided with and also that prior to administering medicines, some people's consent was sought. Out of the six files we viewed only one person had signed to give their consent to care and treatment. One person did not have capacity and had a Power of Attorney (PoA) in place. We fed back to the manager after the inspection that the service must ensure they see evidence of any PoA being granted to ensure they are upholding people's rights in accordance with the Mental Capacity Act 2005.

Staff we spoke with told us they had not attended training in the Mental Capacity Act (MCA) 2005 and the staff training matrix we saw confirmed staff had not been trained in MCA. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. One staff member told us they had recently spoken with a person's social worker. "He was over the moon and I got him some more time with us and I felt really chuffed I could help because he was struggling."

Is the service caring?

Our findings

People we spoke with who received personal care said they were very happy with the care and support provided.

People said; "We have a joke and I feel comfortable. It's nice to have a laugh and a joke," and "I get on well with them," and "Nothing is too much trouble for them." One staff member told us; "I think we do our best and are good at care."

One staff member told us they try to let people maintain their independence. "I let them be as independent as possible, if they are struggling I ask if they need help, but I won't take over their task unless they want me to." One person told us; "I couldn't do half as much if it wasn't for the carers."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. Only one person we spoke with as part of this inspection knew how to contact the service. They told us; "I do know how to contact the office, it's in the book." Two people we spoke with said someone from the service had visited them to find out if they were happy with the care provided. One person said; "They have been to see me once to see if I need more help," and another said; "I had a lady out a while ago to see if everything was ok but I can't remember when it was."

Three other people told us that no-one had visited them from Clece Care to review their service or to find out if they were satisfied with it. One person said; "No-one has been since I started the service in October 2015" and "No, no-one has been and I don't know how to contact them." The manager told us they had not carried out any reviews since they started at the service three weeks ago but would be planning them in with senior staff as soon as possible.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "I am sometimes self-conscious with a new carer but they always treat me with respect," and "They are all very helpful and kind."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One staff member told us; "It's about making sure people feel comfortable."

We reviewed the staff rota and discussed these with the manager. We saw that care was generally provided by a small team of staff to enable consistency. Staff received their rota weekly which confirmed who they would be working with and when. We discussed with the manager that it may be helpful for people to see this rota (as they were individualised for each person) so they also knew who would be coming and when. The manager agreed to explore this approach.

Is the service responsive?

Our findings

When we visited the service's office we looked at individual's care records to see how their care was planned, monitored and co-ordinated.

We looked at six people's care records in detail. For all people, their needs had been assessed by the person's care manager so the provider should identify the specific support and assistance people needed along with their own assessment of the person. The assessments written by Clece Care were extremely basic and did not always correspond with the information from the care manager. For example, one person's care manager's assessment stated 'risks to nutrition, person very emaciated. Skin fragile but intact and equipment in place to support and monitor moving and handling. Currently able to transfer, has profile bed. Moving and handling needs to be risk assessment on every intervention. Person will have palliative needs.' There was nothing in their care plan about the person's skin/ tissue needs, no guidance on the use of a profile bed or bath board and no information about palliative care needs.

For another person their care manager's assessment stated the person had occasional incontinence and wore pads on a night. They also had equipment to enable transfers to the shower. There was no guidance in the care plan or risk assessment about continence support or moving and handling needs.

One care plan had been completed with a risk assessment that highlighted hazards and risk reduction measures and there was information in an 'Essential Lifestyle' plan that recorded how the person wanted their support and daily routine to be provided. This was the only care plan that had any person centred information. Overall, care plans were not written in a person centred way.

Where people had complex needs, such as specialised diets the care plans did not provide care staff with detailed guidance about what they should do to keep the person safe and nutritionally supported. For example, one person had their nutrition and medicines administered via a PEG (percutaneous endoscopic gastrostomy) which meant their nutrition, fluids and/or medications were put directly into the stomach via a feeding tube directly into the stomach. There was no information in this person's care plan to advise staff of what to do to identify potential problems and to know the route to solve them. NICE guidance on Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition 2006 states "Patients in the community having enteral tube feeding and their carers should receive an individualised care plan which includes overall aims and a monitoring plan." There was enteral feeding regime record from the local NHS Trust which ran from June 2015 for staff to record each feed but this was only in place for several weeks. This meant that strategies to inform and guide staff practices were not currently in place.

We saw staff write down the support provided to people each day in the 'daily records.' These were found to be repetitive and not person centred and focussed primarily on the tasks that had been completed.

None of the care plans or risk assessment we looked at had been formally reviewed by the service. The service's own quality assurance policy states that all people should have a full review assessment one month after commencement of the service. One person we spoke with stated someone from Clece Care had

visited them once. Other people said they had not been visited to review their care. People said; "No one has been to see me from Clece Care," and "Not a person has been since I started on 5th October 2015." This meant people's care was not being reviewed and they were not involved in the planning, management and review of their care and treatment.

This is a Breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at one person's record entitled "Person's Perception of service" and dated 12 April 2016. Their care plan itself was blank. The care manager's assessment stated the person needed support with sequencing of personal care tasks in a morning and on a night. This was not recorded in the Clece Care plan. The risk assessment was dated 14 April 2016 and the service commencement date was 12 April 2016. We saw the dates of assessment had been changed from the 14 April 2016 to 12 April 2016 on both the environmental and medication risk assessments. The medication risk assessment only had boxes ticked to show the person needed prompts to assist with their medicines and no guidance about how the person took or stored their medicines was recorded. This meant that this person was at risk of receiving inappropriate care because an assessment of the risks to their health and safety had not been carried out and steps to reduce any such risks had not been identified and recorded.

We looked at the care plan and risk assessment of a person who started the service on 20 August 2015. There was an 'Initial risk assessment' form in place which was carried out on 22 March 2016. We asked the manager if there was any archive information for service user records and they replied everything should be in one file. They were unaware if this document had been completed previously. Therefore we could not confirm if there was a risk assessment in place between August 2015 and March 2016. We saw this person needed assistance with dressing, medicines and meals. However there was no further detail which would inform staff about how this person's individual needs were required to be met or specific instructions to guide their practice which reflected their views and preferences. This person's care manager's assessment stated they suffered with 'appetite poor, needs encouragement.' However there was no information about how this person was to be supported by staff with their dietary needs, no instructions about how their food was to be prepared or how to enable them to eat were in place. We found that arrangements to ensure the proper and safe care of this person were not in place, putting them at risk of receiving inappropriate care and that reasonably practicable steps to reduce any such risks had not been taken.

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

We checked complaints records; there were no recorded complaints in the complaints file. We asked about one complaint that we were aware of prior to our inspection visit. The regional manager stated the matter had been dealt with in writing to the complainant and they were satisfied with the outcome. We asked the regional manager and manger to ensure complaints were available to view on inspection so CQC could be satisfied the service was following their policy and procedures and they agreed to this. The complaints policy was seen on file and the manager when asked, could explain the process. The policy provided people who used the service and their representatives with information about how to raise any concerns and how they would be managed. Two people we spoke with stated they did not know how to contact the office if they had a concern. Two other people knew they had a contact number.

Is the service well-led?

Our findings

We spoke with people about the management of the service. No-one could tell us about the current manager at the service but they had only been employed by the service for three weeks at the time of our visit. Two people told us they knew how to contact the service if they had any issues but other people did not. One person said; "I don't know how to contact them."

The service had a registered manager in place who was on maternity leave. 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 current manager was applying to be registered with the Care Quality Commission to cover the registered manager's maternity leave.

We spoke with staff about the management of the service. One person told us; "When I first started it was smashing, my manager was fantastic, then she went off and it went down the pan. I was working seven days a week on call 24/7 with no manager and no-one to go to. I had no staff and recruitment was non-existent. It's a slow process but they have got a manager now and a recruitment manager. I am hoping it will get better." Another person said the new manager was 'approachable'. Another staff member said; "I've met the recruitment manager and the care co-ordinator and now there is a new manager in place and I know she is having a staff meeting soon." Another staff member said they were leaving the service after three weeks as there were pay issues and not enough hours.

The service had undertaken staff meetings in 2015 and one had taken place in February 2016 where rotas, training, phones and professional boundaries was discussed. The manager told us they had a meeting planned shortly and would be addressing some of the issues they had found since they had started at the service in relation to care plans and supervision.

The manager already had compiled an action plan since they had started at the service and they had reviewed five care plans already which they stated required further work and they were prioritising working with key staff to get them updated and reviewed.

We looked at the ways in which the provider ensured that the quality of the service was monitored and improved.

We read the service's quality assurance policy. This document stated that people should receive two visits per year, monthly telephone monitoring, and an annual survey to ensure people were consulted about their views of the quality of the service. People, the manager and staff told us these did not take place. One staff member said; "They don't have anyone going out to ask if people are happy with their care like a supervisor." There were no records of monitoring visits or monitoring telephone calls and an annual survey had not taken place. The manager and regional manager stated they would address the monitoring calls and visits as a priority.

Effective systems to seek and act on feedback from relevant persons for the purposes of continually evaluating and improving were not in place.

There was not a programme of audits in place to check the safety and quality of the service. We saw one care notes audit from February 2016 in one person's file which showed that two discrepancies had been actioned but there was no other programme of checks in place. The manager and staff told us spot checks or staff observations actually doing the job role did not take place. This meant the service could not be confident in the quality, attitude and competence of staffing working with people who used the service.

This meant that systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not in place.

This is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

We saw the manager had begun a weekly report process in the last three weeks which highlighted issues in relation to client numbers, referrals, recruitment, supervision, staff meetings, training, reviews, complaints, accidents and incidents and missed calls. This would help work towards identifying the areas for improvement such as reviews and supervision of staff.