

# CareTech Community Services Limited

## CareTech Community Services Limited - 25 Garrads Road

### 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 20, 22 and 27 May 2016 and was unannounced. CareTech Community Services Limited - 25 Garrads Road is a residential care home that provides accommodation for people who require personal care and support. The service accommodates up to 14 people who have a learning disability and mental health issues. At the time of the inspection there were 12 people using the service.

There was a registered manager in post. 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. However the current registered manager was leaving the service on maternity leave. The deputy manager is acting up as the manager of the service and plans to submit an application to register with the Care Quality Commission as the registered manager.

The last time we inspected this service in July 2013 the service was meeting all the regulations.

At this inspection, we found the registered provider had breached five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches of regulations were related to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, good governance, and staffing. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of these regulations. We will report on action we have taken in respect of these breaches when it is complete.

The provider had safeguarding policies in place to give staff guidance to protect people from abuse. However, people were at risk of abuse because the registered manager had not promptly raised allegations of financial abuse we found. We identified that staff had mishandled people's money because money was being lent between people using the service, their financial records were not calculated correctly and did not always match the money available to them. We were concerned about these practices and we raised a safeguarding alert with the local authority safeguarding team.

Staff did not always have the training, supervision and appraisal to support them in their roles. Some staff completed the registered provider's mandatory training. Staff did not have the opportunity to discuss their professional development needs because they did not have regular supervision and appraisal. Staff we spoke with did not feel listened to and their concerns raised acted on by the registered manager. The morale of staff was low and this was because staff felt that they did not work together as a team. There were no regular team meetings where staff could discuss their concerns or challenges in their role. Staff were not able to provide feedback to the registered manager, because mechanisms were not in place.

Medicines were not always stored safely. We found medicines that were open for more than 3 months in the fridge. This was in contrast to the registered provider's guidance for staff. However we found people's medicines were administered as prescribed. There were PRN [as and when required] protocols in place for

people.

People did not always have access to health care services to meet their health needs. We found that one person did not have support with their weight management needs. A person whose wheelchair had not been working effectively was not reported for repair promptly by staff.

Recruitment processes were not effective to ensure suitable staff were employed to work with people. We found staff had begun to work with people before their Disclosure and Barring System [DBS] checks were returned. People were therefore at risk from unsafe care from unsuitable staff. Since the inspection we have been informed that the provider has decided that staff will no longer be employed before a suitable DBS check has been received. At times there were insufficient numbers of staff caring for people, particularly at night. There was a high turnover of permanent staff and the registered provider used agency staff to cover staff absences.

People did not always receive their assessed care and support to meet their needs. A person using the service was paying the registered provider for additional support. We found that the registered manager did not have records that accounted for these additional hours. People were not always supported to access social activities they enjoyed or they were interested in because the registered manager did not provide in these.

People, relatives and staff did not give formal feedback because this was not sought by the registered provider. However there were regular resident's meetings which people attended to discuss issues relating to their care needs.

The service was not always clean, and free from unpleasant smells. Therefore, there was a risk of infection for people. The service was not in good state of repair and maintenance work did not take place promptly when required.

Regular monitoring and review of the service did not occur because the registered manager did not monitor the quality of care.

People consented to care and support to meet their needs. Staff cared for people in line with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received training in MCA and DoLS and demonstrated their knowledge to care for people effectively without unlawfully depriving them of their liberty.

Staff were aware of people's nutritional needs. People were involved in regular meal planning meetings to discuss the meals for the week. Meals provided met people's preferences and nutritional and people could make choices of meals they liked. However people's nutritional needs associated with maintain their health were not always met.

People were treated with dignity and respect and their privacy valued. Staff knew people well and showed them kindness and compassion when delivering care and support for them.

People's care was planned with their involvement and delivered to meet their needs. People and their relatives were involved in making decisions on their care needs. Risks to people were identified and staff had guidance in place to help them manage those risks and reduce their recurrence.

People and their relatives were aware of how to raise a complaint about the service if they wished. Staff

supported people to make a complaint about aspects of the service if required this. The registered provider had a complaint policy and process which staff and people using the service were familiar. When people started using the service people received a copy of the complaint process in a format they understood.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains 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 the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will 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 we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

## 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 ●

This service was not safe. People were at risk of financial abuse because the registered manager did not practice robust management of people's money.

There were insufficient levels of staff to care for people particularly at night.

Recruitment processes were not effective. The registered manager did not ensure staff were suitable to work with people prior to receiving a returned DBS. The provider informed us after the inspection that they will no longer employ staff before they have received a suitable check of the Disclosure and Barring Service records.

Medicines were not always stored safely people were at risk from unsafe medicines.

The service was in not in a good state of repair and the registered manager did not follow up requests for repairs promptly. The service was not always clean or odour free.

Assessments identified risks to people and management plans guided staff on how to manage the risks.

### Is the service effective?

Inadequate ●

The service was not always effective. Staff did not complete all mandatory training. Staff did not receive regular appraisal and supervision.

People did not always have access to healthcare support when their care needs changed.

Staff encouraged people make decisions for themselves regarding their health and care needs.

Staff prepared meals for people that met their preferences and needs. However people did not always have their nutritional needs monitored to maintain their health care needs.

Staff had an awareness of the principles of the Mental Capacity

### Is the service caring?

The service was not always caring. People were not always supported to be as independent as practicable.

The registered manager did not arrange activities for people to take part in when they were at home and when people did not attend the day centre.

Staff respected and promoted people's privacy and dignity.

People were cared for by staff that knew them and their preferences and wishes.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive. Staff did not always act on or respond to people's changing needs.

People were not supported to attend and participate in activities which met their interests.

People were involved and contributed to the assessment or review of their care.

People and their relative were aware of how to make a complaint about the care and quality of the service they received.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led. The registered manager did not have systems in place that reviewed, monitored and improved the service and the quality of care.

The registered manager did not implement recommendations from external quality audits. The registered provider did not have mechanisms in place to ensure recommendations were implemented in the service.

Staff did not feel listened to and their concerns raised acted on by the registered manager

**Inadequate** ●

# CareTech Community Services Limited - 25 Garrads Road

## **Detailed findings**

## Background to this inspection

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

This inspection took place on 20, 22 and 27 May 2016 and was unannounced. An inspector carried out the inspection.

Before the inspection we looked at information we held about the service, including notifications sent to us. During the inspection, we spoke with seven people using the service and one relative. We also spoke with four care staff, the deputy manager, the registered manager and the locality manager. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people in the communal areas and the general environment of the service.

We reviewed six care records, three staff records and 11 medicine administration records. We looked at health and safety records and other records for the management and maintenance of the service.

After the inspection, we spoke with three care staff, officers from the safeguarding team and social care professionals from the local authority.

## Is the service safe?

### Our findings

People told us that they felt safe living at the service. One person told us, "I am ok here," Another person told us "It's alright here but I want to move to my own home."

People were at risk of financial abuse because the registered manager did not practice robust management of people's money. We checked all financial records for people living in the service. We found four people's financial records that were incorrect, there were some errors found in the calculation of people's money. We found discrepancies in how staff managed and handled people's money. For example, we identified that staff had taken money from one person using the service to give to another person using the service. Four cash transaction receipts in one person's cash box confirmed this had occurred.

We spoke with staff about this. Staff said that one person did not have enough money to purchase items for themselves and therefore staff asked another person using the service to lend them some money. We spoke with the locality manager about this they were unable to confirm this had happened. We spoke with the deputy manager about this incident and they told us that they were unaware of this transaction between people using the service. The locality manager and deputy manager told us that staff checked the records at each financial transaction. On the second day of the inspection the locality manager told us, "[person] had agreed to lend [person] some money because they did not have enough money at the time they wanted to do shopping."

On two other occasions we found discrepancies in the calculation and recording of the balance remaining because this did not match the cash held for people. This was different to what was recorded in their financial records. One person's recorded balance was less than what they had available and another person had more than was recorded in their financial records.

The registered manager did not manage people's money safely. The registered manager did not follow the provider's processes to ensure people had protection from risk from financial abuse. There was a system in place for two members of staff to check the income, expenditure and balance of money available for people and sign people's financial records. We found on several occasions two members of staff had not signed people's financial records. Staff we spoke with about this told us when an agency member of staff was on duty they did not sign people's financial records. This would account for some of the gaps we found in people's financial records. In addition, when the registered manager checked people's balances, two members of staff did not always sign these.

The registered provider had a finance policy in place. This guided staff in the safe management of people's money. The policy required the service manager to reconcile the expenditure of people's personal spends, cross referencing with the receipt, folio and entry in the finance book and clearly record date the audit was carried out each week. However the registered manager did not take regular audits because we found these errors and discrepancies in people's financial records. People were at risk of financial abuse because the registered manager did not follow processes in place to reduce the risk of abuse and manage these risks. We were so concerned with our findings during the inspection that we contacted the local authority to make a safeguarding alert for investigation by the local authority safeguarding team.



These issues were a breach of regulation 13 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People were at risk from harm in the event of an emergency. We found that people had a personal emergency evacuation in place in the event of a fire. These gave staff guidance on how to support people in the event of a fire or an emergency in the service. These took into account people's individual mobility needs, their health needs, or support people would require in the event of a fire. However we found the fire extinguisher on the ground floor did not have a date when it was last checked, which meant it might not work correctly in the event of a fire.

We asked the deputy manager and locality manager for records of fire drills and alarm tests. This was to ensure these occurred regularly and staff and people were familiar with what action to take in the event of a fire. After the inspection we received a copy of these documents requested. The records demonstrated that staff had completed regular fire alarm and drill tests. However we found staff did not act promptly when concerns were raised regarding the fire alarm and emergency alarm testing. On 8 January 2016 an engineer identified and reported to the registered manager a fault with main fire alarm panel. Records showed this fault was not acted on by the registered manager, Staff completed weekly fire alarm tests and this identified a faulty fire door. Records showed this was reported to the registered manager on 18th January 2016. However the registered manager had not taken prompt action to repair the fire door. Records showed that the fire door was repaired on 23rd May 2016. The registered manager ensured that there were methods in place to keep people safe however did not act promptly to ensure people were always kept safe in the event of an emergency.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People were cared for by staff that did not have their pre-employment checks returned to ensure they were suitable to support them. Recruitment processes were effective and appropriate checks conducted, however we found staff began working with people before the return of the pre-employment checks. We looked at staff records that demonstrated a member of staff worked with people before their Disclosure and Barring Service (DBS) checks were completed and returned to the registered provider. After the inspection we received a copy of the staff rotas. This showed the member of staff without a returned DBS was on the staff rota and worked with other staff and people. People were at risk of receiving unsafe care from unsuitable staff. After the inspection we were informed that the provider has decided that no staff would begin work prior to a suitable DBS check being received.

These issues were a breach of regulation 19 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

There were insufficient levels of staff to care for people safely. People were at risk from harm because the registered manager did not ensure sufficient numbers of staff cared for people because systems in place were ineffective to manage staff absences promptly. One member of staff stated in the staff communication book "[staff member] had to go home from night shift on 22/4. Spoke to on call who agreed who called flexi cover. It was a very chaotic night."

We discussed the level of staffing with the locality manager. They told us, the service had different numbers of staff on duty during the early, late and night shifts. This was to ensure there were sufficient members of staff to care effectively for people. For example, when people required support with using the toilet. However we found that there were occasions where the numbers of staff on duty did not match what the locality

manager and staff told us or what the records for the service demonstrated. We checked the staff communication records. Staff used this book to communicate and share important events amongst staff. The service experienced a high number of staff sickness and absence. The cover for staff sickness was varied and was not consistently managed. This meant that on those occasions the level of staff was below the provider's recommended level of staffing.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People lived in a service that was not in a good state of repair. We completed general observations of the service and found the service required repairs and refurbishment throughout. We found that one person's bedroom required repairs to their room and bathroom. We noted that another person's toilet cistern in their room was faulty and other repairs were required in their bathroom. In another person's bedroom we noted further repairs to their bedroom and bathroom was required. For example we found the door of their wardrobe was broken and there was a hole in their bedroom door. We found that these repairs were reported to the maintenance team in January 2016 and again in March 2016. We asked for but did not receive any records to show that the registered manager followed up the repairs requests.

We went into the bungalow of the service, we found repairs were required in the kitchen and in the garden. For example the garden was very over grown and unkempt with a used sofa discarded in the garden. Records showed a request made for the removal of sofa in January 2016, however, records did not demonstrate these were followed up by the registered manager. At the inspection the sofa was still at the service.

We noted that the ground floor environment of the building was cold. When we were visiting people in their bedroom one person said, "I am very cold." We noted that there was an electric portable heater in their bedroom. A staff member told us "This building is very cold, especially on the ground floor." Another member of staff told us, "the heating doesn't work, it hasn't worked for a long time now. The service users are suffering." We asked the locality manager if the heating was operational, they told us that some months ago the heating system did not work but was now working. However staff told us the heating system was still not working. The maintenance request record dated 1 January 2016 indicates that the radiators on the ground floor were unable to be fixed because a new boiler and radiator were needed. No action was taken by the registered provider to make those repairs. People were at risk of injury from an unsafe living environment.

These were breaches in regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People lived in a service that was not always odour free increasing the risk from infection. We noted that some people's bedrooms we went into smelt of urine. We noted that staff on duty completed cleaning tasks and a cleaner was not employed at the service.

There was a Legionella Risk Assessment of Domestic Water Services completed at the service. The service was scheduled to have an annual water testing assessment in February 2016. After the inspection we asked the locality manager for records of the most recent water testing assessment. We did not receive this assessment because the provider had not arranged for the water testing to be carried out. We contacted the locality manager on the 2nd June 2016 regarding the Legionella Risk Assessment of Domestic Water Services for 2016. The locality manager then contacted us on promptly to confirm that the water testing was being carried out on the same day. The registered provider did not keep people safe because they were not testing

for Legionella in line with their risk assessment recommendations. This meant that people were at risk from poor health because of a lack of regular water testing.

These were breaches in regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Medicines were not stored safely. People were at risk of receiving medicines, which were unsafe for use. An appropriate pharmaceutical fridge was used to store medicines. Medicines were stored at suitable temperatures because the temperature was accurately measured in line with guidance from the Royal Pharmaceutical Society: The handling of medicines in social care. However we found that medicines stored in the fridge had been opened and stored for more than 3 months. This was in contrast to the guidance displayed for staff that states medicines should be not be stored in the fridge more than 3 months from being opened. We found one medicine opened, in October 2015 and another in November 2015.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their medicines as prescribed. People medicines were dispensed as prescribed and we checked that people had their medicines as per the prescriber's instruction. However we found gaps in the Medicine Administration Recording Sheets (MARS) for one person. We also found that two people had fewer medicines than their recorded balance of medicines remaining. We checked people's medicine stocks and found that the balance was correct and the calculation and recording of the medicines were incorrect. When questioned about this, the locality manager confirmed the registered manager had completed a medicine audit. However we found that the medicine audit was dated after the day of our inspection and did not find the error in the MARs we found.

There were 'when required' (PRN) protocols in place. We looked at people's MARS and noted most of these were accurately completed. The MARs records provided detailed guidance for staff on the medicines the person was taking, any allergies to medicines and actions to follow to ensure people had their medicines safely. For example where a person was assessed as able to manage their medicine with minimal support from staff. Staff dispensed their medicines into their medicine dispensing device on a weekly basis. This allowed the person to have some control in how they took their medicine as they had an alarm on the medicine dispensing device that alerted them when their medicine was due. When we spoke with the person about their medicine they told us, "I take my medicine myself every day."

Staff followed current guidance to administer and dispose of medicines safely. Medicines were safely administered, and the dispensing pharmacy took unwanted medicines away on a monthly basis. This was further evidenced by observing the 'medicines return' folder with the pharmacist's signature. There were no expired medicines found.

Staff did not always understand how to identify the signs of abuse. Staff we spoke with told us how they would manage suspected abuse. One care worker told us, "I would speak with the senior on duty if I suspected anything." Staff understood the provider's whistle-blowing policy and procedures of the service. These policies were available in the staff folder located in the dining room. Staff signed to confirmed they had read this policy. Staff told us that they were confident to raise a safeguarding allegation with their line manager. However, what we observed and what records demonstrated was in contrast to these views.

Assessments identified risks to people and management plans guided staff on how to manage risks. People who use services were protected against the risks associated with unsafe care. Risk assessments identified

risks, and management plans were in place to give guidance for staff to manage and reduce risks identified. For example, one person who was at risk of developing pressure ulcers had risk management plan in place to reduce this occurrence. We saw another example with a person whose behaviours challenged staff and other people using the service. The risk assessment in place identified risks and triggers which exacerbated the behaviour. This guided staff in the actions to take to minimise these risks.

# Is the service effective?

## Our findings

People were at risk of receiving care and support that was not effective. One member of staff said, "The manager's decides which staff go on training." Another member of staff said, "The training has been a good foundation to help me work with people." Staff did not gain knowledge and skills to equip them to provide care effectively for people. We found 11 out of 19 staff had not completed all their mandatory training. The locality manager sent us when requested the provider's mandatory training that included manual handling, people and objects eLearning, emergency first aid, basic life support, care of medicines and fire safety at work.

We spoke with the locality manager about the training for staff and were informed that two members of staff were newly employed in the service in April 2016, therefore did not have the opportunity to complete all the mandatory training. We found two members of staff on the rota to work had not completed first aid training that meant that they did not have the skills or knowledge to care for people who required basic first aid. We asked for the staff training records during the inspection and received them after the inspection. Training records showed that 10 members of staff had completed the medicine management training. We cross matched these records with the staff rotas to ensure suitably trained staff were on duty. This showed that on at least two occasions there were no medicine trained members of staff on duty for each early shift on 7th and 8th May 2016. This meant that there was a risk that people were cared for by staff that did not have the training and knowledge to care for them safely. This increased the risks to their health and wellbeing.

People were cared for by staff that were not supported by the registered manager. Staff told us that they did not feel confident to speak with the registered manager or senior staff about any concerns they had. One member of staff told us, "It is a shame, I cannot say anything otherwise I will be penalised for it." Another member of staff said "I just do my job, there is no point fighting, they [management] don't listen anyway." Staff did not receive supervision on a regular basis. The registered provider's supervision policy stated supervision meetings were to take place six times a year for each staff member. Supervision records stated one member of staff last had supervision in December 2015 and another member of staff last had their supervision in January 2016. Staff did not have the opportunity to attend regular supervision with their line manager and had less opportunity to discuss their training needs and any concerns they had in their caring role.

The registered manager failed to take action to support staff when they faced challenges in their role. We were informed that a member of staff was involved in an incident that was challenging. We checked the communication book and saw the date and the description of the whole incident was removed, therefore the incident was not recorded. We asked staff about this and they told us the incident had been recorded in the person's daily records. We saw that the person's risk assessment had identified they had displayed behaviour that challenged people and staff. We looked at the staff member's records and saw they had supervision with the registered manager after the incident. Records showed that the details of the incident were not identified and discussed and the registered manager did not discuss what support the registered provider could offer the member of staff. We asked the locality manager for incident records so we could check how to see how the service recorded and responded to incidents at the service. At the time of writing

this report we were not provided with these records. Staff were not supported in their role when they faced difficult situations when caring for people.

Appraisals were due to take place in May 2016. The locality manager informed us staff appraisals occurred on a yearly basis. However, we found that on one occasion a member of staff's last appraisal took place in September 2014. People were supported by staff that had did not have the opportunity to regularly identify their training and professional development needs to enhance their caring role.

These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People did not always receive appropriate health care to maintain their health when required. Staff had taken action to mitigate risks for some people. We saw examples where staff sought advice from health professionals when people's health needs changed. For example when a person developed a new skin rash, staff sought prompt advice for them. We saw staff had implemented healthcare professionals' recommendations, to ensure the person's health was managed and maintained. However we found that staff did not always take action when people's health needs required specialist support. For example, one person informed staff that they required help with their weight management. This was documented in their daily records. We saw staff had maintained a monthly weight chart, this showed that the person's weight was increasing each month. We discussed this with staff who told us senior staff members reviewed the person's records and were aware of the concerns regarding the person's weight. We found the registered manager had not taken action to support the person to manage and monitor their eating habits. There were no referrals in place to health professionals to provide specialist support and advice.

We saw another example where people's healthcare needs were not met. One person required their fluid intake to be monitored on a daily basis. Professional guidance said that the person should be encouraged to maintain a recommended fluid intake on a daily basis and this was to be recorded. Records showed that staff were not completing this task. For example we found from the 1st May to the 27th May 2016, the person did not achieve the recommended fluid intake. Some days the person consumed less than half of the recommended fluids. Professional recommendations suggested staff seek health advice to monitor the person's condition and prevent deterioration of their health. This meant that staff did not take account of health professional recommendations, increasing risks to people's health. People could not be confident that staff would help them maintain their health and wellbeing appropriately.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager and staff we spoke with had an understanding and knowledge of the principles of MCA. For example, all staff we spoke with told us how they would support a person who lacked the ability to make decision for themselves through organising a mental capacity assessment for them. We saw care records that held MCA assessments and a best interest decision recorded as appropriate. People were cared for in a way that did not put them at risk of their liberty unlawfully deprived because staff had an awareness of the principles of the MCA.

People gave their consent to receive care and support. Staff provided explanations to people before supporting them to meet their care and health needs. We saw records were written in a format that people were able to understand. Records showed that people gave verbal and written consent, which were decision specific. For example, people gave permission and consented to staff supporting them with their medicines. People made choices on the care received and gave informed consent to staff that supported them.

## Is the service caring?

### Our findings

People said the care delivered was good and most people thought the staff were kind, caring, and respectful. One person told us, "I like most of the staff here." Another person told us, "My keyworker is really good to me, we can talk in the same language and she understands me."

People were not always supported to be independent and engage in social activities. One person told us, "I am bored there is nothing to do here" and another person said, "Why can't we have a pool table" and another person told us, "I wish the pool table could be fixed or I could go out and play pool." We checked these people's care records and noted that they did not attend any activities outside of the service. We found that some people were supported to attend a daycentre or a social activity that they enjoyed. However we found this was not the same experience for all people living at the service. Staff supported people to go to the local shops to purchase some food and drink items. Two people we spoke with said that they were bored living at the service because there were no activities provided or to do at the service. We asked staff what activities were provided for people. Staff told us that there were no activities provided by the registered provider or manager at the service. Some people were at risk of social isolation because they did not have meaningful activities or hobbies available that they could participate in. This meant that people were at risk of social isolation because they did not have activities provided for them that met their needs.

We found that one person was paying privately for an additional eight hours of care. The person's financial records demonstrated that they were making financial contributions for the additional care. This person using the service and their social worker based at the local authority agreed to purchase this care from the registered provider 28th October 2014. We requested further information regarding how the additional support was provided to them since this was agreed. We received a log of how the additional hours were delivered in the month of May 2016. This showed that the person had received the additional paid for care from 16th to 28th May. However they did not receive any additional care from the 30th May to the 2nd June 2016.

On three occasions we asked the regional manager for records that confirmed the person had the additional care. We did not receive any other records that demonstrated how the additional hours were monitored, recorded and agreed since October 2014. At the time of writing this report we were not provided with all the information we requested. Therefore we could not be assured the person receive the agreed care and support they paid the registered provider CareTech Community Services Limited. We were concerned with our findings of the lack of documentation regarding this additional care. We contacted the local authority to make a safeguarding alert for investigation by the local authority safe guarding team.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Staff encouraged people or their relatives to be involved with planning of their care. Assessments for people were person centred because they included people's life histories, their likes, dislikes, how they would like

their care provided and what was important in their lives. One person said, "Staff know me well and I know about the care and me and the staff discuss how I want to do things." Assessments were carried out in collaboration with people or their relative. This was to ensure the service was able to meet people's individual needs. Care records were person centred and placed the person in the centre of all assessments completed with them. People were cared for by staff that knew them well and their preferences and wishes.

Staff treated people with dignity. Staff cared for people while maintaining their privacy and dignity. For example, we observed staff knocking on people's bedroom doors and they waited for a response from them before entering their room. Staff supported people with their care and support needs in privacy.



## Is the service responsive?

### Our findings

People did not always receive a service that was responsive to their needs. People were involved or contributed to the assessment or review of their care. One person told us, "My keyworker talks to me about my care." Another person told us, "I have a book that has everything about me in it." Care records showed that people or their relatives were involved in their care plan review. Records showed that people were happy with the care and support their relative received. People had an opportunity to discuss their wishes and opinions or how they wished to have, their care needs met. Care reviews ensured that staff provided appropriate care to meet people's needs and wishes.

We found that a person's wheelchair was not working correctly for a number of months. The person whose wheelchair that was not working told us the wheelchair had not been working for over six months and informed staff about this. This was not acted on promptly. We saw records that confirmed that the person had paid privately for repairs to the wheelchair. In January 2016 concerns were raised from the daycentre staff. They informed the service that the wheelchair repeatedly broke down. On the day of the inspection we observed that the wheelchair stopped working and a member of staff had to push the person into their room, we saw that the member of staff was struggling to do this. We found that the registered manager did not take prompt action to resolve this issue.

People's social care needs were not always met by the service. Some people attended activities outside of the service. For example, people were encouraged to engage in community activities. However the registered manager did not provide activities in the home which people enjoyed taking part in. This meant that the registered manager had not identified and acted on people's interests because meaningful activities were not provided for them.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

We saw another example where the registered manager failed to act promptly on concerns raised by staff. Staff reported that a person's bed rails were broken. This was recorded in the staff communication book. Records showed that no action was recorded as taken for eleven days. This increased the risk that the person was at risk of a fall from bed and unsafe care because the bed rails were faulty. After the inspection the locality manager informed us that a new bed had been delivered.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The provider completed an assessment with the person to ensure that appropriate care and support was in place for them. This occurred with the person and their relative before coming to live at the service. Following the initial assessment people had regular reviews by staff to ensure that the service was able to continue to meet the person's care and support needs. Any changes to the person's needs were recorded and appropriate care and support implemented.

People's care needs were assessed and a plan put in place to meet them. Reviews of people's assessments and care plans occurred monthly. Care records were reviewed when a person's care needs changed. For example when a person's mobility needs had changed. Their care records indicated this and the support the person required to help them with their mobility, so that they were able to continue to participate in activities they enjoyed. Assessments focussed on the support the person required and included people's views. This demonstrated that people's assessment were person centred and focussed on their individual needs.

People gave their feedback on the quality and choice of meals. Each week people made suggestions as to what meals they wanted to eat for the week. For example, some people wanted to eat healthier meals and this was provided to them. We spoke to people about the quality of their meals. People said they enjoyed their meals and could have meals of their choice. One person told us, "I really like the food, we have fish and chips on Fridays, it's my favourite."

People were encouraged to make comments and complaints. One person told us, "I have nothing to complain about. I am ok here". Another person said, "I have no complaints." People had a copy of the complaints form so they could make a complaint if needed. The complaints procedure was displayed around the home and in a format that people understood. There were no records of complaints made.

## Is the service well-led?

### Our findings

People did not receive a service that was well-led. On the first day of the inspection the registered manager told us it was their last working day before leaving for maternity leave. During the inspection, we were informed that the deputy manager was now the acting manager of the service and the registered provider was recruiting for a deputy manager's post at the service. The regional manager was supporting the acting manager in their new role. They were intending to register as the registered manager with CQC. The registered provider had submitted a registered manager absence notification to the CQC.

There were no effective quality assurance systems in place. There were no systems in place to review the implementation of the financial audit. We found several financial irregularities in the management of people's records. The registered manager had completed an audit of the management of medicines. This was to assess the effectiveness of the processes of handling and managing people's medicines to protect people from future harm of medicines. For example, there were opportunities to learn from medicine errors and near misses. However, the audit did not identify the gaps and recording errors we found. During the inspection we requested copies of previous medicine audits completed at the service from regional manager. At the time of writing this report we were not provided with the information requested. The regional manager told us that there were no other medicine audits completed. The registered manager had not assessed the effectiveness of the management of people's medicines because there were no other completed medicine audits for us to view.

People received care and support that was not monitored to ensure the care provided was of a good quality. A CareTech manager completed an annual audit of the service. At the last audit in December 2015, improvements were required in the management of people's money. This included clear recording of people's income and expenditure with available receipts. An action point from this audit recommended that staff double signed each financial transaction with immediate effect. The registered manager did not implement these recommendations of the audit report to ensure safe money management because we found errors with people's finances. The registered provider did not follow up with the registered manager to ensure the recommended actions were completed. Therefore people could not be confident that they received a service that was safe and of good quality and increased risks associated with unsafe care.

We asked the regional manager for copies of internal quality assurance audits. We were not provided with any other copies of quality audits because the registered manager had not routinely completed any. The registered manager did not regularly assess, monitor, review or put plans in place to improve the quality of care people received. This meant people were at risk of receiving their unsafe care.

The registered manager reported repairs to the maintenance team on the building in January 2016. We did not see records that demonstrated that these repairs were followed up because the same repairs were requested again in March 2016. We spoke to the staff at the service about the repairs and they told us that the repairs had not been completed. One member of staff told us, "The maintenance team sometimes take a long time to come out to do the repairs."

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The registered manager did not support and communicate with staff effectively. Staff told us that they did not feel able to contribute to meetings. They told us that they felt these meetings were for discussing the concerns the registered manager had and that they did not have an opportunity to discuss their issues. Staff told us that they did not feel involved with the development of the service and their opinion and views were not listened to when they raised concerns about their personal safety at the service. The last team meeting in May 2016 identified staff needed to work as a team.

We saw records of the last team meeting in May 2016. The registered manager discussed issues regarding the service and provided information to staff. We found that team meetings did not occur on a monthly basis. Records showed from January 2016 to May 2016 staff had one staff meeting arranged for them. Staff did not have an opportunity to meet with colleagues and discuss issues relating to their caring role. The registered manager did not develop a plan of action to ensure staff improved their team working practices whilst delivering care and support to people.

We found that each member of staff we spoke with said that the staff did not work as a team. One member of staff told us, "We don't work as a team, we are stressed and the morale is low." Another staff member told us "We can't say anything to the management, if we do we are penalised for speaking up." Another member of staff told us "I don't think I get the support that I am looking for, I feel very disappointed."

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People and their relatives were not encouraged to feedback to staff and the registered manager regarding the quality of care for people. We requested copies of the last survey and questionnaire people or their relatives had completed. The regional manager sent us seven copies of questionnaires used to gather feedback on the quality of the service. Of these one response was from a relative dated in 2014, the other questionnaires were from contracting staff who visited the service for business purposes and the other questionnaires did not state whether the person was living and receiving services at CareTech Community Services Limited - 25 Garrads Road. We also received a questionnaire dated June 2016 after the date of our inspection. People living at the service did not have an opportunity to provide formal feedback on the quality of care they received so actions could be taken to improve their quality of care.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The registered provider had resident's meeting for people living at the service. This allowed people the opportunity to discuss any issues regarding their care if they wished to. For example we saw records of this meeting that showed people had discussed where they wanted to go on holiday. During the following resident's meeting the venue for the holiday to Blackpool was agreed this was documented in the meeting minutes.

The registered manager worked in partnership health and social care organisations. Staff had developed working relationships with local teams and knew who to contact in these departments if required. People's care needs and support benefitted from these because their care was coordinated in a way that supported their health and well-being. For example, staff had developed and maintained contacts with health and care staff that provided support and advice to them when required.

People's records were stored securely. A filing cupboard held people's records safely. Staff were aware of the need of confidentiality and keeping people's personal and private information safe.