

Polkadot Care Limited

Polkadot

Inspection report

20A Station Road
Crossgates
Leeds
West Yorkshire
LS15 7JX
Tel: 0113 264 4784
Website: www.polkadotcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This was an announced inspection carried out on 2 December 2014.

Polkadot Care Limited is based in the Crossgates area of Leeds. The agency provides personal care and support to people living in their own home, including people living with dementia or people who require end of life care. The service currently cares for 29 people.

At the last inspection in May 2014 we found the provider had breached two regulations associated with the Health and Social Care Act 2008. We found people did not

experience care, treatment and support that met their needs and ensured their safety and welfare. We also found the provider did not always carry out relevant checks before new staff started work. We told the provider they needed to take action and we received a report on 2 July 2014 setting out the action they would take to meet the regulations. The provider told us it had met the regulations at the time of sending the report. At this inspection, we found some improvements had been made with regard to these breaches. However, we also found other areas of concern.

Summary of findings

At the time of this inspection the service did not have a registered manager. The manager had submitted their application to register with the Care Quality Commission on 24 October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was no evidence staff knowledge and competency was systematically checked following completion of specific training courses. The opportunity was not always available for staff to attend regular supervision meetings to discuss their progress and personal development needs.

It was not clear from the care and support plans we looked at that people had received an appropriate and person specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

The management team had failed to protect people from inappropriate or unsafe care and treatment by not effectively conducting quality monitoring of the service.

People told us they felt safe whilst staff were delivering care in their home. We found staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. However, staff told us they had not received safeguarding training.

We found people were cared for, or supported by, sufficient numbers of experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were involved in developing their plan of care and had their own copy. Staff recorded what they had done at each visit. People told us they were happy with the support they received from care workers. However, the service did not have arrangements in place to get feedback from people about the care they received.

Some people received assistance with taking their medication. All staff had completed training on how to use the medication system and all of the people we spoke with said they were satisfied with the way in which they were supported with this task.

People's nutritional needs had been assessed and people told us they were satisfied with the support they received with their meals and drinks.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People told us they had good relationships with staff members and staff knew how to respect their privacy and dignity.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with knew how to make a complaint.

We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff knew about the different types of abuse and how to report it. However, some staff reported that they had not attended safeguarding training.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

We found there were enough staff employed by the agency to meet people's needs. Staff had been employed following standard recruitment policies and procedures and had induction training before they commenced work unaccompanied.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines and people told us they were satisfied with the support they received with this.

Requires Improvement



Is the service effective?

The service was not effective in meeting people's needs.

We did not see evidence that staff had attended training, supervision meetings or had received an annual appraisal.

We saw mental capacity assessments had not been completed and staff told us they had not attended training on the Mental Capacity Act (2005).

People's nutritional needs were met.

People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Inadequate



Is the service caring?

The service was not always caring.

Wherever possible, people were involved in making decisions about their care and support. Some people told us about the positive relationships they had with their care workers. However, people's views about the service were not sought by the management of the service. This would ensure people were satisfied with their care and could report any concerns they may have.

Staff had developed good relationships with the people they visited. People were happy with the service they received and their needs had been met.

Staff told us people's privacy and dignity was respected and they were able to give examples of how they achieved this.

Requires Improvement



Summary of findings

Is the service responsive?

The service was responsive to peoples' needs.

We found care and support plans reflected people's needs and contained sufficient and relevant information.

Peoples' health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Is the service well-led?

The service was not always well led.

The service was managed by a new manager. People were put at risk because systems for monitoring quality were not effective.

Accidents and incidents were not monitored and the service was not able to identify trends and act upon them.

Some staff told us they were well supported by care coordinators and the manager; however, some staff said the constant change in managers wasn't good.

Requires Improvement



Polkadot

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 2 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector, a specialist advisor in governance and an expert by experience in people receiving care with a domiciliary care agency. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 29 people receiving care. We visited one person in their own home and spoke with 10 people who used the service on the telephone. We spoke with seven relatives, 10 members of staff and the manager. We also visited the provider's office and spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care and support plans.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority and Healthwatch who had no concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We spoke with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. Everyone said they would report any concerns to the office. Staff were confident the office staff would respond appropriately. The office staff understood safeguarding procedures and how to report any safeguarding concerns. Staff we spoke with told us they had received training in safeguarding. However, two members of staff we spoke with said they had not received safeguarding training for some time. One staff member said, “I don’t recall doing safeguarding training.” We asked to see the training records; however, the only training records that were available were dated 18 November 2014 onwards.

People we spoke with told us the care staff were very good and they felt very safe using the service. One person said, “It is usually the same staff so I know them and feel comfortable with them.” One relative we spoke with said, “The staff will not close the blinds when it is dark and I feel this leaves mother vulnerable. I have taken this up with the agency and they are looking into it.” They also said, “The office are very supportive and are arranging a meeting to resolve the issue.”

The service had policies and procedures for safeguarding vulnerable adults and were accessible to the staff team. Staff we spoke with said they knew the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure people who used the service were safe and free from harm.

We saw risk assessments had been completed in respect of each person’s home environment; these included the assistance they needed with bathing or showering. In addition to this, we saw risk assessments for moving and handling, administration of medication and general and physical health. Risk assessments were scored to identify the person’s level of risk and there was information to advise staff how to minimise these risks and keep people safe.

We spoke with people who used the service who told us there were enough staff with the right skills and experience to meet their needs. However, some people said care staff often seemed to be in a hurry but they stressed that this

did not affect the care given. People we spoke with said staff were polite and pleasant. One person said, “Staff are lovely people and are very good at what they do. I usually get the same staff and I am very satisfied.”

Members of staff we spoke with told us they nearly always supported the same people and visits were well planned and they had time between visits to reach the next call. They said staff knew the needs of the people who used the service so they received consistent care, built a trust with the person and they had sufficient time to support people properly.

Through discussions with people who used the service and staff we found there was usually enough staff with the right skills, knowledge and experience to meet people’s needs. Staffing levels were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of people who used the service and we saw the number of staff supporting a person could be increased if required.

The majority of people supported by Polkadot Care Limited (Leeds Branch) and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. The care coordinator told us the service had missed two appointments in September and October 2014. We spoke with the manager about this and they said they would investigate why this had happened. If staff were unable to attend an appointment they informed the office staff in advance and cover was arranged so that people received the support they required.

The office staff told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours or on occasion the office staff said they would cover the call. The care coordinator told us they operated an on call system. They said there was always an experienced member of staff on duty at all times, who was aware of each person’s care and support needs. This helped ensure there was continuity in the service and maintained the care, support and welfare needs of the people who used the service.

Following our inspection the manager told us that two of the office staff had resigned. They told us they were going to manage the office with another member of staff from another office. They said they had contacted a recruitment

Is the service safe?

agency to be able to fill the vacancies. We checked the recruitment records for two new members of staff. There were effective and safe recruitment and selection processes in place. The manager undertook all pre-employment checks required before new staff started work. This included obtaining references from people's previous employers and Disclosure and Barring Service checks prior to the care workers commencing work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had clear staff disciplinary procedures in place and the manager told us they were robustly followed when required.

People who used the service told us they received appropriate support with their medication and they received it at the correct times. One person told us, "I get my medications when I need them." Another person told us, "The staff assist me with my medication and keep me right." We saw staff had completed recent medication

training which equipped them to administer medicines safely. The care coordinator told us they would be carrying out a medication assessment for people who used the service following the medication training.

Staff also had training on the administration of medication during their induction period and then refresher training each year. This was confirmed by the records we saw and by the care workers we spoke with, who told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely.

We found appropriate arrangements were in place for the recording of medicines. We saw most of the records about the administration of medicines were completed well and could show that people were having their medicines as prescribed and medicines were all accounted for.

The care coordinator told us medication administration records were returned to the office on a monthly basis and they were checked on each occasion to identify any errors or issues regarding the accuracy of recording. We saw the medicines policy had been updated to manage areas of significant risk.

Is the service effective?

Our findings

We looked at staff training records which showed staff had the opportunity to complete a range of training sessions, both e-learning and practical, some of which had been completed during November and further training planned for December 2014 and 2015. These included learn about dementia, medication and end of life. However, we were not able to see previous training for 2014 as the only training records that were available were dated 18 November 2014 onwards. The manager told us they did not currently have a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The manager and staff we spoke with told us they had not received regular supervision and an appraisal in 2014. When we looked in staff files we were not able to see evidence that each member of staff had received supervision on a regular basis or an appraisal. These processes would have given staff an opportunity to discuss their performance and identify any further training they required.

We were told by the manager staff completed an induction programme which included information about the company and principles of care. We saw from the staff files that induction had been completed.

Staff told us they had ‘shadowed’ experienced staff as part of their induction training and the period of ‘shadowing’ depended on their previous experience and their confidence about working unaccompanied. This helped staff to become familiar with the people they would be supporting. We saw in one person’s file a document for recording when they had completed their shadowing, however, this was not completed.

There was no evidence staff knowledge and competency was checked following completion of specific training courses. The opportunity was not available for staff to attend regular supervision meetings to discuss their progress and personal development needs. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff we spoke with confirmed they had not attended training and had a limited understanding on the Mental

Capacity Act (2005) (MCA). However, staff were clear that when people had the mental capacity to make their own decisions, this would be respected. The training records were not available prior to November 2014 but we saw training in safeguarding and MCA (2005) had been booked for January 2015.

We saw care records did not include an assessment of people’s mental capacity to make decisions. The manager told us mental capacity assessments had not yet been completed for each person who used the service. They said they would look at completing the assessment immediately.

We visited one person in their own home and saw they were asked for their consent before any care intervention. People who used the service and their families had contributed their views and preferences in relation to how care and support was delivered. The care and support plans were individual and there was evidence of signatures of people who used the service or their relative recorded in the care and support plans.

People told us they had been involved in making decisions about their care and were given opportunities to talk about how they wanted their care delivered. They said they were given enough information when they started using the agency and knew who to contact if they wanted to make changes to their care and/or support. One person told us, “The staff do listen to what I say and yes I can influence the care I receive.”

It was not clear from the care and support plans we looked at that people had received an appropriate and person specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported at mealtimes to access food and drink of their choice. We visited one person in their own home and saw staff supporting them with their lunchtime meal. Staff confirmed they would contact the family and/or the GP if people they supported had a reduced appetite. Staff told us that before they left their visit they ensured people were comfortable and had access to food and drink if they required. One person said, “Yes I am asked what I want and I am given a choice.”

Is the service effective?

We were told by people who used the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. One person

said, “The office do keep in contact and if I need anything they contact my family or doctor.” One relative said, “The staff or the office will contact me if they have any concerns.” Staff told us they were good at identifying any health needs and liaising with health professionals such as district nurses to ensure any health problems were quickly investigated.

Is the service caring?

Our findings

The care coordinator told us they contacted people who used the service to check they were satisfied with the support they received from the service. However, this was not recorded. There were no client or relative survey results available on the day of our inspection. The manager told us a survey had not been circulated to people who used the service or their relatives.

People who used the service were happy with the staff and they got on well with them. They commented that the care staff were polite, kind, caring and they could talk to staff about their care needs. One person told us, “Staff are excellent. I am very well looked after”, “Staff come when they should and stay for the right time” and “[staff member] knows very well how to look after me.” Another person told us, “Staff are lovely.” One person said, “The service is good, the staff are nice, and I am happy.” Another person said, “Staff are good at what they do.”

A relative of a person who used the service told us, “I am very satisfied with the service.” Another relative said, “The carers are very good, polite, and caring, and they will go beyond what is their normal duty such as go to the shops or post a letter.” One relative said, “I do feel the care given is personalised and fits in with the care plan agreed.”

We observed interaction between staff and one person who used the service on the day of our visit and they were relaxed and comfortable with staff. Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. One member of staff said, “People are well looked after.” However, two members of staff did raise some issues regarding one person’s care. We spoke with the manager and they said they would investigate immediately.

People who used the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, “Staff ask what I would like and they do listen. I do have a degree of choice with dressing, getting up and with food.” Another person said, “Staff explain what they want to do and ask if it is ok.” One person said, “They will ask what I would like and do let me try to do little things, and try to help me as much as they can.”

A copy of the person’s care and support plan was kept in the person’s home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. During our inspection we looked at five care and support plans. We wanted to see if the care and support plans gave clear instructions for staff to follow to make sure that people had their needs met.

We saw care and support plans included information about people’s likes and dislikes. This information had been obtained from the person and/or their relative concerned whenever this was possible. However, people’s previous lifestyle and life history documentation had not been completed. In one person’s care and support plan we saw a relative had signed the service user guide that recorded they agreed with the content of the document.

The care and support plans included information about the specific support a person required at each visit. For example, if they wanted to have shower or have a wash, help with getting dressed and what their meal requirements were. This gave staff the information they needed to provide individualised care for each person they visited.

Staff told us they were respectful of people’s privacy and maintained their dignity. Staff said they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. One member of staff told us, “I am very clear how to respect anyone’s dignity and it is something that I always do.”

People we spoke were very positive that staff respected their privacy and dignity by knocking on doors, closing doors and curtains when doing personal care tasks and by letting people help themselves to dress if possible. One person who used the service said, “Staff are very polite and respectful.” Another person said, “Staff are polite and caring and they do respect my privacy and dignity.” One relative stated, “The staff are lovely; they treat mam with respect and are kind to her. They have a laugh with her and I often hear them singing with her in the bathroom. Her dignity and privacy is respected.”

Is the service responsive?

Our findings

People who used the service told us they were happy with the service and care they received and they were well looked after. Assessments were undertaken to identify people's care and support needs and care and support plans were developed outlining how these needs were to be met. People told us their care and support plan had been agreed with the agency and their family. They said they were aware of their care notes and confirmed staff wrote these up after a visit. Relatives we spoke with confirmed the care and support plans were regularly reviewed. However, one relative told us, "Care notes are never checked by a supervisor or manager." However, they said, "Mind the staff always ring me if there is a problem and they are very helpful."

People who used the service had individual care and support plans which clearly identified their care and support needs and visit times. The care coordinator told us a planned weekly rota was given to each person and these showed who was allocated to carry out their care each day. However, some people did not want to receive the rota. The care coordinator said they asked people and some said they did not want the rota, this was not recorded.

Staff we spoke with said they found care and support plans useful and they contained all the information they needed to deliver effective care. A staff member said, "They are alright at the moment." However, one member of staff said they did not always have access to new daily notes blank sheets. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The care co-ordinators told us the care staff received a rota on a weekly basis to alert them to the person they would be

caring for. They told us staff worked in the post code area where the people they were supporting lived. This ensured staff had enough time to meet the needs of the person who used the service. Staff also told us they had enough time to provide people with the care they needed. They said they sometimes got held up due to traffic, public transport or the weather. They told us they always contacted the office, people who used the service or their relative if they would be running late.

People we spoke with told us the staff usually arrived on time, stayed for the required period of time and were very caring and pleasant but sometimes seemed to be in a hurry. One person who used the service said, "Staff are often in a hurry but they are always pleasant."

People we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. Two relatives we spoke said they had raised issues with the office and said they were happy with the way their complaints were addressed. One person told us, "I raised a complaint some time ago which was resolved to my satisfaction."

The manager told us people were given support to make a comment or complaint where they needed assistance. We saw the service's complaints process was included in information given to people when they started receiving care. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Our findings

At the time of our inspection the manager had submitted an application in October 2014 to the Care Quality Commission to register as the manager. The manager had only been in post since September 2014.

People who used the service told us they had confidence in the service particularly the staff who were described as, “Good at what they do” and “Very caring and respectful.” One relative stated, “Staff will go beyond their duty to try and be helpful.”

Staff received regular support and advice from the manager and care coordinator via phone calls, texts and face to face meetings. Staff felt the new manager was available if they had any concerns. One member of staff said, “The new manager seems keen and passionate and we have a meeting next week.” Another member of staff said, “I have confidence in the manager and I am hoping things will settle.” One staff member told us, “I am happy and I have no problems.” Another comment was, “It is managed a lot better.” However, two members of staff said, “I am happy working here but the constant management changes are not good” and “[Manager’s name] is never there, we have had one meeting but I have not been invited to others.” Another person said, “I have no support, the company has gone downhill.”

Staff did say they were kept informed of any changes to the service provided or the needs of the people they were supporting. One member of staff said, “The plans sound brilliant and the manager has explained things.” Another member of staff said, “I am very clear about the direction the company is going in.”

The care co-ordinator told us that random ‘spot checks’ were conducted on staff as they worked in people’s homes to make sure care and support was being delivered in line with the agreed care plan. This also included timekeeping, attitude, paperwork and appearance. When we looked at the files we saw that ‘spot checks’ had been carried out in August 2014. However, the manager told us there was not a structured approach to how ‘spot checks’ were carried out. They told us they are looking at implementing a new ‘spot check’ process where ‘spot checks’ were to be carried out on a more frequent basis.

We looked at the weekly time sheet audit. Members of staff time sheets were checked against the rota for each person

to monitor if visit times were being met and if the timesheet had been signed by both the member of staff and if they could, the people who used the service. The care coordinator told us any identified issues would be addressed immediately.

We saw there was a system in place for the operational director to receive monthly reports from the service. The manager told us any identified issues would be addressed immediately. The manager told us they had good plans for the service and they now needed to be delivered and embedded. The key task was to stabilise the current organisation and then build its client base. They had implemented a new staff handbook and job descriptions that set out staffs’ roles and responsibilities which needed to be embedded in the culture. There was also an aspiration to work closer with the local community. The manager told us they had an open door policy and members of staff, relatives and people who used the service were welcome to contact them at any time.

There was no evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

There was no established process for people who used the service and their relatives to be asked for their views about their care and support. The service had not undertaken satisfaction surveys but the manager told us they planned to implement this. However, they did get positive feedback from Leeds City Council.

We found some staff files did not contain documentation relating to staff having motor vehicle insurance and there was no process in place for this to be monitored or followed up.

The management team had failed to protect people from inappropriate or unsafe care and treatment by not effectively conducting quality monitoring of the service. This is a breach Regulation 10 (Assessing and monitoring the quality of service provision); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The care coordinator told us they monitored missed calls and reported any incidents to the local authority on a weekly basis. This included the number of new clients, number of new staff and reasons why staff had left if appropriate. However, we noted that two missed calls had been recorded in September and October 2014 and these had not been reported to the Care Quality Commission.

Is the service well-led?

One relative stated they had an issue with the agency at present which was being addressed. She said, “The staff during the day are brilliant but in the evening are not so good. My mother has had two missed calls in the last couple of weeks.”

The manager told us they had held one staff meeting since taking up the post. However, the meeting minutes were not

available on the day of our inspection. They told us they were going to implement a Friday afternoon meeting as staff collected their rotas on a Friday. The care coordinator told us they communicated any relevant information and procedural changes to staff using text messaging or speaking with them if it was urgent.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

There were not suitable arrangements in place to ensure staff are appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations
2010 Consent to care and treatment

It was not clear from the care and support plans we looked at that people had received appropriate and person specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

Regulated activity

Personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents and audits had not been carried out.