

Universal Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection was carried out on 4 and 8 May 2017 and was announced.

Universal Care Agency Ltd is a domiciliary care service which provides care and support to adults and older persons; some of whom are living with dementia, who live in their own homes. At the time of the inspection 18 were receiving support with their personal care. There were 17 care staff which included one senior care worker, one recruitment co-ordinator and one staff member that planned people's care. There was a manager who was overseeing the day to day management of the service and a director who was also the nominated individual.

There was not a registered manager at the time of the inspection. A registered manager had not been in post since July 2016. The provider had recruited a manager who would be applying to the Commission to become the registered manager when they commenced their employment for the provider on 16 May 2017. 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.

At the last inspection in December 2016, the service was placed into Special Measures as it was Inadequate overall.

The overall rating for this service is 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place or keep services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their

registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At our last inspection in December 2016 we found the provider did not always follow safe recruitment processes. At this inspection we found the provider continued to not follow safe recruitment practices.

At the last inspection in December 2016 we found risk assessments were completed but not always dated and did not contain all the information on how risks to people could be minimised. At this inspection we did not find an improvement with this concern.

At the last inspection in December 2016 we found staff did not receive an induction programme and did not always receive training from the provider or have their competencies checked. At this inspection we did not find any improvement with this concern and we found staff did not always receive training which was specific to people's needs.

At the last inspection in December 2016 we found systems to assess the overall quality and safety of the service were not in place. At this inspection we found quality and safety audits were in place but they were ineffective.

At the last inspection in December 2016 we found people's personal information was not always kept private. At this inspection we found a person's personal care plan had been shared with a relative of another person who was in receipt of personal care.

At the last inspection in December 2016 we found there was a lack of communication between the management team, people, staff and external professionals and this had an effect on the care people received. At this inspection we found communication between the manager, staff, people and external professionals had improved but required further improvement.

At the last inspection in December 2016 we found staff and management had a limited understanding of the Mental Capacity Act 2005. People did not always receive timely support from an external health care professional. Care records were mostly personalised although inconsistent with detailing how people would like to receive their care. Complaints received had not always been identified as a complaint, investigated and followed up. The provider and manager had not notified the Commission of two safeguarding concerns and had not investigated these concerns appropriately and staff did not notify external health care professionals or receive a supervision. At this inspection we found improvements had been made in these areas.

There were enough staff to meet people's needs and there was good continuity of care workers. There were no concerns with medicine practices. People received support with food and fluids when required. Staff felt when the manager made themselves available, they were approachable and had a caring nature and felt confident in raising concerns to the manager and felt supported to question practice.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Safe recruitment practices were not always followed

Risk assessments were completed but not always dated and lacked sufficient detail on how risks to people could be managed.

There were enough staff to meet people's needs. People were supported to receive their medicines safely.

Safeguarding concerns had not been received but systems were in place to investigate allegations of potential abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff did not always receive an induction programme, ongoing training or person specific training from the provider.

Staff received a supervision and demonstrated a clearer understanding of the Mental Capacity Act 2005.

People's nutrition and hydration needs were met and people were supported to have access to Health care professionals

Is the service caring?

Requires Improvement ●

The service was not always caring

People's personal information was not always kept private. However care staff promoted their independence and respected people's dignity and privacy.

People were involved with their care and received support in line with their preferences. Risk assessments did not contain sufficient detail to ensure risks to people could be managed.

Is the service responsive?

The service was not always responsive

Care records were accurate but risk information was limited in how staff should manage risks to people. People did not always receive support from care staff who had the required training to respond to their needs.

People were involved in their care planning and had choice and control over the care they received.

Complaints were received, investigated and followed up.

Requires Improvement 

Is the service well-led?

The service was not well led.

The service had been without a registered manager since July 2016 and the governance and leadership of the service was inadequate.

Effective systems were not in place to assess the overall safety and quality of the service and peoples care records were not always kept private.

Communication continued to require improvement.

Staff had not had a team meeting but felt the manager was supportive and would support them to question practice and raise concerns.

Inadequate 

Universal Care Agency Ltd

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 4 and 8 May 2017 and was announced. Forty-eight hours' notice of the inspection was given because the service is small and office staff and the manager may be out reviewing people's care needs and supporting staff. We needed to be sure they would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We spoke with the local authority safeguarding and commissioning teams and checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We had not received any notifications from the provider since April 2016.

During the inspection we spoke with two people who used the service and three relatives. We also spoke with five care staff, the manager, director and a consultant who had been employed by the provider to review the quality of the service. We reviewed a range of records about people's care and how the service was managed. We looked at care plans for four people which included specific records relating to people's health, choices and risk assessments. We looked at daily reports of care, incident and safeguarding logs, complaints and compliments, policies and procedures, service quality audits and minutes of meetings. We looked at recruitment records for five staff, supervision records for two staff and training records for seven staff.

Is the service safe?

Our findings

At our previous inspection in December 2016 we found safe recruitment practices were not always followed. Disclosure and Barring Service checks (DBS) had been undertaken but had not always been received prior to staff starting work. Recruitment and selection processes were not always followed because references were not always present in staff files, gaps in employment and previous employment history had not been explored and information relating to the applicants health had not always been completed. We found this to be a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although some improvements had been made with regard to ensuring the appropriate checks were in place the provider had not met the regulation. Safe recruitment processes were not always followed. The provider's action plan received in March 2017 and at this inspection stated a new system of checks had been put into place to ensure the correct recruitment processes were followed. This system required the manager to check a staff file audit tool to ensure all recruitment checks had been completed and were present in the staff members file prior to them starting work. The manager was required to sign the staff audit tool to authorise that the staff member was clear to commence work. However for three out of the five staff members the audit tool had not been signed by the manager prior to these staff starting work and we found that recruitment information was not all present in these staff's files.

It was difficult to identify whether gaps in employment history had been explored for three out of the five staff members. The provider's application forms did not request all the necessary information relating to dates of previous employment. The application form requested the start date of the applicant's previous employment but not the end date. As a result this information was not always provided. The provider had introduced a gap declaration form to evidence that gaps in employment had been identified and discussed. However this was left blank for all three staff members.

Health declarations had only been completed for three out of five staff members. One staff member's health declaration form was present in their file and left blank and there was no evidence that another staff member's health had been assessed.

There was inconsistent information provided regarding the number of references required. The providers updated selection and recruitment of staff policy stated, "A minimum of two referees will be contacted, one of whom must be the applicants current, or most recent employer." However, the provider's application form said, "You must provide references from your two most recent employers. Please provide an additional character referee – all will be contacted." The consultant, however told us that references would be obtained relating to a three year period prior to the applicants application to the service. They said this would mean only one reference was collected if it included a three year period of pre-employment.

Two out of five staff recruitment files did not demonstrate the correct recruitment practices were followed. For example, one staff member's file did not contain references or Disclosure and Barring Service information. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The manager was unable to evidence

that references and a DBS had been requested or received for this staff member prior to them starting work. One staff member's recruitment folder showed one reference had been collected. However this did not evidence a three year period of employment with the provider.

The failure to ensure appropriate recruitment checks had been completed and recorded for applicants was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in December 2016 we found systems were not in place to investigate allegations of potential abuse. Two safeguarding concerns had been raised to the service and there were no records to demonstrate the incidents had been identified, investigated and responded to. We found this to be a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found the provider had made sufficient improvements and had met this regulation. The provider had updated their safeguarding vulnerable adult's policy in March 2017 and had introduced a flow chart of the safeguarding process to follow. Staff confirmed they had received this new policy and process and one said they "Would follow what it said." Safeguarding concerns had not been received since the last inspection and this was confirmed by the local authority safeguarding teams. The manager demonstrated a good understanding of what to do when a safeguarding concern was raised to them and this was in line with their new policy and processes.

At our last inspection in December 2016 we found staff had not always received training in safeguarding adults and for those that had received safeguarding training their knowledge was not kept up to date by the provider. At this inspection we found all staff had received this training and demonstrated a good understanding of how to keep people safe from harm. Staff could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff confirmed they would report any concerns to the manager and had confidence they would be dealt with.

At our last inspection in December 2016 we found that although risk assessments had been completed for each person; they were not always dated so it was not possible to tell if they were the most up to date document. At this inspection we found risks assessments had been completed for people who required support with personal care and their mobility. Risk assessments had also been completed to ensure the environment was safe. However they did not include a date of completion. This meant it was difficult to identify if the information contained within the risk assessments was up to date. We have addressed this concern in the well led section of the report.

At our last inspection in December 2016 we found environmental and manual handling risk assessments had been completed; however where people required to be moved and positioned by equipment this information was not always included on people's manual handling plan. At this inspection we found risk information relating to people's mobility was limited. People's risk assessments identified the support they required with their mobility when staff provided care to them. However when the level of need was assessed as high there was no information provided on how the person should be supported by staff or what staff were required to do to keep people safe. For example, One person's mobility assessment identified they needed support with transferring to chair. This was assessed as a high level of need; however the comments section was blank. This person's care plan did not include any information relating to difficulties with their mobility and demonstrated the person was able to mobilise and transfer unaided. We have addressed this concern in the well led section of the report.

We asked people if they felt safe when receiving care from the service and people and their relatives

confirmed they felt safe and the standard of care was good.

At our last inspection in December 2016 we found there were enough staff to meet people's needs and support them safely, however a missed visit had occurred and the manager told us that on occasion's staff could arrive late to people due to unforeseen emergencies but that this would be communicated to people. At this inspection we found two missed visits had occurred since the last inspection. One on the 29 April 2017 was as a result of a care worker not arriving for work and one on the 3 April 2017 as a result of a change of care worker.

We spoke with the manager about the missed visit which had occurred on the 29 April 2017. The manager was aware of the missed visit and had spoken with the person and their relatives and apologised about the missed visit. The manager and records confirmed this had not occurred before or again since the 29 April 2017. The missed visit which had occurred on the 3 April 2017 had been identified as a complaint and records showed this had been dealt and the person was happy with the outcome.

At this inspection people and their relatives confirmed staff arrived on time and were very happy with the continuity of care staff provided. They confirmed that on the rare occasions staff were running late they would be contacted by the office. We received the following comments. "They arrive on time and stay the agreed time." "I am very happy and there is generally good continuity of care with the carers mostly on time." "The office will call if they are going to be late." "They are always on time." "Carers are fantastic! There is good continuity and help when needed."

There were clear procedures for supporting people with their medicines. Where people were assessed to manage their medicines this was included in the person's care plan. People were supported with their medicines from a Monitored Dosage System (MDS). An MDS is a medication storage device designed to simplify the administration of pills and capsules. Care staff demonstrated a good understanding of safe storage, administration, management, recording and disposing of medicines. People and their relatives we spoke with did not express any concern with how the agency supported them or their relative with medicines.

Is the service effective?

Our findings

At our previous inspection in December 2016 we found staff did not always receive an induction programme or training from the provider. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had not been made and the regulation had not been met. The manager said staff would receive on line training before they started work followed by the Care Certificate once out working. Records and staff confirmed they had not always received an induction programme prior to starting work. Staff and records confirmed they had received training from a previous provider and had not had their competencies checked by Universal Care Agency when starting work. The manager confirmed they did not provide new staff with practical manual handling training and not all new staff had completed the on line training in manual handling. Documents showed that some staff had started to complete the Care Certificate modules but this was inconsistent because this information was only present in some staff's files and not all modules had been included for all staff. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The provider's training plan demonstrated that staff had received training in a variety of subjects but some of them had been provided by previous providers. The manager confirmed that staff competencies were not assessed from these previous courses to inform what if anything further needed to be put in place. Staff had received training in safeguarding and the Mental Capacity Act from the provider. Staff who had received training in manual handling had not received a practical training course. Staff were supporting people who required manual handling as part of their care. The manager and the consultant said they would look into this concern.

Staff had not received training specific to people's needs. Records demonstrated two care staff were supporting a person who required complex support. This person also had a complex health condition. The manager said both staff had been trained in the requirements to support this person with their complex health condition by a previous provider. However records demonstrated that only one staff member had completed training regarding this condition from their previous employer. There were no records to evidence the other staff member had received this training.

Neither staff had received training nor had their competencies assessed in how to support this person with a specific piece of equipment used to support their complex health need. On the second day of the inspection the manager had spoken with health care and training professionals to arrange for specific training to be given to staff who were supporting this person. However staff demonstrated an understanding of what to do when supporting this person with their complex health need and equipment. Staff were aware of the protocol in place when this person required support with their complex health condition.

A failure to provide an induction programme that prepared staff for their role and a failure to provide

training and development to ensure staff had the necessary skills and knowledge to support people and meet their needs was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in December 2016 we found staff did not always receive a regular supervision or appraisal from the provider. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and this part of the regulation had been met. A supervision and spot check (a spot check is an observation of care practice made without warning) spreadsheet had been put into place and completed highlighting supervision and spot checks which had been completed for staff and the date. This corresponded with their supervision files.. Staff who had received a spot check had been given feedback and where improvements were required staff were informed of these and actions had been taken to improve their performance. Staff confirmed they had received a supervision and spot checks and said they felt supported by the management team.

At our previous inspection in December 2016 we found people were not always supported appropriately to receive support from healthcare professionals which led to one person being at risk of potential harm. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and this regulation had been met. Records demonstrated the service kept in regular contact with external health and social care professionals, such as Occupational Therapists, Physiotherapist's, District Nurses', Older Persons Mental Health services and GP's. Staff supported people to access health care when they were concerned about their health needs. One staff member told us they had concerns with a person's health condition and felt they were not getting all the support they could have received. The staff member said they spoke with the office and the manager contacted the relevant health care professionals and shared these concerns. This resulted in a positive outcome for the person.

At our inspections in June 2015 we made a recommendation for the provider to review the principles of the Mental Capacity Act 2005 (the Act) and its subsequent codes of practice, because they lacked the knowledge of how to apply the principles of the Act and support staff to do so. At the inspection in December 2016 the manager had not received training and could not demonstrate an understanding of how the act related to their role. At this inspection we found the manager and provider could demonstrate a better understanding of the Act and how it related to people who received their service.

The Mental Capacity Act 2005 (the Act) 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 the least restrictive possible.

The manager and provider had received training in the Act, along with all staff members. When we asked the manager what they understood about the Act they said, "People have the right to make choices in relation to their care regardless if they lack capacity." They continued to say, "It is important for us to identify those who do not have capacity so we can support them with the decision making process." Staff demonstrated a clearer understanding of the Act.

People were supported to have enough to eat and drink. Relatives told us they mostly supported their relatives with their meals and drinks and for those people who required support with nutrition and hydration this was provided and information was contained within people's care plans.

Is the service caring?

Our findings

At our previous inspection in December 2016 we found personal information about people's care and health conditions were not always kept private. At this inspection we found information relating to people's care was not always kept private. Although records relating to people were now kept at the office securely, the manager confirmed they had emailed a relative with another person's care plan.

Staff confirmed they would respect people's dignity and privacy and demonstrated examples of how they would do this. For example, by closing doors, knocking before entering the person's home or room and informing them what they were going to do before supporting them with personal care or other support tasks. People and their relatives confirmed staff respected their dignity. One relative said, "They are respectful of privacy and do everything to maintain her dignity. Best agency out of all the ones I've used."

People and their relatives were positive about the care and support received from staff. People confirmed care workers were understanding around confidentiality, were kind, respectful, polite and observed their rights and dignity. One relative said, "They are very kind and helpful." One relative told us how regular care staff had built up a very good rapport with their relative. They said, "There are a small group of them delivering the care and they tend to be the same. My [relative] is content." One person said, "Very kind, caring and respectful."

One compliment had been received on 5 May 2017 by relatives of a person who had received personal care support from the service. The compliment came in the form of a Thank you card and said, "Just to say thank you very much for your kindness and help given to my aunty during the last year of [their] life. [They] made good friends in your nice ladies."

People felt involved in their care and felt they made decisions about their care. People and their relatives told us they or their relatives were able to make their own decisions and that their preferences were always taken into consideration. Care plans viewed demonstrated people's preferences were taken into consideration when the care plan was written.

Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do. People's care plans were written in a way which promoted people's independence.

People's care plans were personalised and detailed their wishes, choices and preferences regarding how they would like support to be provided. One person's care plan said, "Please allow [person's name] to lead [their] care. [Person's name] likes to have [their] morning care provided in the bathroom." Another said, "Support [person's name] to sit down and change their socks, if their feet are cold [person's name] would like you to soak them in warm water first."

People confirmed staff supported them to keep their independence. One person told us how care staff gave them their independence by allowing them to do things for themselves. They said, "I think this is very good. I

feel safe and the carers do everything to make me comfortable whilst respecting my dignity."

Whilst people found staff were caring in their day to day work, there was a lack of robustness in recruitment and training which meant we could not be assured that the key principles of a caring provider were being met because of poor governance. There was also a lack of information contained within people's risk assessments when their needs were assessed as medium or high. This meant on some occasions we could not be assured that staff could be fully caring if they were not able to manage and respond to risk.

Is the service responsive?

Our findings

At our previous inspection in December 2016 we found systems were not in place to deal with complaints and concerns. Complaints had been made to the service but there were no records to demonstrate they had been identified as a complaint, investigated or responded to in line with the provider's policy. We found this to be a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had met this regulation. There was a complaints process in place and this was followed. Three complaints had been received into the service. One complaint was received on 3 April 2017 regarding a missed visit and two of the three complaints related to the provision of care. The third complaint had been identified by the provider as the result of a Bi Monthly telephone quality check with the person. Records showed all three complaints had been dealt with, investigated and responded to in line with the provider's policy. People confirmed they did not have any complaints about the service and said they felt confident to raise a complaint or a concern if it was necessary.

At our previous inspection in December 2016 we found people had a care plan and their needs were regularly assessed and reviewed by staff and people were involved in the assessment of their needs. However people felt the care plans were not always up to date and did not include accurate information about the care they received. At this inspection most people and their relatives said they were happy with their or their relatives care plan. They confirmed they felt they were an accurate description of the care provided. However one relative told us that their relatives care planning did not meet their needs because it did not contain sufficient detail about the support the person required. They said, "They have mostly made notes of what I and the carers who know [person's name] have said. It could be better."

We viewed this person's care plan and found their care plan to be very descriptive about the care they required. A detailed care plan was in place which included the person's likes, dislikes and choices and how they would like the care to be provided. This person had complex health needs and as a result a comprehensive manual handling plan was in place alongside a very detailed health care protocol which had been completed by the appropriate health care professionals. Staff and the manager knew this person well and could describe their needs which matched the care plan.

However staff who supported this person did not receive the appropriate training to support the person's specific needs and as a result may not be able to respond or support the person appropriately when required.

We looked at a further three people's care plans and noted care plans had been reviewed were very detailed and included people's likes and dislikes, personal histories such as medical conditions, strengths and cultures and how they would like their support. Reviews of people's care plans were completed and a review spreadsheet was in place which showed care plans had been reviewed for all 18 people in receipt of personal care since the last inspection.

However, although care plans had been reviewed; risk assessments continued to lack sufficient detail regarding the action staff were required to take when a high or medium risk was identified. For example, One person's risk assessment identified their level of mobility of need was high when being assisted out of bed. However there was no information provided which described the support this person required as the comments section was left blank. Another person's risk assessment documented they required a high level of support with assisting with a bath or shower, however the comments section was left blank. This meant staff may not always be aware of how to manage or respond to risks when presented by the people they support.

People were involved in their care planning and had choice and control over their care. The manager said they always tried to seek the views of people when completing a care plan and on-going through the care process. People living with dementia were involved in their care planning as the director and manager confirmed most of them were able to understand the care planning process.

Is the service well-led?

Our findings

At our last inspection in December 2016 we found communication between the management, people and external professionals required improvement. At this inspection people, staff and external professionals felt communication could still improve between them and the office but acknowledged some improvement with the communication. One relative said, "Office will respond to emails. Not very good at getting rotas out but it is getting better since more staff are in the office. I have mobile numbers to contact directly if urgent." Another told us they had very little contact with the office but did not feel they needed any more contact than received. One person told us they were very happy with the care and had no issues.

Staff said the office were "nice" and that everyone was a "team player". One said they were regularly asked by the office if they were "o.k." and said they saw office staff regularly. This staff member told us they felt the service was "well run" and a lot of changes had been made to try and improve things. They said, "There are more people employed and communication is good."

At our previous inspection in December 2016 we found records kept by the manager to monitor staff training did not always demonstrate the training staff had received. Care records and staff records were not always available to view and were not stored or transported securely. Care plans were inconsistent when detailing how people liked to receive their support. Dates and signatures were not available on people's care plans to demonstrate they were the most up to date care plans. Risk assessments were not dated and did not contain all the information on what risks there were to people and how they could be minimised.

We also found systems to assess the overall quality and safety of the service were not in place. Questionnaires had been sent to people and some had been returned. However there was no analysis of the questionnaires that had been returned. Complaints were received and incidents and accidents occurred and were reported. However there were no systems in place to analyse the complaints, incidents and accidents and learn from them. We found this to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some limited improvements with auditing the quality and safety of the service but had not made sufficient improvements to meet this regulation.

The providers training plan did not always reflect clearly the training and induction staff had received from the provider and recruitment processes in place were not followed to ensure safe recruitment practice. Recruitment spreadsheets contained incorrect information and did not match the documents held within staff recruitment folders.

There were still concerns with the security of information and information contained within peoples risk assessments. Although records were available to view when requested and stored securely within the location; security of information was still a concern. One relative told us how they had received another person's care plan. The manager confirmed this happened as a result of attaching the wrong document to an email. Although care plans had been recently reviewed risk assessments continued to be undated and

did not contain all the information on what risks there were to people and how they could be minimised. These shortfalls in governance meant that people were still at risk from receiving inappropriate or unsafe care. We found repeated breaches from the previous inspection in two regulations relating to recruitment and staff training caused by poor governance of the service.

A failure to operate effective systems and processes to monitor the overall quality and safety of the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Questionnaires had been sent to people on 23 April 2017 and three had been returned at the time of the inspection. We viewed the three questionnaires and found they provided positive feedback about the service. One person had commented that the service offered was "amazing" and as a result they felt their condition was improving because of the support and service received. Both the manager and consultant confirmed the timescale for analysing the questionnaires would be 17 May 2017.

A system had been developed called Quality Management Review (QMR) which would analyse quality and safety data received into the service. Information relating to incidents, accidents, complaints and safeguarding would be entered into the QMR and results analysed. This information would be processed into an action plan, discussed at director level and a copy would be sent to people if requested. Records demonstrated and manager confirmed that there had been no incidents, accidents or safeguardings since the last inspection. This system required time to become embedded into the service as no data about incidents, accidents or safeguarding had been added to date.

There had not been a registered manager in post since 8 July 2016. At our last inspection the current manager of the service was in the process of applying to the Commission to become the registered manager. However at this inspection the manager advised they had recruited a manager with more experience and knowledge than themselves to apply to become the registered manager. At the time of the inspection the newly appointed manager had not commenced work with the provider. The manager advised they were looking forward to the newly appointed manager joining the service because they did not have the skills to continue to manage the day to day running of the service and were looking forward to "Stepping back."

Since July 2015 the well led domain has been rated requires improvement on two occasions and inadequate on one occasion. The service had also been placed into special measures following the inspection in December 2016 and remains in special measures as a result of this inspection.

At our last inspection in December 2016 staff confirmed they had not attended team meetings, however, they felt the manager made themselves available, approachable and had a caring nature. At this inspection we found team meetings had not taken place, however all staff had met with the manager for a supervision and felt supported by them. A staff memo had been sent out on 1 May 2017 advising staff of a training session they were required to attend on the 2 May 2017 and the importance of communication.

At this inspection and the previous inspection in December 2016, staff felt confident in raising concerns to the manager and felt supported to question practice. They demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "I feel the managers take concerns seriously."

At our previous inspection in December 2016 we found the Commission had not been notified of two safeguarding concerns. We found this to be a breach of Regulation 18 of the Care Quality Commission

(Registration) Regulations 2009.

At this inspection we found safeguarding concerns had not been raised into the service and the manager and provider demonstrated a clearer understanding of when the Commission required to be notified.

The provider had displayed their previous rating from the inspection in December 2016 on their website.