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RmB Healthcare

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

This inspection took place on 28 February 2018, and was announced. RmB Healthcare formerly known as RmB Healthcare (Unit 1035) is a domiciliary care service (DCS). DCS provides support and personal care to people within their homes. This may include specific hours to help promote a person's independence and well-being. At the time of the inspection nine people using the service were designated support with personal care.

This inspection was carried out to establish if improvements to meet legal requirements planned by the provider after our May 2017 inspection had been completed. The team inspected the service against all five key areas. At the May 2017 inspection the service was not meeting legal requirements and was rated overall as inadequate and placed in special measures. We found the provider was in breach of six regulations. Following that inspection, on 22 August 2017, the provider sent an action plan which identified improvements that needed to be made to ensure the service would no longer be in breach of the regulations.

At the inspection of May 2017, the provider was rated overall inadequate, with two ratings of inadequate in safe and well-led. Responsive, effective and caring were all rated as requiring improvement. At this inspection we found the provider's rating for the domain of effective had fallen to inadequate. This was a direct result of the provider failing to evidence and ensure care was effectively provided to people. The changes to the key lines of enquiry have meant that additional information is sought in some of the domains.
At this inspection of 28 February 2018 we found there to be a number of continued breaches of the regulations and have judged the service to still be inadequate.

The provider was managing the service at the point of inspection, although had appointed an office manager for day to day administration task oversight. The provider is a person who has registered with the Care Quality Commission to run the service and is a 'registered person'. 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.

People were not kept safe. Whilst risk assessments were in place for people, these did not provide information to staff on how to minimise the possibility of a risk. This meant that staff did not always know how to manage a risk should one occur. The provider did not have robust systems in place to ensure sufficient suitably qualified or safe staff were employed to work with people. A police check, full details of employment history and photographic identification was missing from staff files.

People received care and support from staff who had not completed the provider's identified mandatory training, skills and knowledge to care for them. We noted that staff had commenced some training when we had announced our inspection. Competency checks had not been completed by the provider although this was identified within the policies and procedures as compulsory.

There was no evidence that staff were appropriately supervised or supported. Communication within the service had improved, although only three team meetings had taken place since the last inspection. According to the provider's action plan 16 team meetings should have taken place. We did not see any rotas to identify where and when staff were working and with whom. The provider sent shift changes to staff by text message, however there were no systems in place to monitor whether calls had been completed or check to see if these were completed on time.

People told the local authority that staff were caring, and ensured people's dignity was preserved at all times. People were encouraged to maintain their independence, with staff supporting should this be required. However, care plans although improved since the last inspection, still contained insufficient information to ensure people were supported in a safe manner.

The service was not well-led. The provider did not have adequate systems in place to monitor and maintain an overview of the service. It was unclear how records of people were stored to ensure they remained confidential as there was no secure storage located in the office.

We found a number of continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not provided with appropriate training, competency assessment and performance appraisals as was necessary for them to carry out the duties they were employed to perform. The provider had not established an effective system that ensured their compliance with the fundamental standards. We had found the provider had no systems in place to monitor, record or investigate complaints. The provider had not taken the necessary checks prior to employing staff to ensure they were safe to work with vulnerable people. Risks were neither assessed nor mitigated leaving people vulnerable and at risk of harm. The provider did not have the necessary skills, competence to carry out the regulated activity. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overall rating for this service remains 'Inadequate' and the service therefore remains in 'special measures'. Services in special measures will be kept under review and, 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. 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. If the service remains in special measures for more than 12 months, the CQC will take appropriate enforcement action. This may include varying the conditions of registration or cancellation of the registration, dependent on what action is deemed appropriate.

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 remained unsafe.

Appropriate recruitment processes had still not been employed to establish the suitability of staff working at the service.

No measures had been identified to mitigate risk or prevent harm to people.

Not all staff had received adequate training to ensure people were supported safely.

Medicines were not managed safely.

Is the service effective?

Inadequate

The service remained ineffective.

Staff did not receive supervision or appraisals.

Staff had not completed the provider's mandatory training. They were not competency checked to ensure they could safely carry out their duties.

Is the service caring?

Requires Improvement

The service continued to require improvement in caring.

There was no system to ensure people's consent to their care was obtained and recorded.

There were no facilities at the provider's office to ensure people's confidential records and information could be stored securely in order to protect their privacy.

People felt staff were respectful and preserved their dignity.

Is the service responsive?

Requires Improvement

The service remained unresponsive to people's needs.

A complaints system had been purchased by the provider,

however was not used. The provider did not have an understanding of the need to record, investigate and monitor complaints. Although complaints had been received.

Care documents were not accurate or cross referenced to ensure they accurately reflected people's needs.

Is the service well-led?

Inadequate

The service was not well-led.

The provider had not commenced the training he said he had started to ensure he had the necessary skills to run or manage the service.

There was no effective system in place to enable the provider to identify any issues related to the operation of the service.

Information was not requested from people or followed up on to help improve the service.

RmB Healthcare

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. As part of this inspection we checked that the provider had followed their action plan, provided by them on 22 August 2017 in response to our last inspection.

This inspection took place on 28 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office at the time of the inspection. The inspection was completed by two inspectors over the course of one day, with additional evidence provided following the inspection by the provider, for us to review.

As part of the inspection process the local authority were contacted to obtain feedback from them in relation to the service. We referred to previous inspection reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make, in relation to the five domains we inspect. A PIR was not requested. However as the location was rated inadequate at the last inspection the provider had submitted an action plan to illustrate any improvements they aimed to make. We used this to help plan our inspection.

During the inspection we were unable to speak to any staff. We requested staff contact details from the provider. These were not provided. All information was therefore gathered from the provider during the course of the inspection. We spoke with the local authority regarding the concerns the inspection identified. As part of the working in partnership initiative the local authority completed face to face and telephone reviews of all people currently provided a service by RmB Healthcare. The CQC were provided with the feedback from this to help inform the inspection process further.

Records related to people's support were seen for all nine people who use the service. In addition, we looked at a sample of records relating to the management of the service. For example staff records, complaints, quality assurance assessments and policies and procedures. Staff recruitment and supervision records for four of the staff team, including the office manager were reviewed.

Inadequate

Is the service safe?

Our findings

At our inspection of May 2017, the service was rated inadequate in the domain of safe. The service was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which stipulates that persons employed for the purpose of carrying out a regulated activity must meet specific requirements, which are further outlined in detail in Schedule 3. The provider at the time of the May 2017 inspection did not have sufficient information on staff to ensure compliance with the regulation. We found that at this inspection there had been little improvement to the recruitment process.

At the time of this inspection three care staff were employed on contractual part time hours. In addition to the care staff, the provider completed house calls to people on a full time basis, often covering staff sickness and absence. The provider had appointed an office manager to complete all administrative tasks since the last inspection. We requested to see all the staff files and were given four files to review. We found that the recruitment procedures were not robust and heightened the risk of unsuitable staff being recruited. The provider had not obtained all the information required by the regulations. For example, gaps in employment were not explained in three of the four files. In addition photographs of staff were not on file for any of the staff; with a further two files had no proof of identity documentation. Three of the four staff had telephone references in places. This was annotated notes completed by the provider following a telephone call to the referees. One of the staff had no evidence of their conduct at a previous employment working with vulnerable adults. For two members of staff the provider had not applied for criminal record checks or checked whether they were barred from working with vulnerable adults. One staff had a DBS completed and retained on file from a previous employer. The office manager did not have a DBS as they were not working with people. The provider was unable to evidence if this had been verified since employment had commenced. One DBS indicated the need for the provider to carry out a risk assessment. The provider was not able to provide evidence of having completed a risk assessment to satisfy themselves that the staff member was suitable for employment, although we were told one had been completed. People were at potential risk because the provider had not completed the required checks to ensure they were receiving care and support from appropriate people.

The provider remained in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service offered to people remained unsafe. At the inspection of May 2017 the provider had been in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were no risk assessments in place to identify and mitigate risk. Risk assessments are documents that identify known risks and actions to be taken in response to the risk. They are designed to keep people as safe as possible by minimising the potential of the risk. These documents should be kept up to date to ensure people's safety. We found at this inspection that whilst score based risk assessments had been completed by the provider, these did not contain sufficient information to mitigate risk. Further, should the risk occur staff did not have guidelines in place to advise what action they should take to manage this. We noted that several people were identified at medium to very high risk of falls using the score based falls risk assessment. We asked the provider to show us where within the person's file information on what action to

take should the person fall was held. The provider was unable to illustrate this. We further noted inconsistency within the scoring system used in the risk assessment. We asked the provider to explain how the risk assessment was scored, and were told they did not know. We queried who completed the risk assessment and were told the risk assessments had been completed by the office manager. The provider had told us previously that the office manager had not met any of the people as their work was administrative. It was unclear how the office manager had assessed people that they had not met. Further their understanding of the risk assessment was limited which could result in an inaccurate risk assessment score.

In another example we found that a person was identified to be at risk of choking. There was no further information within the care plan or a specific risk assessment detailing this. We saw no guidance on how the person should be supported in order to reduce the risk of choking. We saw no evidence there had been any involvement from a health professional to assist with developing appropriate guidance. There was no information for staff of how to support, monitor and care for the person to minimise the risk of choking during assistance. The risk assessment stated that the person required liquids to be thickened. The care plan for this person did not give any instruction on how to achieve this, or whether foods needed to be presented in a different consistency, for example softened or pureed. The provider initially told us that this had been agreed with the speech and language therapist and staff had been trained in thickening fluids. However, when we requested evidence of this the provider was unable to illustrate this. Where a risk to a person or staff has been identified, risk assessments are needed to ensure staff had adequate guidance to provide support in a safe and appropriate way. This person was at potential risk. It was not clear on what basis the decision to alter fluid consistency had been made and there was no guidance for staff to follow to ensure that risk of choking for this person was minimised.

We noted inaccuracies in the care plans and risk assessments for most people. For example, for one person a risk assessment identified them as being "challenging, non-compliant and difficult to motivate." However the care plan did not make reference to this. Further the risk assessment did not document how staff needed to work with the person when these issues become prevalent. In another example a person was identified as needing different levels of support with their medicines. The conflicting information meant that the person could be deprived of their independence if staff were to try and complete the task for them.

The provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that care and treatment must be provided in a safe way.

Whilst the staff did not administer medicines, they were involved in prompting people with this task or assisting them with opening and closing dosset boxes. This is classified as medicine management in accordance with recent recommended NICE guidelines (2017). The provider needs to ensure they have systems in place that illustrate the name of the medicine, dosage and frequency that this needs to be taken as well as signed medicine administration record (MAR) sheets. We found that none of the nine care files contained any information in relation to medicine management. Staff were expected to assist people with managing their medicines safely, however they had no information on what medicines this included. We queried what protocols were in place should a person miss a dose of medicine. The provider told us that the service was not involved in following any missed medicines up with medical practitioners, as this was not a part of their remit. It was unclear what the protocol was when a person refused their prompt. For example, if this was notified to anyone, or whether this was documented to evidence a dose had not been taken. The provider told us that MARs were in place for all people, however when we requested seeing these, the provider was unable to evidence them. We were told the office manager was checking these off site. We requested copies of the MARS following the inspection, but were not sent any evidence to illustrate the use of MARs. There were no records or processes to manage what medicines people were taking, how often they

were taking them, whether they had been taken and what action to take if a person chose not to take their medicines. People were at potential risk of harm due to improper and unsafe medicines management.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that the provider must ensure the proper and safe management of medicines.

The provider's policy and procedure for safeguarding stated that all staff needed to be trained in this area prior to commencing work with people. This was to ensure staff had the required knowledge on how to keep people safe from abuse. We found that of the three new care staff, one staff member had completed their online safeguarding training after we announced our inspection. Another member of staff enrolled on the course but failed to complete it by the date of the inspection. The provider completed the course on the morning of the inspection. We queried whether staff had previously been trained in safeguarding, and whether the provider could evidence this. The provider was unable to confirm that staff had prior knowledge of the principles of safeguarding whilst delivering care to people without the current training. We further found that the provider did not have a clear understanding of safeguarding and whistleblowing. We discussed both protocols with the provider, providing scenarios within which either would be appropriate. The provider was unable to identify the different types of abuse that were reportable, although there was no evidence of there having been any reportable safeguarding incidents. We were unable to establish whether staff understood the principles of safeguarding, as we had been unsuccessful in speaking with them. We had not been made aware of any safeguarding incidents that had occurred. It was therefore not possible to establish if these would be dealt with appropriately by the provider. People had told the local authority that they felt safe with the staff. No issues were identified that illustrated safeguarding concerns.

We noted that in one person's care plan two staff were required to attend a person's home during specific calls. We checked daily records and found that on a number of occasions only one person had attended the home. Another individual, not employed by the service was assisting staff in moving and handling. We queried this with the provider who was unable to confirm who the second person was; he was also unable to confirm he had assured himself that this person had the appropriate knowledge and skills to safely move the person. It was unclear if the person working with staff was doing so in absence of the second RmB Healthcare staff. On occasions it was noted that RmB Healthcare staff were doubling up on these calls too. We were not shown any risk assessments to acknowledge the need for the second staff and what measures the provider took to ensure they were safely working with the person.

There were no systems in place to monitor incidents and accidents. This meant that the service were unable to note trends occurring in order to prevent similar occurrences in the future should an incident occur. The manager reported there had been no accidents. We used an example of how incidents could be prevented, if there was a document to help note trends.

We requested to see a copy of the provider's business contingency plan in the case of an emergency, as the action plan submitted to us following the last inspection advised this was reviewed weekly. The provider was unable to evidence an up to date contingency plan, or show us a document that contained the necessary information. The provider advised us verbally of the proposed plan, however we noted this had not progressed from the proposal of the action plan dated 22 August 2017. This therefore meant that in an emergency the provider had no plan to continue providing care to people, and had no measures in place to safeguard the calls. We requested this be sent to us following the inspection. Unfortunately this was not sent to us. This meant that we were not reassured that the provider would be able to continue to provide a service to people and keep them safe in an emergency situation.

Inadequate

Is the service effective?

Our findings

At the inspection of May 2017, we found that people were supported by a staff team that had not received effective training to help support them within their role. Staff did not have the correct training to ensure they knew how to support people appropriately and keep them safe from risk. The staff files indicated that training was delivered intermittently. The provider did not keep a record of which training staff had completed, or when this was due to expire. At the last inspection we were unable to determine if staff had come with existing training from previous employment, as records were not kept up to date to provide this information.

We found at this inspection the provider had introduced new policies around training and competency. These indicated that the provider's mandatory training consisted of the 15 core elements of the care certificate. In addition each staff member needed to be signed off by the manager as being competent prior to working with people. We found that of the 15 mandatory courses only three had been completed by two staff members, with another having completed five and the last six courses. None of these had been signed off by the management as fulfilling competency checks. People were at risk of receiving inappropriate support because the provider had not ensured staff had received appropriate training for their roles nor had he competency assessed their current skills. For example, at the inspection we found that staff had received theory training in moving and handling but there was no evidence of practical training having been completed. The provider sent us certificates following the inspection to evidence staff had received practical training. However this was not accredited by a reputable company, nor were any competency assessments completed to illustrate staff were knowledgeable in safely using hoisting equipment.

At the last inspection we found that none of the staff had received training in the Mental Capacity Act (MCA). The 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. At this inspection we found that two of the care staff had completed their MCA training after the inspection was announced. One staff member had still not completed their training.

At this inspection we found that four of the nine care plans had no evidence that people or their representatives had consented to the content. We spoke with the provider regarding this, who advised that some people were unable to sign their care plans, hence the absence of the signature. We explained that consent is not specifically about retaining a person's signature but of recording and illustrating that the person is happy for support to be provided in the way agreed within the care plan. Nevertheless people spoken with said that staff sought consent before completing personal care. They were described as being "very good, always ask". Some care plans referred to people having the ability to make choice regarding food and drink, and what they wished to wear. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. At the time of this inspection the service was not providing support to anyone who was being deprived of their liberty.

At the inspection of May 2017 staff files indicated that staff had not received regular supervisions and appraisals. The action plan forwarded to us by the provider in August 2017 stated that supervisions had commenced and would be completed every three months. We asked the provider for evidence that the supervisions had taken place. We were told that none had been accomplished, although the action plan stated these had been commenced.

The provider therefore remained in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which stipulates that staff should be competent, skilled and experienced to carry out the tasks needed, and receive appropriate support, training, supervision and appraisal as is necessary.

We asked the provider what methods of communication were employed to keep staff abreast of any operational changes to the service. For example whether the provider held team meetings, and what the frequency of these were. The provider advised that urgent information was circulated by text message. We were shown an example of a shift change having been communicated by text message. We were told that team meetings took place every fortnight. We checked records and found that since the last inspection only three team meetings had been completed. These were on 14 September 2017, 7 December 2017 and 19 January 2018. The provider acknowledged that they had failed to meet their own action plan that stated meetings were completed fortnightly. We had no way to confirm that urgent information was circulated to staff as suggested.

With the exception of the person discussed in the 'Safe' section of this report who was at risk of choking, care plans indicated that staff appropriately supported and assisted people with food and hydration. Specifics of what foods people liked, and where precooked meals were kept was detailed within the care documents.

The provider was unable to evidence of working in partnership with external professionals. We specifically sought confirmation that information pertaining to thickening of fluids had been agreed with the speech and language therapist. However, the provider was unable to evidence this. Similarly we were unable to confirm assessments by occupational therapists for people who required moving and handling, using specialist equipment.

Requires Improvement

Is the service caring?

Our findings

At the inspection of May 2017 we could not find documented evidence of people or their representatives being involved in the devising and reviewing of care plans. At this inspection we found there had been no improvement.

The lack of detail in documentation specifically around how people wished to be supported meant that any new member of staff may not be aware of how to deliver the support and care, in line with the person's preference. The documents held in people's files did not evidence or illustrate that people's rights; equality or culture had been taken into consideration or evaluated. This potentially meant that people's rights to receiving care the way they wished was not being met, as these points may not have been considered at the time of the initial assessment. In addition, none of the care files contained initial assessments that could support people and relative involvement prior to delivery of care. However the feedback we received from the local authority reviews of people using the service was very positive. People felt well cared for and did not raise any concerns about the service.

We were unable to confirm that people's personal records were kept securely, protecting their rights to confidentiality. The location address of the service had recently changed and the service's office had moved to a spare room in the home of a relative of the provider. The files had been brought to the location on the morning of the inspection. It was unclear where the files were usually kept. The office was a secure room within a private residence. It did not have any secure storage. It was unclear if the resident of the home had access to the office.

Feedback received from the local authority reviews following this inspection was that people and their relatives reported that the service was caring. Feedback was that staff spent time with people and talked to them in a kind and considerate manner. People had specifically spoken of the provider stating he had remained with people on occasions after call times. People said that in addition to calls the provider would complete welfare checks to reassure relatives that people were safe, and had retired to bed in the evening at no cost.

Staff were described by people as being respectful and always maintaining people's dignity when assisting with personal care. Descriptions of how this was achieved included drawing of curtains, covering up with towels and talking people through tasks. People advised that if they did not want assistance or personal care, although assigned for the call, staff would respect their choice. The member of staff would remain with the person for the duration of the call in case they changed their mind or required some other support.

Requires Improvement

Is the service responsive?

Our findings

At the inspection of May 2017 we found that the service was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although people had told us that they were very happy with the service and had very little to complain about. The provider told us that they had not created a system to record, investigate or monitor complaints. At this inspection we found that whilst a complaints system, including a form to complete per complaint, had been purchased by the provider this contained no entries. We asked the provider if they had received any complaints, and were told of a couple of issues that had arisen. The provider had dealt with these during a home visit and failed to record these within the complaints log, stating that as the issue was resolved they did not see the need to document this. We explained that this was evidence of how the service had acted successfully on complaints and ensured that appropriate measures were taken to prevent a similar occurrence. As there was no evidence except that verbally given by the provider we could not verify that the correct method of dealing with the complaint had been taken.

The service remained in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that complaints must be investigated and proportionate action must be taken, with all complaints being appropriately recorded.

Care plans were personalised in style of writing, written predominantly in the first person. They contained information on how the person wished to be addressed, and information related to their household, for example the person has a pet dog or lives with family members. However, it was noted that the care plans did not contain sufficient information on how people wished to be communicated with or if they required any assisted technology how to utilise this. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

It was found that of the nine files reviewed by us during the inspection, four people had commenced the service since July 2017. These files contained care plans that had been recently written by the provider. Of the other four files we found three had recently been reviewed. However one file was dated November 2016, with no evidence of a review having been completed since. We queried this with the provider, who acknowledged this was accurate. We raised concerns on how the provider could reassure us that the person was receiving the most relevant support, specifically as they were diagnosed with health issues that would illustrate progressive decline in physical health. The provider was unable to reassure us the care plan was the most responsive to the person's current health needs.

At the time of our inspection no one was receiving end of life care. We were therefore unable to determine whether the provider would be able to provide responsive care to a person.

Inadequate

Is the service well-led?

Our findings

We found that the service did not have good management and leadership. In the April 2014 inspection, we raised an issue regarding the provider's suitability to operate the service, specifically in relation to qualifications and knowledge. The provider assured us in his May 2014 action plan that he would enrol on an appropriate course. We received an email from the provider within which he advised that he would have completed all necessary qualifications by 2016. In our inspection of April 2015 the provider told us that he had commenced college and was focusing on three modules. At the inspection of May 2017 we found the provider was in breach of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider confirmed that he had not completed any of the modules. This meant that the provider had failed to demonstrate they had achieved a relevant level of qualification for their role.

In the provider's submitted action plan dated 22 August 2017, we were advised that the provider had commenced the necessary qualifications to satisfy the CQC of their knowledge and understanding of operating a social care service. The action plan stated the qualifications were commenced in June 2017 with the target of the course being completed set at 12 months. At this inspection we asked the provider if they had commenced the course and if we could see the evidence to substantiate this. The provider was unable to demonstrate this and later confirmed that the action plan had been inaccurate and he had in fact not started the course.

The provider at this inspection again failed to meet the regulations required when providing a service. In addition the provider acknowledged knowingly providing inaccurate information to the CQC. This is a breach of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which sets out the suitability requirements of an individual carrying on or managing a regulated activity.

At the inspection of May 2017, the provider did not have accurate, complete records for each service user that were appropriately checked, updated and cross referenced. In addition there were no audits completed for the service to ensure compliance and improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of February 2018, we found that the service remained in breach of this regulation.
Records related to people remained inaccurate, were not checked or cross referenced to ensure there was suitable guidance to enable staff to be in the delivery of care. For example, in one person's file the falls risk assessment identified the person at high risk of falls. An additional information section suggested the person was low / medium risk. We showed the provider the discrepancy and queried which was accurate. The provider was unable to confirm. In another example, we found that information such as the person may be unsteady on their feet while using a stand aid was missing, as well as instruction to secure them to the standing aid using a belt or a harness. We queried why such vital information was missing, and were told this was an oversight on the part of the provider. This therefore meant that care files may not be accurate or reflective of people's actual needs, potentially putting them at risk.

We asked the provider whether any audits were completed to ensure documents pertaining to staff or people were up to date, accurate and fit for purpose as the action plan suggested audits were completed

monthly. The provider advised, "I monitor my own quality", however was unable to provide any evidence of how this was done or any actual audits having been completed. We queried how the provider could ensure that people' needs were being met and that these were in line with regulations. The provider was unable to verify this. There was no established, effective system to ensure compliance with the regulations. There was no established effective system to assess, monitor and improve quality and safety. There was no established effective system to assess, monitor and mitigate the risks.

At our last inspection the provider had stated he had completed quality assurance questionnaires however there was no evidence to illustrate this. At this inspection we saw evidence of one quality assurance questionnaire having being completed, dated 18 July 2017. The provider had not sent out or requested further feedback from people or staff. When we queried why this had not been followed through, the provider stated, "[I'm] drowning under the workload". We found no evidence that the provider had sought feedback from staff or professionals.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that the provider should seek and act on feedback to continually evaluate and improve the service.

We were unable to assess the culture of the service, and how approachable and open management was, due to being unable to speak with staff. We were unable to ascertain the ethos and value of the service. We further could not be reassured that staff's opinions were valued and that they felt integral to the operations of the service.