

# Olive Healthcare Solutions Limited

# Manchester

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

Olive Healthcare, Manchester Branch is a domiciliary care service based in Salford and provides care to people within their own homes. Trafford council are the main funding local authority and the service provide care and support to people in the Urmston, Sale and Stretford areas of Greater Manchester. However the main office is located in Eccles, Salford.

We undertook this inspection on Tuesday 14 and Thursday 16 August 2018. This was the first comprehensive inspection we had undertaken of the service, since registering with CQC in December 2017.

At the time of the inspection there were 27 people using the service.

At this inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) relating to safe care and treatment, safeguarding people from abuse and improper treatment, receiving and acting on complaints, good governance, staffing and fit and proper persons employed.

You can see what action we have asked the service to take at the end of this report.

The overall rating for this service is 'Inadequate' and the service is therefore 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, we will be inspecting 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 in 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.

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.

Medication was not handled safely and people did not always receive their medicines as prescribed.

Appropriate recruitment checks were not in place and staff were not always recruited in line with the recruitment policy and procedure.

Safeguarding concerns were not always reported to the local authority for further investigation such as when people were found with unexplained bruising.

Records of any accidents and incidents were maintained, however the forms lacked detail about actions to take to prevent future re-occurrence.

There were enough staff working for the service, however people who used the service and relatives said they would like to be informed when staff were running late for a care call.

The staff induction programme was not based around the care certificate. Staff who had not worked in a care role previously had not been able to complete this when they first commenced their employment.

Staff did not receive regular supervision and appraisal.

Overall we received positive comments about the care provided, however due to the wider concerns identified during the inspection people who used the service did not always benefit from a caring culture.

The service did not have systems in place to record and respond to complaints. Several relatives told us they had voiced concerns with the office, however these had not been logged and we were unable to see how they had been acted upon.

A range of policies and procedures were in place, however they were not always being followed.

Quality assurance systems were not effective in identifying concerns from this inspection and a number of audits and checks had not been carried out. Audits were not undertaken at provider level to monitor the work carried out at this branch.

Spot checks and observations of staff had not been undertaken so that managers could monitor and provide feedback about staff practice when providing care in people's homes.

Competency assessments had not been carried out in a number of key areas such as moving and handling and medication.

Statutory notifications were not always being submitted to CQC when required, such as when safeguarding incidents had occurred.

People who used the service said they felt safe and staff understood their role with regards to safeguarding and whistleblowing procedures.

Staff received a range of training to support them in their role.

People received enough to eat and drink and said they were assisted as required by staff.

There were systems in place to seek feedback about the quality of service being provided through satisfaction surveys.

People were supported to access the local community by staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

People did not receive their medication as prescribed.

Staff were not always recruited safely.

Accident and incident forms were not always completed accurately.

Potential safeguarding concerns were not always reported to the local authority for further investigation.

### Is the service effective?

**Requires Improvement** ●

Not all aspects of the service were effective.

Staff did not receive regular supervision and appraisal to support them in their role.

The staff induction programme did not include completion of the care certificate.

People told us they received enough to eat and drink and received good support this area.

### Is the service caring?

**Requires Improvement** ●

The service was caring.

Overall, people were complimentary about the care being delivered, however people who used the service did not always benefit from a caring culture because of the wider concerns found during the inspection.

People said they felt treated with dignity and respect by staff.

People said staff communicated with them well.

### Is the service responsive?

**Requires Improvement** ●

Not all aspects of the service were responsive.

The service did not have an appropriate system in place to record and respond to complaints.

There were systems in place to seek feedback from people using the service through satisfaction surveys.

People were supported to access the local community by staff.

**Is the service well-led?**

**Inadequate** 

The service was not well-led.

Audit and quality assurance systems were not sufficiently robust to identify the concerns found at this inspection. Provider level audits were also not being undertaken to monitor the branch.

Spot checks and observations of staff were not being carried out.

Competency assessments in key areas such as medication and moving and handling had not been undertaken.

Statutory notifications were not always being submitted to CQC when required, such as when safeguarding incidents had occurred.

# Manchester

## Detailed findings

### Background to this inspection

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

The inspection took place on 14 and 16 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available to facilitate our inspection. The inspection team consisted of one adult social care and pharmacist inspector from the Care Quality Commission (CQC). Our pharmacist inspector looked at how medication was handled.

Before the inspection visit we reviewed the information we held about the service, including notifications we had received such as any safeguarding incidents that had taken place. We contacted Trafford Council prior to the inspection to see if they had information to share with us and inform our inspection planning.

We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at a range of documentation during the inspection. This included five care plans, eight staff personnel files, four medication administration record (MAR), staff training records and policies and procedures.

We spoke with several people during the inspection which included four people who used the service, six relatives and two care staff and the registered manager. This was in order to seek feedback about the quality of service being provided. We also visited four people at home to look at how their medication was being handled.

# Is the service safe?

## Our findings

In advance of the inspection, we received a number of concerns about how medication was handled which could place people at risk of harm. As such, a pharmacist inspector from CQC reviewed how medication was handled to ensure this was being done safely. During the inspection we reviewed the medicines records of four people who used the service.

We found that medicines were not handled safely which meant people's health was placed at risk of harm. The service was commissioned by the local authority to provide medicines support for the four people we reviewed during the inspection. The level of support each person needed was decided by a senior member of staff by completing a medication assessment form. We saw the form in use was not as detailed as the form that was specified in the agency's medication policy. This meant that they did not have essential information to help them make a judgement of how much support was needed. For example, they did not have a complete list of medicines that people needed support with or any information about allergies.

The completed forms indicated that all four people could manage their own medicines with occasional reminders from staff, which they referred to as level one support. However, three people were assessed as not being able to remember to take their medicines at the right time and the fourth person was assessed as not being able to understand their medicines. This meant they needed more than the occasional reminder to take their medicines safely. The registered manager confirmed that the level of support recorded for each person was incorrectly recorded and they needed full assistance with their medicines. We looked at the support people were given in their homes we found that they were given full support with their medicines.

Staff recorded the administration of medicines on Medicines Administration Records (MARS) and we found that they were not properly completed. There were lots of gaps and missing signatures, so it was not possible to tell from these records if individual medicines had been given. We looked at log books filled in by staff at each visit and saw they did not always record that medicines had been given and never recorded the details about specific medicines. Staff recorded when they had watched people take their medicines, but when medicines were "missed" or "not given" they did not record the reasons for these omissions.

We also saw that the MARS showed they had been given a tablet, usually used to prevent heart attacks and strokes in April and May 2018 (the MARS for June was missing) but there was no record that the tablet had been given in July. We examined the MARS for August we saw that they had been given this tablet. The manager thought the tablet may have been stopped but could not confirm this. The registered manager had also not picked up this concern when he had audited the charts.

In another person's home we saw their relative had put a note on the medicines cabinet to remind staff to give their relative their eye drops each day. We saw that the eye drops were not on the MARS for July or August 2018, but on the day we visited, four bottles of eye drops had been delivered. The staff member that was accompanying the inspector was unsure what to do in the situation.

When Trafford Council asked if the service can support people with medicines, their tender document



reminds the agency that there must be a safe time interval between doses of certain medicines. We saw that one person was prescribed a tablet containing paracetamol which must be given with at least four hours between doses. We examined the planned visit times recorded on the electronic log and saw that on eight occasions over a period of six days there was less than four hours between planned visits and we saw that the tablets had not been given safely on eight occasions, which could impact on people's health. There were no arrangements to record the time that the tablets had been given meaning staff did not know if it was safe to give the tablets on these occasions.

Some medicines must be given 30 to 60 minutes before food but no arrangements were made to give people their medicines before they had their breakfast. If tablets are not given at the correct times they may not work properly.

Some people were prescribed medicines to be taken "when required" or with a choice of dose. There was no information recorded to help staff decide which dose to give or when the medicines were needed. We asked one person who was prescribed two medicines in this way if they were asked if they needed their medicines and they told us they just took whatever the carer brought for them and that they were never asked if they were in pain and needed pain relief. They told us they did not often refuse medicines, but the MARS showed that these medicines were often not given. It is important that guidance is in place for staff to be able to assess when to give medicines safely and consistently.

The MARS showed that sometimes staff left tablets, eye drops and creams for people to take and use after the carer had left. There were no risk assessments recorded to confirm it was safe to do so and there was no plan for staff to follow to check if people had used the medication left out for them. One person told us they used their eye ointment themselves but the box was still sealed and a staff member confirmed there were no other open tubes in use. We saw another person had been left to apply cream to an area of the body they would have had difficulty in reaching.

There was limited information in care plans about where medicines should be stored in people's homes. One person had taken their night time medicines before the tea time call. The staff decided that their medicines must be placed out of reach to prevent them harming themselves because the staff felt the person was becoming more confused. Their medication assessment had not been updated or reviewed to reflect this information.

The concerns relating to medication meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) relating to safe care and treatment.

We looked at how accidents and incidents were monitored. The registered manager told us there was not a central folder used to collate any incidents and that any accidents that had occurred were held within people's care plans. We looked at one person's care plan and found five separate accident forms relating to bruising, falls and a scraped arm. There was a section on the back of the form to record what actions would be taken to prevent future re-occurrence however this had not been filled in on any of the forms. This meant management and staff would not have access to information about how to keep people safe in the future and attempt to prevent future re-occurrence.

We have addressed the recording issues relating to accidents within the well-led section of this report as part of Good Governance.

We looked at how staff were recruited to ensure this was being done safely and we looked at eight staff

personnel files as part of the inspection. We saw application forms were completed, DBS checks were carried out and there were records of interview questions and responses. DBS checks allow employers to establish if new staff have any criminal convictions and are suitable to work with vulnerable people. Photo ID was also requested such as copies of driving licenses and passports to confirm the identity of candidates.

We reviewed the recruitment policy and procedure which stated two references should be sought before staff could commence employment, one of which should be from the last employer. In two staff files we looked at, the last employer had been listed on the application form, however their references were from different organisations. In another staff file, one of the reference forms was blank and hadn't been filled in, whilst the second reference had been returned asking for it to be sent to a different email address, however this hadn't been done.

The policy and procedure also said the candidate risk assessments would be completed and used when any part of the recruitment process gave cause for concern, for instance the lack of recent employer references. We asked if these risk assessments had been completed, however we were told they hadn't been done.

This meant there had been a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) regarding fit and proper persons employed. This was because recruitment procedures were not being operated effectively.

We looked at the systems in place to safeguard people from abuse. We saw from looking at the training matrix that staff had received training in safeguarding vulnerable adults and when asked, had a good understanding about how to report concerns. However not all potential concerns were being reported for further investigation, such as unexplained bruising. One member of staff said, "I have done training and signs of abuse could be bruising, or a sudden change in a person's behaviour. I would speak to the manager, but am also aware we can contact the police if needed."

At the time of the inspection, the service did not maintain a central log of safeguarding concerns that had taken place, however we had been made aware of several safeguarding concerns that had taken place when we spoke with the local authority prior to the inspection. All safeguarding correspondence was being held on the registered managers computer, however this meant staff could not access this information if needed and look at what measures needed to be put in place to help keep people safe and avoid any repeat incidents.

We found not all potential safeguarding concerns were reported by staff and subsequently to the local authority for further investigation. For example, we noticed in one person's care plan that staff had completed a body map in April 2018 because they had found some unexplained bruising and nobody knew how this had been caused. The registered manager was not aware of this and there were no body map audits being completed where this could have been identified and acted upon in a timely manner.

This meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regarding safeguarding people from abuse and improper treatment. This was because systems and processes had not been established and operated effectively to prevent abuse of service users.

We checked to see if there were sufficient numbers of staff working for the service in order to care for people safely. At the time of the inspection, the service employed 12 care staff and another eight were in the process of being recruited and were awaiting DBS checks to be returned. This was to provide care and support to 27 people. Staff rotas were used and showed where staff needed to be throughout the week. The service used a call monitoring system to check care calls were being delivered as required and we saw these were attended

as required. For example, where people needed two members of staff to assist them, this was detailed within the call records that this number of staff had attended.

Some of the feedback we received from people was that staff were sometimes late and were not informed by the office about what was going on and why staff were not on time. One relative said, "There has been issues when they have not turned up on time and the timing has been random." Another relative said, "The majority of the time call timings are okay. Can be hit and miss at weekends sometimes. It's generally me ringing the office to see where they are rather than them letting me know."

We looked at how the service managed risk. We saw people had individual risk assessments in their care plans which covered areas such as moving and handling, the environment, fire safety and mobility. Where potential risks were identified there was information for staff to follow about how to keep people safe. For example, one person was at risk of falls and staff needed to remind them to use their walking frame when walking around the house. An overview of the equipment people needed was also listed so staff were aware what people required. A relative told to us, "Mum has been seen by the falls clinic. They respond well and she uses the pendant if she falls and an ambulance is called. They guide mum when using her frame too."

## Is the service effective?

### Our findings

We looked at the induction, training, supervision and appraisal staff received to support them in their role. A training matrix was maintained and showed staff had received training relating to key areas of service delivery such as medication, safeguarding, moving and handling, mental capacity, lone working, food hygiene and fire safety. The staff spoken with during the inspection said they felt enough training was provided by the service. One member of staff said, "Yes I think they provide enough training for staff and additional training would be provided if I needed it." Another member of staff added, "I have only been working here for one month, but have done loads already. I feel they provide enough for staff."

Staff completed a standard work place induction which covered areas such as food hygiene, safeguarding, infection control, medication, mental capacity and moving and handling. The staff we spoke with during the inspection told us they completed this when they first commenced their employment.

However, we found the care certificate was not routinely covered as part of the staff induction process. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected within health and social care settings. It is made up of the 15 minimum standards that should be covered when staff 'new to care', with the intention of providing a robust induction programme. The registered manager told us it was not used at the time of the inspection as all staff had previously worked in care before. However, we found two members of staff were working in care for the first time after speaking with them and reviewing recruitment information. The registered manager told us the care certificate would be introduced following the inspection.

We looked at the staff supervision policy and procedure which stated appropriate, ongoing or periodic supervision in their role to make sure competence is maintained. However, we found no staff supervisions had taken place in 2018 and records of staff supervision were not available when requested. Both staff spoken with during the inspection said they had not received a supervision for some time, although did report feeling well supported in their role. As mentioned in the well-led section of this report, competency assessments and regular spot checks/observations of staff were also not being carried out, where staff could receive support as part of their role.

Appraisals had not yet been undertaken either, however we will report on this again once the service has been operational for 12 months which would be the expected frequency for staff appraisals to be undertaken.

The concerns found regarding staff induction and supervision meant there had been a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) relating to Staffing. This was because staff did not always receive the appropriate induction and supervision to support them in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training relating to the MCA and displayed a knowledge about the legislation. One member of staff said, "MCA relates to people who lack capacity and may be living with dementia and Alzheimer's and we must therefore make decisions in their best interests."

We saw people's capacity was taken into account and recorded in their care plans as to whether people were able to understand and retain information. Care plans referenced principles of the MCA such as the need to presume people have capacity until proven otherwise. People who used the service had also been able to sign their care plans if they were able to, stating they gave their consent to receive services from Olive Healthcare.

We looked at how people were supported to maintain good nutrition and hydration. We saw people had eating and drinking care plans in place which took into account assistance with meal preparation, assistance to eat and if people had any specific dietary requirements. Several people who used the service required assistance to eat and their meals and told us this was always done by staff.

The comments we received from people who used the service and relatives were positive regarding nutrition and hydration. One relative said, "Mum is often assisted with meal preparation. I sometimes ask them to make breakfast and they do that no problem." Another relative said, "Mum requires support with this and staff make dinner and tea. They always do this. Mum is diabetic and I buy the food each week and staff prepare it. They are really good with this and always leave juice and water before they leave." A person using the service added, "I am able to have foods of choice and couldn't do without them."

People who used the service were supported to maintain good health. We noted people were registered with GP's (general practitioners) and had access to care and support from other health care professionals as necessary such as district nurses.

## Is the service caring?

### Our findings

Overall, people were complimentary about the care being delivered, however people who used the service did not always benefit from a caring culture because of the wider concerns found during the inspection.

We asked people who used the service for their views of the care and support provided from Olive Healthcare. A person using the service said, "It's alright and does what I want. I am receiving good care I would say." Another person added, "Everything is going well from my point of view and I have no concerns."

We also spoke with relatives as part of the inspection and asked them for their opinions of the care being delivered. One relative said, "I am not there a lot but from what I hear it is quite reasonable. Overall, I think they are okay. We are generally quite satisfied with the care." Another relative said, "It's okay from my point of view and I don't really have any complaints. They care for him as they should."

People told us they liked the staff and described them as being kind and caring, as did the relatives we spoke with. One person said, "They are polite and courteous to me." Another person said, "The staff are all okay with me. They are helpful, kind and generous people." A relative also said to us, "No problems with the staff and they seem kind and caring towards mum." Another relative added, "Perfectly nice and pleasant people."

People who used the service told us they felt treated with dignity and respect by staff. People told us staff always assisted them with their personal care discreetly and never made them feel uncomfortable or embarrassed. For instance people told us staff always assisted them with their personal care discreetly and never in the presence of other people.

People said staff prompted their independence and allowed them to do things for themselves if they were able to. For example, encouraging them to walk with zimmer frame to assist with their mobility and maintain their safety. People said staff often prepared meals for them, however left them to eat themselves, therefore promoting their independence.

We looked at the systems in place to ensure people were able to communicate effectively. We saw people had specific communication care plans in place which took into account how people would like to communicate with staff, any communication barriers and if any specific equipment was required such as glasses and hearing aids. There were systems in place to ensure information was accessible to people and in line with the AIS (Accessible Information Standard). Although nobody required this at the time of the inspection, people's care plans took into account if they had any particular problems with their eye sight and may require paperwork being provided to them in larger print.

We looked at how the service ensured people's equality, diversity and human rights needs were met. We saw that where this was a requirement, the service respected people's choices and beliefs. For example, one person was of a different ethnic origin and choose to eat foods from this country. When looking at this person's daily records we staff prepared these foods for this person each day.

## Is the service responsive?

### Our findings

We looked at the systems in place with regards to complaints. At the time of the inspection, the service did not have a formal complaints file to keep a record of any complaints about the service and the registered manager was unsure if any had been made.

We spoke with people who used the service and their relatives and asked them if they had ever made either a formal or verbal complaint about the service. One relative said, "I have made verbal complaints over the telephone about staff being late and leaving the door open when leaving meaning it is left open all night sometimes. They don't get back to you about anything though." Another relative said, "I rang the office once because staff were not leaving enough time between doses of antibiotics, but I never heard back about it."

We asked the registered manager about these verbal complaints and asked how they had been addressed, however nothing had been documented regarding any investigations that had taken place and if a response had been sent to the families in questions.

This meant there had been a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) regarding receiving and acting on complaints. This was because the service had not established and operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

Each person who used the service had their own care plan in place which provided an overview of the care people required. Copies of the care plans were held at people's houses and also at the head office. People had care plans in place covering areas such as eating and drinking, personal care, communication and skin care. Where required support in a particular area, there was guidance for staff to follow and what they were required to do. People's likes and dislikes were captured and this meant staff had access to person centred information about people's preferences.

We noted people received care in line with their preferences. For example, one person liked to have Weetabix, jam and toast for breakfast and we saw from reading this person's daily notes that staff prepared this for the person each morning.

There were systems in place to seek feedback from people who used the service and relatives through the use of satisfaction surveys. We looked at a sample of these during the inspection and noted the responses received were predominantly complimentary about the services being provided.

We looked at how people were supported with activities and to access the local community to reduce the risk of social isolation. Where necessary, people had community access care plans in place, detailing any support they needed from staff.

We looked at how the service cared for people receiving end of life care. Due to the nature of the service (being a domiciliary care service), end of life was not provided directly and the registered manager told us

the main role of staff was to follow advice from district nurses/ GP's and provide support to families where needed.

People who used the service were supported to maintain relationships where possible. We saw family members were able to actively be involved in people's care and support regarding medication and providing assistance with shopping so that staff could then prepare meals for people.



## Is the service well-led?

### Our findings

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. The registered manager had registered with CQC in August 2018.

The service forms part of the Olive Healthcare Solutions registration, which registered with CQC December 2017. The staff we spoke with told us they enjoyed their work and enjoyed working in a care setting. One member of staff said, "Everything is going really good. I feel I got to grips with things quickly and am really enjoying it." Another member of staff added, "I have been with the company for a year now. It is all going fine and I am enjoying the job."

Additionally, staff said they felt supported and that the service was generally well managed. One member of staff said, "There always seems to be contact available and they don't breathe down your neck. I think it is well managed and well organised." Another member of staff told us, "I am feeling supported to do my job and feel management is good."

We looked at the systems in place to monitor the quality of service being provided. At the time of the inspection we found appropriate governance systems were not effective and were not being carried out to cover all areas of service delivery. For example, we had identified concerns at this inspection relating to staff recruitment, staff supervision, safeguarding incidents and complaints, however there were no auditing systems currently in place to check these systems were operating effectively. Audits of medication were being undertaken, however had not picked up on the concerns we had identified during this inspection.

We checked to see if there were any provider level audits being undertaken of the branch to ensure any shortfalls in service delivery could be identified and acted upon in a timely way. We contacted the nominated individual following the inspection and asked these to be sent to us, however these were not provided.

Prior to our inspection, we were made aware of several concerns that had been made about the service, some of which were of a safeguarding nature. These related to medication errors, medication being found on the floor, care staff not always staying for the correct length of time, and care staff leaving the door unlocked at people's houses. Despite this, spot checks and observations of staff were not being undertaken so that management could identify and improve any shortfalls in practice. Competency assessments had also not been carried out to cover key areas such the administration of medicines and moving and handling, despite a number of medication errors being reported. At the time of the inspection the registered manager said nobody required the use of a hoist, however one person was transferred by two members of staff, however these essential checks were not being done to ensure this was being done safely by staff.

Staff told us team meetings took place so that they could discuss their work and raise any concerns. We

asked to see the minutes of these meetings during the inspection, however they were not sent to us.

As mentioned in the Safe domain of this report, accident and incident forms were not being completed correctly which meant accurate and contemporaneous records were not being maintained in respect of each service user.

The service had policies and procedures in place which covered all aspects of the service. These were developed and updated and reviewed each year. However, we found these were not always followed due to the concerns we had found during the inspection relating to areas such as staff recruitment, supervision and spot checks/observations of staff.

Due to the concerns we found regarding policies and procedures, quality monitoring systems, accident and incident recording and a lack of team meeting minutes, meant there had been a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regarding Good Governance. This was because appropriate systems were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

CQC had not always received statutory notifications about incidents such as medication errors which had been reported as safeguarding concerns. This was a breach of regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009. This was CQC had not been made aware of all allegations of abuse in relation each service user. We will follow this issue up outside of the inspection process.

Confidential information was being stored securely and we saw records such as care plans and staff personnel files were stored in lockable cabinets in the office when not in use. This meant that people's personal information was kept safe.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Appropriate systems were not in place to safeguard people from potential abuse.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Appropriate systems were not in place to manage complaints.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Appropriate systems were not in place to ensure correct recruitment procedures were followed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Appropriate systems were not in place to ensure staff received the appropriate induction and supervision to support them in their role.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate systems were not in place to manage medication safely.

**The enforcement action we took:**

We issued a warning notice regarding this regulation.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not in place to ensure good governance within the service.

**The enforcement action we took:**

We issued a warning notice regarding this regulation.