Skillcare Limited

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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

At our last two inspections of this service in November 2016 and April 2017 we found breaches of three legal requirements relating to safe care and treatment, complaints and good governance. We rated the service as Inadequate. This report details the findings of a comprehensive inspection and also covers whether the breaches of the legal requirements have been addressed.

At this inspection we found improvements had been made in some areas of concern, issues with complaints had been addressed and the service was no longer in breach of requirements in this area. However, the service was still in breach of two legal requirements relating to safe care and treatment and good governance.

This inspection took place on 30 and 31 August 2017 and was unannounced. Skillcare Limited is registered to provide personal care for people in their own homes who may need support around their physical or mental health and may have learning difficulties or dementia care needs. At the time of this inspection there were 60 people using the service.

Registration requirements of this service state there should be a registered manager in place working at the service. There was a registered manager at Skillcare Limited at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were repeated errors in medicines administration, making it unclear whether people had taken their medicines and which placed them at risk of becoming unwell.

Some people's personal risks were not assessed placing people at risk of harm because staff were not instructed how to minimise the risk. Where risk assessments were in place some had out of date or conflicting information in them making it unclear how the risk had been assessed and how it could be mitigated.

There was a safeguarding process in place and we saw records regarding what action had been taken. Staff knew how to report any concerns of abuse. We were concerned about the welfare of one person who used the service and made a safeguarding referral to the local authority as it was not clear that their needs were being adequately met.

People said they felt safe and staff were using gloves and aprons to manage the spread of infections. Relatives said lateness had improved and two care staff came when they were needed.

The system for tracking late and missed care calls was still not fully functioning and there were some

recording inconsistencies showing missed and late calls were still not being tracked effectively.

Some new audits had been introduced to check the quality of care but these had not picked up on the issues we found in risk assessments and MAR charts which showed an ongoing lack of oversight. Systems and processes were not in place where they were needed to check when reviews were due.

Staff received in house training and said they found the refresher training helpful. Regular supervision was taking place for staff to enable them to do their jobs more effectively.

People and relatives said care staff were kind and caring and did extra things that made a positive difference to them. Care staff were aware of how to treat people with dignity and respect.

We saw an improvement in how complaints were recorded and responded to. Some care files were person centred while others did not describe people's preferences or likes and dislikes regarding their care.

Some new audits had been introduced to check the quality of care but these had not picked up on the issues we found in risk assessments and MAR charts which showed an ongoing lack of oversight. Systems and processes were not in place where they were needed to check when reviews were due.

This service is rated Inadequate in two key questions and therefore will remain 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. 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. We are considering what action to take.

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. During our inspection we found a person was at risk of harm so we made a safeguarding referral to the local authority. Safeguarding records were in place and recorded what action had been taken in each case.

Medicines administration were not always recorded accurately and mistakes were made which were not picked up during audits, putting people at risk.

Risk assessments that needed changing at our last inspection to accurately capture risks had not been updated and contained gaps for some people.

The system for tracking care visits was still not up and running, affecting how the service monitored late and missed care visits to people.

Is the service effective?

Requires Improvement

The service was not always effective. Recording of fluid and food intake was not always taking place for people who needed it.

There were some gaps in the recording of consent for people to receive personal care.

Staff had attended training and were supported through supervision.

People and relatives said they thought staff had the skills to do the jobs and supported them to be healthier.

Is the service caring?

Good

The service was caring. People said care staff were kind and caring and spent extra time with them.

Staff knew how to treat people with dignity and respect and people said they felt listened to.

Relatives said religious, cultural and spiritual needs were met and respected by care staff.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans were not all person centred and did not capture how people liked their care to be provided.

Reviews of needs were not always timely and care plans were not up to date with changes in people's needs.

Improvements had been made in how complaints were managed.

Is the service well-led?

Inadequate

The service was not well led. Some improvements had been made but the service was still in breach of two regulations.

Audits to check quality were not robust and did not pick up on risks that people faced or that there was information missing and inconsistences in care documents.

Staff said they felt supported. People said they were kept updated by the service and more people knew who the manager was.

Skillcare Limited

Detailed findings

Background to this inspection

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

The inspection took place on 30 and 31 August 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for someone who was older and had physical and dementia related needs.

Prior to this inspection we gathered information from notifications sent in by and about the provider telling us about important events or incidents, previous inspection findings and reports and feedback from local funding authorities.

We visited the office where the provider was based and looked at care records for thirteen people including their risk assessments, care plans, daily care notes and medicine administration records (MAR). We also looked at policies for medicines, complaints and safeguarding and how incidents, complaints and safeguarding concerns were reported and recorded. We looked at personnel and training files for eight staff members and interviewed a field care supervisor and the registered manager.

After the inspection we received feedback from seven care staff members. We spoke with five people using the service and three relatives. We also looked at how the service checked the quality of care and the systems and processes it had in place for monitoring care provision.

Inadequate

Is the service safe?

Our findings

At the last inspection in April 2017 the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We observed unsafe moving and handling of people and medicines administration were not recorded accurately placing people at risk of avoidable harm. We found that risk assessments were not always in place for people that needed them for specific areas such as bed rails and fire risks. Not all risk assessments contained sufficient information and instructions for staff to minimise or mitigate the risks that people faced.

At this inspection we found that risk assessments had been completed for bed rails for people that used them in response to our last inspection. However, there were several continuing issues with risk assessments that placed people at risk of avoidable harm. The provider showed a lack of understanding of how to assess and mitigate risks for both people and care staff. One of the concerns we found at the last inspection was that there was no fire risk assessment in place for one person around their risky behaviour. This was still not in place despite the provider receiving feedback from us and the local authority that this was a risk that placed the person, care staff and other people at the risk of avoidable harm.

Risk assessments contained out of date information. For example, for one person where there was an identified risk of them harming themselves or other people. The information about how to support this person to manage that risk was inconsistent and the registered manager confirmed it did not contain the most recent information on risks. This placed the person and others at risk because staff did not have adequate instruction on how to support the person to minimise risks. For another person with diabetes there was not sufficient information in their risk assessment and support plan detailing how to support them to safely manage their diabetes and what to do if they became unwell. This person was supported four times a day by the service, their diabetes risk assessment was left blank in sections that required information on treatment, body mass index, diet requirements, and what a safe blood sugar level for them was. This was an issue that was also found at the last inspection.

Risk assessments were missing for some people with identified risks in areas such as fire risk, moving and handling, behaviour that challenged and depression. We also told the registered manager about a risk assessment and care plan that was out of date for one person who had complex needs around their mental health and had recently been discharged from hospital with an increase in their care package. The registered manager told us there was an up to date care plan on the provider's electronic system. We asked to see this and saw the document being updated to reflect the change in hours in the care package and then printed off and given to us. The new care plan did not have any amendments to the description of risks the person faced despite the manager acknowledging it needed updating and had key information missing from their file that the registered manager knew about and told us about. We asked why this information was not reflected in any of this persons care documents as they were important in assessing and managing the risks the person faced and posed to other people. The registered manager said they would look at it again. Not having full information on the risks this person faced put them at risk of receiving inappropriate care and placed the person, care staff and members of the public at risk.

We asked the registered manager what had changed since the last inspection regarding risk assessments. The registered manager said, "We have done hundreds more risk assessments." The registered manager told us they had the support of an independent consultant to help them write risk assessments. We fed back at this inspection that risks were still not adequately assessed and that improvements still needed to be made in this area as people were being placed at risk of harm due to risk not being fully assessed and risks not being mitigated.

We looked at how the service recorded the administration of medicines. At our last inspection we found MAR charts had missed entries where they had not been signed to say medicines had been administered and instances where instructions for the administration of medicines were not followed. At this inspection we looked at the MARs for nine people and found that for five of them there were gaps where care staff had not signed or discrepancies. One person just had one gap over a two month period but another person did not have one of their medicines signed for throughout May 2017, making it unclear if they had taken their medicines or it had not been recorded. For one person they had received medicine for Parkinson late on two occasions which could have placed them at risk of falls. We fed back to the registered manager we still had concerns about medicines administration and recording for the third time and asked why this was still unresolved. They registered manager said medicines was an area for improvement and some staff were better than others at recording. We explained this was a serious issue and that some people may be being placed at risk and the registered manager said they would arrange for a pharmacist to come and do more in depth medicines training.

For one person whose care package stated they needed support with prompting and assisting to take medicines three times daily, we saw there were no MARs in place. This person's care plan and risk assessment stated they needed to take their medicines to avoid having seizures and their mental health worsening. We asked the registered manager why there were not records in place. They said staff had been instructed to use the electronic system two weeks ago as the person did not like documentation being stored at their house and would destroy it and become upset. We asked to look at the electronic MAR system that held a computerised MAR in place for some people while the new recording system was being introduced. There were no entries for the last two weeks. They said staff had not been recording it and they would contact staff. Later in the inspection the registered manager said the care staff had contacted her and said they used their own paper MAR charts they carried around with them but none had yet been returned to the office. We asked that these be sent to us but the provider has not yet sent these following the inspection.

The provider's medicines prompting, assisting and administering policy stated, 'every instance of assisting should be recorded in the progress notes'. We saw for the person who did not have any MAR in place that medicines assistance was not being recorded in the progress notes. In May 2017 for 93 entries made, there was only one instance of medicines mentioned, and for June 2017 for 90 care visits only 11 entries were made that referred to support with medicines. We were concerned that not receiving their medicines had resulted in this person becoming unwell and made a safeguarding referral. Care staff were not following the provider's policy on medicines recording, further placing people at risk of harm as there was no record of medicines being taken.

The above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the findings above from our site visit, we had positive feedback about the service and how it had improved from the perspective of the people using the service. They said, "I feel very safe, they care for me so well" and "I feel they do protect me from hurting myself when they are helping me, they are gentle and

tell me what they are doing."

Safeguarding systems were in place to record where a referral had been made and we saw an improvement in how this was recorded and what actions had been taken to follow up. However, medicines concerns were not identified or reported as safeguarding concerns and we made a safeguarding referral after the inspection because we were worried a person was being placed at risk of harm. Staff were confident in spotting abuse and how to report and who to report it to and had all received training in this area. We noted that where there was a safeguarding concern it was not reflected in people's care files. We fed back to the registered manager that it would be helpful for staff to know if there was a concern so they could support the person appropriately and knew specifically what to look out for. The registered manager agreed they would put something in care files where there was a current concern to ask staff to refer to the safeguarding folder or speak to the registered manager for more information.

Staff files showed a recruitment process had been followed and staff had criminal records checks in place to ensure they were safe to work with people. We saw where a risk had been identified but the advice was not being followed by the provider to keep people safe. We asked the registered manger why the control measure for the risk was not being followed. They said that it needed reviewing and they did not feel the risk was relevant because of continued good performance from the staff member.

We asked staff if they had enough equipment to ensure infection control procedures were followed, care staff were able to explain how they used gloves to stop the spread of infection. People and relatives said staff were using infection control equipment and regularly washed their hands during care visits. People said, "They use gloves for taking me to the toilet and helping me to clean myself. They are always washing their hands" and "My carer uses gel on her hands and told me it's so she doesn't give me any bad germs when she is helping me. She helped me to change my bed and used gloves for the same reason and puts them in the bin."

We looked at how staff were allocated and how many missed visits and late visits there had been since our last inspection. The electronic monitoring system for tracking late visits and missed visits was ineffective as it had not been properly used by all staff and the registered manager said it was still being rolled out, with a deadline of March 2019 for all staff to be using it confidently. We saw where some missed visits had not been picked up by audits on daily progress notes or the electronic system or were not logged on the provider's call system. Despite these recording discrepancies people said they had noticed an improvement in staff being more punctual and getting more regular reliable staff and this had improved the service they were receiving. One person said, "For a few months now it has been very good, always on time and lovely people. I see the same carers now and I like them. I used to see someone different each time" and a relative said, "They are always on time and the one time they weren't she got a call."

Over the last two inspections a recurring issue was one staff member supporting with personal care rather than two which placed people and staff at risk. At this inspection we saw an improvement in this from talking to staff and people. Staff showed a better understanding of why two people were needed and said, "I always wait for my colleague to arrive before starting" and "I don't want to hurt my client or my back so I don't do lifting or hoisting by myself." Relatives confirmed this and said "There always needs to be two of them and there always are. They arrive and leave together" and "There has to be two with him and for four to five months now this has been consistent." Daily care records showed where two care staff members were needed, they both attended the care visits and both wrote their names in daily records. Rotas also reflected two staff being scheduled on for visits where required.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the service was working within the principles of the MCA and found it generally was, although some gaps in consent documents still remained.

At the last inspection in April 2017 there were not sufficient improvements after a recommendation to seek advice and guidance from a reputable source to capture and record information on MCA, based on current practice was made by us in November 2016. At this inspection we found there were still gaps and inconsistencies in people's consent records. Two care files we looked at had post it notes on the front saying "consent missing" which had not been updated since the last inspection. One person's care records stated they had capacity to make decisions but on a risk assessment stated they had "cognitive impairment" and decisions were made on their behalf. This person did not have a cognitive impairment but a complex physical disability and was able to make decisions and communicate them. Care staff and the registered manager had an understanding of mental capacity and consent and showed an understanding of how to support people to exercise choice and control in their lives through decision making in day to day care.

Every staff member told us they were supported through regular supervisions in a one to one or group setting. Staff said they didn't think they needed any additional training and felt the training given by the provider was adequate in supporting them to meet the needs of people effectively. Training records showed staff had attended training in safeguarding, infection control and moving and handling. For people who required specialist support, for example with a percutaneous endoscopic gastronomy tube (PEG where a tube is inserted into the stomach to help with feeding and medicines) their regular carers had attended training from a specialist nurse on flushing through the peg tube and keeping it clean, supporting the person to be fed and administering medicines through the tube. We asked to see records that other staff members had attended training and the provider said these staff had been shown how to provide care for the PEG but did not perform the same care tasks as the regular carers. The registered manager said they would arrange for certificated training for the additional staff members.

Relatives said staff were knowledgeable and knew their family member's needs well. They said, "The carers we get seem very good, efficient and knowledgeable. They work hard" and "I think they are experienced in elderly care and they support her in the things she struggles with." People said, "They seem well trained and they enjoy what they are doing. They do not make me feel like I'm a pest. I had that in the last place" and "They seem very well trained. I like them and especially my main one, she has empathy."

The service supported some people by preparing meals and reminding them or assisting them to eat and drink. People were happy with how they were supported in this area. One person said, "The carer helps me to make my dinner and she makes sure I have snacks and drinks that I can reach. She bought me a special cup to help keep my drinks warm when she isn't there." Relatives said "They make sure she drinks her

special milk drinks because she doesn't drink them for me. They sit with her and coax her. They are good and very calm" and "I'm happy with this, they remind her to eat and keep an eye on her weight. She used to forget to eat. They called me when the meals weren't delivered and running low so I could deal with it." We looked at how care staff recorded support with food and drink. For most people they recorded what people had eaten and had to drink. However, for one person who was at risk of urinary tract infections and their care plan identified they did not drink enough, the amount of fluid they drank was not recorded. A care plan for a person with diabetes who was supported with food and drink said they had a diabetic diet but did not specify what this meant and what food the care staff should support them to eat and what food to avoid. We fed this back to the registered manager who said they would amend the care plan to contain what kind of foods the person liked to and can eat as part of their diabetes friendly diet.

Most people were supported to access health service by family members or did so themselves. Some people said that staff helped them to contact the GP and other services and maintain a healthier lifestyle. They said, "They call them for me or find me the number" and a relative said, "It is much better now she has regular carers. They encourage her to look after herself more and get advice from the GP." Records showed that care staff and the provider had contact with GP's and health and social care professionals if they had concerns about a person's welfare.

Good

Is the service caring?

Our findings

Since the last inspection we found there had been improvements in how caring the service was. Every person we spoke with said they found their regular carers kind. People said, "My regular carers are kind and make me feel like a person" and "I find the regular carers I have now are very nice and care. They have time to listen to me." One person said, "The odd one is a bit rushed and doesn't have much time for you. I think they are emergency carers." A relative said, "It's the relief ones that you sometimes get that don't have much time to listen or chat. They do respect his privacy and dignity but they don't do much else. The regular ones we are very fond of as they show they care by the time they give to us."

We were told by people how the service was caring. One person said, "My carer has written down important numbers for me and I have them stuck to the front of my telephone book" and "They help me with extra things like filling out forms or making sure I have enough food deliveries booked." We also heard examples of where care staff brought books and magazines from a local library for one person who enjoyed reading and a relative said they were given details of a support group they might find useful.

People told us they were having their needs met and were involved in the care planning process. They were aware of their care plans and said, "My needs are met and they ask me what I feel I need. They write messages for me to give to my visitors who check in on me" and "My needs are being met and I am happy with this." One relative said, "His needs are met well now. In the past it has been very basic but now they seem to have sorted out the carers and they are more reliable and he gets what he needs and I feel supported too and they ask me how things are and if I think there should be changes. I feel I am involved in the planning of his care needs. Another relative said, "Yes I have all that and can make suggestions if I think it would be easier or if there is a certain way he likes things. This is quite new, a few months but it keeps everyone knowing what to do. It's a good thing."

The service had recently started a dignity champions role for particular staff to take a lead in promoting dignity for people using the service and raise awareness amongst care staff by challenging practise that was not dignified. Care staff were aware of treating people with dignity by covering them up during personal care. People said, "I feel I still have my dignity and I'm listened to" and "Privacy is as good as it can be and they do ask if they can assist with dressing and toilet trips. I feel I have dignity." Feedback about care staff who were not the person's usual carer was, "Sometimes I feel carers I do not know could be a little more respectful and ask if I need help with the toilet instead of just thinking I do."

People said their diverse cultural, gender and spiritual needs were respected. They said, "I requested no male carers as I am a woman and they stick to this. My wishes are met" and "I have a male carer wherever possible as I asked for this. They respect that I have times I like to be alone to pray and they do not come in this time. I feel respected." A relative said "They respect our family ways and our home." Care files noted people's religion and cultural background.

People and their families said they felt the service listened better to them in recent months. People said, "I feel they listen to me and give me time to answer any questions" and "I think they listen to my wishes. I have

certain ways I like things in my personal care and they listen and now I don't need to remind them." A relative said, "I feel they listen to how I know she likes things. She can be forgetful and I leave sticky notes to remind her where things are. They said they would do this too. I like that we all do the things the same way."

Requires Improvement

Is the service responsive?

Our findings

At the last inspection the service was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Complaints were not consistently responded to or followed up and people felt their concerns were not addressed. Where people had fed back care staff were late or had missed visits, the situation had not always been resolved.

At this inspection we saw improvements had been made in the recording of complaints and what actions had been taken to resolve them. The number of complaints had reduced and an updated process meant it was clearer how the provider was to respond to any incoming concerns. People and relatives said they would complain to the management team or talk to their carer who would tell the office. People spoke of historic issues not being addressed but that they had noticed a recent change in staffing that had improved the quality of care they were getting. They said, "They never used to answer the phone if you called to ask questions or complain to the office but now they call you back if you have left a message and quickly too. The service has improved."

The service was starting to provide care that was more person centred, people told us care was person centred but care plans did not always reflect this. Care staff said, "We work off the care plan that we are given and make sure the client needs are met in the way that they want to be supported" and they were "Making the care I provide person centred based on the clients wants and needs." Some care plans had person centred information in them such as how people liked their care to be provided and how they liked to spend their time. In other care plans, the information was not individualised and general language was used. Relatives told us care was focussed on the needs of people and said, "He gets all the help he needs from them and they do assist him well. It's very centred on him and we are very happy with that" and "Yes they are good at focusing on her and her needs are met well."

Care plans were not always up to date which showed the service did not always update records of how they supported people when needs changed. We looked at several care plans that had out of date information in them, making it unclear what the needs of people were. For example one person's mobility needs had not been updated and for another person their plan had not been updated to reflect a recent hospital admission and an increase in care needed. We fed back to the registered manager that needs were not always current in care plans and some contained gaps of information that was key to informing staff how to support people and this could mean people were not getting appropriate care. They said they would look at the specific examples we fed back to them.

People told us they had their needs reviewed through an ongoing basis by talking to care staff and when the office did spot checks at people's homes to see if care needs were being met. They said, "The carers review any changes with me by chatting and answering questions I have. The office call now and again and ask how I am finding my care" and "I've had chats with the office staff at the agency about if I am getting what I need which I am." One relative said "The care plans and records are more consistent now and I feel the support is better and carers that know him are sent. This is important as he has particular care needs and they are reviewed more often now. The office call me more regularly now to discuss and see if we are getting what we

need." We saw evidence that the office called people to ask for feedback on the care and that regular spot checks in the form of home visits took place to observe care staff and check that needs were being met.

People told us care staff often supported them to pursue activities they enjoyed even if this was not part of their support package. Examples they gave were "My carers make sure I have the remote in reach because I like tv and certain programmes. They encourage me to go into my garden to sit and sometimes I have my cup of tea out there with them", "I go out with friends and they help me to organise my diary so I don't miss them coming" and "The carer has found some information about a day centre coffee I can go to which will be nice."

Inadequate

Is the service well-led?

Our findings

Skillcare Limited had a registered manager in place in keeping with its registration requirements; the registered manager was also the owner of the service. We asked the registered manager what had changed since the last inspection to make things better. They said, "Lots of changes, I don't feel like we can do much more [there has been an] increase in risk assessment, needs assessment and contacting clients."

At our last two inspections we found there were improvements to be made in how the service was run, how audits were completed and how the service learned and from where mistakes had been made. The service was found to be in breach of Regulation 17 relating to good governance. At this inspection we found that more audits had been put in place, and people were not reporting as many late or missed visits and were happier with how complaints were managed.

However, we found there were several areas that still needed improvement that could have a negative impact on the care people were getting. For example, there were gaps in risk assessments and MAR charts making it unclear how risk should be managed and whether medicines had been administered safely or not. Information in care files was not always up to date and we saw several files that contained out of date information that did not match the current needs of people. We saw some care files had been audited and improved but the majority had not. The registered manager and office staff knew needs had changed but care plans and risk assessments did not always reflect the current needs of people. We also saw where feedback had been given but not actioned at our last inspection regarding a fire risk assessment that needed to be in place to protect a person, staff and their neighbours. This had not been done and the service had not improved as a result of the feedback provided in this area. The impact of files not being up to date was that care staff did not always have access to the most recent information about people and they could have been receiving inappropriate care as a result.

The inconsistencies and gaps across MAR charts, risk assessments and care plans were indicative that although more audits were being completed than before, they were not being completed in a systematic way or often enough and did not always pick up where there were issues. Where some audits picked up on gaps or issues, despite assurances this had been actioned there was no documentation to show this had been followed up. Systems were not in place that could prevent reviews of needs or risk assessments being missed. This meant there was not adequate oversight over the care being provided to check that people's needs were being met, or that risks were being adequately assessed and mitigated.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Every staff member we spoke with said they felt supported. They said, "The managers and supervisors are very good, understanding and supportive" and "The manager and supervisors are very good and supportive." Records showed care staff were supported through regular supervisions and team meetings.

People said they had more of an awareness of who the manager was from them being contacted over the

telephone and found them helpful on the phone and that they were listened to. Feedback from people described improved communication with the office and that calls from people were now returned whereas they had not always been previously. A relative said "The managers are very nice. I'm not sure of their names but they do help you and seem to be trying very hard now."

One person said "I get letters of changes and they do call if my regular carer can't make it or is going away." Relatives said they were now kept up to date with changes to care staff and said, "They call if there are changes in carers so we can prepare and I request someone else that knows him. They try hard to send regular people. We discuss his needs and changes daily" and "They seem good at keeping me up to date and I get letters. I've requested emails and they do this which is easier for me and I print it off and show mum. They sit with her too and update and ask her opinion of any changes she would like."