

Freda Varley

# Take A Break With Choices

## Inspection report

9 Chadwick Street  
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Bolton  
Lancashire  
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Date of inspection visit:  
24 August 2017

Date of publication:  
03 November 2017

### 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

We carried out this announced inspection on 24 August 2017. The service is a two storey building and is close to Bolton town centre and local amenities. Bedrooms and bathrooms were on both floors. A domestic stair lift provided access to the first floor if required. A communal lounge and dining room were situated on the ground floor.

Take A Break With Choices provides respite care for up to seven people. Whilst the provision is meant to be for respite and therefore time limited the people accommodated had been there for several months with no indication as when they would be moving on to alternative permanent care. At the time of the inspection there were five people staying at the home.

The service also provides care and support to people in their own homes. Four people were receiving care in their own homes and support was provided to people with tasks such as shopping and cleaning.

There was a registered manager at the service. The registered manager is also the provider. 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 and associated Regulations about how the service is run.

At the previous inspection on 10 and 15 of February 2016 the Care Quality Commission (CQC) Inspectors found breaches in Regulation 9 – person centred care, Regulation 11 – need for consent, Regulation 12 safe care and treatment, Regulation 17 good governance and Regulation 18 staffing.

On 06 June 2016 a focused inspection was carried out with regard to information suggesting the Provider was operating above the number of beds specified on the registration certificate. The inspection found the Provider was in breach of a condition of registration and was accommodating more people than she was registered to care for. This breach of condition is currently being considered by the Commission as to what action to consider.

At this inspection on 24 August 2017 we found that some policies and procedures needed updating for example the medication policy.

Risk assessments were tick box sheets and did not clearly identify risks to individuals. For example where a risk had been identified, in an area such as falls or medicines, there was no individual risk assessment outlining the specific risks, actions taken, equipment or techniques used to minimise the risks and review of the risk.

There was no evidence of a fire risk assessment, testing of emergency equipment or fire drills taking place. We noted that some fire doors were propped open. The registered manager was unaware that personal emergency evacuation plans (PEEPs) should be in place.

We asked for the recording of water temperatures to ensure that water was discharged at the appropriate

temperature. These could not be provided by the registered manager. There was no legionella certificate the registered manager was unaware of what this was and why it was required.

We noted that infection control procedures were not adhered to. There were cloths towels in communal bathrooms and toilets which allow for the transfer of bacteria. Paper towel dispensers were empty which meant that good hand washing and drying techniques were not supported.

There was no food hygiene standard awarded for the service. The registered manager did not know this was required. It is the responsibility of the registered person to register the service with the Environmental Health agency.

The registered manager was unaware of what a dependency tool was despite the PIR stating, 'We use a dependency tool to ensure that there are always enough competent staff on duty with the right mix of skills'.

Staff rotas for August and September 2017 were requested. The rotas supplied were insufficient and did not detail the names of staff or dates worked.

The provider was unable to provide us with information to assure us that all staff had been properly vetted through checks with the Disclosure and Barring Service (DBS). There was no evidence of audits carried out by the registered manager to check medication, the environment, accidents/incidents or complaints. There was some evidence of satisfaction questionnaires but these had not been collated to track any themes or trends identified.

One person told there was a lack of activities and there were no residents meetings for people to discuss their views and opinions on the service.

We checked our records before the inspection and saw that, although some incidents that CQC needed to be informed about had been notified to us by the registered manager there were some significant events CQC had not been informed of. This meant we were unable to see if appropriate action had been taken by management to ensure people were kept safe.

We saw that medicines were administered safely. We saw that medicines were stored in a wall mounted lock cupboard in the kitchen. Other items such as communication books were stored in the cupboard. It is recommended that other items are not stored in the cupboard with medicines.

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

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

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough

improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration at Take A Break With Choices, 9 Chadwick Street, The Haulgh, Bolton , Lancashire BL2 1JN.

## 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.

We found that people's safety was compromised by a lack of fire testing precautions and record keeping and infection control procedures within the home.

Medicines had been given appropriately. Inadequate risks assessments did not protect people from harm including medicines being taken off the premises.

The registered provider failed to provide up to date staffing lists as requested. The Disclosure and Barring Service checks were incomplete

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

There was a lack of staffing training. People were caring for people with significant medical conditions without any training in this area.

The provider had failed to register with appropriate agencies such as infection control and environmental health.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring .

People's privacy and dignity could be compromised with the use of closed circuit television.

We were told that residents' meetings or a formal forum for people to raise concerns or make suggestions were not held.

### Is the service responsive?

The service was not responsive.

There was no auditing system in place for monitoring complaints to identify trends and patterns.

There was a lack of meaningful activities.

Information on the PIR was incorrect with regard to complaints.

**Requires Improvement** 

### Is the service well-led?

The service was not well led.

The registered manager failed to provide to CQC information that had been requested on numerous occasions.

The registered manager failed to provide updated information on staff recruitment.

The registered manager had failed to ensure that effective systems to monitor the quality of the service were in place.

**Inadequate** 

# Take A Break With Choices

## 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.

This inspection took place on 24 August 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and a care home for adults providing respite care. We needed to be sure that the registered manager would be available to facilitate the inspection. The membership of the inspection team comprised of two adult social care inspectors from the Care Quality Commission (CQC)

We requested and received a Provider Information Return (PIR). The form had been completed on 11 August 2017. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We also contacted Bolton local authority and Bolton safeguarding team to ask for their views about the service. Both raised concerns about this service in respect of the number of safeguarding concerns and complaints that had been raised with them recently.

Prior to the inspection we reviewed information we held on the service, this included the last two inspection reports and notifications the service has sent to us.

We looked at the staff records for seven staff members. We looked at five care files for the people accommodated at the care home and spoke with two people who were currently living at the home and in receipt of personal care. We looked at three files for people who were receiving care at home and spoke with two relatives. We also spoke with the registered manager and three members of care staff.

# Is the service safe?

## Our findings

We spoke with two people who were staying at the home, they told us they were safe living at the home and people being cared for in their own homes also felt safe with the care received.

On the day of the inspection we saw that there were sufficient staff on duty in the home to meet the needs of the people accommodated there. We asked the registered manager how they assessed how many staff were required. We asked if a staffing dependency tool was used to calculate the staffing requirements in accordance with dependency of people accommodated. The registered manager was unaware of what a dependency tool was despite telling us in the PIR they had completed 'We use a dependency tool to ensure that there are always enough competent staff on duty with the right mix of skills'. It is recommended that the provider researches the use of a dependency tool to assist her in ensuring that sufficient staff are on duty at any one time and that information provided to CQC in the PIR is accurate and can be demonstrated.

Following our inspection we requested that the registered manager sent us the staffing rotas for August and September 2017. The information received was for the visits from staff to people who received care in their own homes. There were no dates on the rotas and no full names included. This meant that staff rotas were not clear and concise should they need to be referred to at any time. We have not received the staff rotas for staff on duty in the service as requested.

We looked at seven staff personnel files. Information in the staff files included: an application form, written references and other forms of identification for example, a copy of the applicant's driving licence or passport.

Prior to the inspection we had received concerns that the provider was not checking that staff were suitable and had no criminal record using the Disclosure and Barring service (DBS) for staff. A DBS check provides information to ensure that people were suitable to work with vulnerable adults and children. Prior to the inspection, and to give sufficient time we asked the provider to ask staff to bring in their DBS certificate for inspectors to check validity. There was evidence of five DBS certificates available at the service but not all as requested. We saw three DBS checks had a local Football Club documented as the employer and one check was from Bolton Council dated 23 January 2012. DBS checks are not transferable between employers and as such the provider should have taken up these DBS checks again. We noted that two DBS checks had been issued in 2009 and 2015. Whilst we know that DBS checks are not time limited it is recommended that the provider seeks to update DBS checks on a regular basis to ensure that she is assured that no misdemeanours have occurred which she is unaware of. We saw that the provider does ask staff to sign an annual declaration form to confirm that they had not been convicted of any offence.

We asked the registered manager about one DBS where there was a significant conviction recorded and what checks and balances she had put into place regarding this person's employment. The registered manager told us this person had applied for a job with the service but had not yet been employed, due to her concerns about the conviction. However, information we received on 25 August 2017 on a staffing and DBS check list showed that this person had been employed and was currently working for the service.



We found this was a Breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that you failed to ensure that robust procedures and processes were in place that makes sure people are protected.

Infection control procedures were not adhered to as on checking communal bathrooms it was noted that shared cloth handtowels were in use. We recommend she considers the code of practice on infection control. Following our inspection we contacted Bolton infection control team. They confirmed they were unaware of this service. The registered provider had failed to register the service with them as required.

We asked the registered manager what food hygiene rating standard had been awarded to the service. This is a rating following an inspection from the food hygiene standards agency. The registered manager told us they had not got a rating and were unaware this was necessary.

Following the inspection we checked with the food hygiene standards agency and we found that the provider had not registered the service as required with the council for food hygiene checks. This meant that no food preparation/hygiene checks had been carried out to help ensure the safety of people who used the service. Staff prepared meals at the home and there was no evidence that they had received training in food hygiene.

Risk assessments did not clearly identify risks to individuals. For example one person was at risk of falls, there was no individual risk fall assessment for this person of how to mitigate risks of falls. For another person there was no risk assessment for taking medication off the premises when they went to stay with friends at weekends. One of the medicines was liquid morphine which under The Misuse of Drugs Legislation 2001 is a controlled drug (depending on the strength prescribed). This liquid was taken off the premises in a small brown tablet bottle with a hand written sticky label attached by staff. There was no risk assessment in place to cover staff dispensing medication or to the person using the service.

We found this was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that you failed to ensure that appropriate risk assessments of needs and preferences were completed.

We saw that other medicines were administered safely and that the Medication Administration Records sheets (MARs) had been completed. We saw that medicines were stored in a wall mounted locked cupboard in the kitchen. Other items such as communication books were stored in the cupboard. We recommend that other items should be removed from the cupboard and that a risk assessment is carried for the safe storage of medicines in this cupboard giving regard to the temperature and humidity of the room which may affect medicines stored.

We asked if a copy of the British National Formulary (BNF) to check for information such as medication side effects was available for staff. Staff were unaware of this guide. We were provided with a medication policy which was not specific to the service and was a power point presentation and referred to the National Minimum Standards (NMS) – outcome 10. The NMS have not been used since 2004 and this information is not out of date.

Following the inspection the registered manager sent another medication policy which is still not specific to this service and the range of regulated activities provided.

Information on the PIR states there had been ten safeguarding referrals within the last 12 months. Seven of these were reported in 2017. The Bolton local authority safeguarding team were actively involved in dealing

with these allegations.

We ask the registered manager for the fire risk assessment and records of fire drills. These could not be provided. The registered manager was unaware that personal emergency evacuation plans (PEEPs) should be in place. Following our inspection the registered manager confirmed PEEPs were now in place. This will be checked at our next inspection.

Fire doors were propped open with 'toy like' door stoppers. If people who used the service wished to have their doors open this needs to be assessed and appropriate doors guards or magnetic door closures that are linked to the fire alarm system need to be in place. We saw that there was a tick box fire steward's weekly checklist. This had been completed monthly not weekly from April to August 2017.

We asked for the recording of water temperatures for baths/showers and hand washing facilities. These could not be provided by the registered manager on inspection. The registered manager did not know if any checks had been carried out and questioned why these needed to be done as thermostatic valves were fitted to regulate the water temperature. We explained that checks needed to be carried out to ensure that the valves were working correctly.

On the 24 August 2017 the inspector checked the upstairs bathroom sink and the water from the hot tap was cold and the tap was loose. This meant that the hot water was not suitably regulated and had not been checked. On the 30 August 2017 the registered manager sent us information that told us water checks had been recorded in the same book as the weekly fire checks. We noted that some of the water checks sent to us had been signed as 'normal' registering at 60 degrees. These checks were only taken for the hand wash basins in the upstairs and downstairs sinks. We did not receive any information about the temperatures for other bathing facilities. Despite the registered manager telling us on inspection that they did not know if checks had been completed the evidence provided showed the checks that had been completed by the registered manager. For example 18 August 2017, 27 July 2017 and 14 April 2017, every temperature check in 2016 and 2017 had registered exactly the same. We recommend that regular testing of temperatures is carried out to maintain the safety of people who use the service.

There was no legionella water testing certificate, the registered manager was unaware of what this was or why it was required. It was recommended that the registered manager look in this following the inspection.

We saw that the electrical and gas installation and equipment had been serviced. Portable appliance testing (PAT) was up to date. The registered manager could not produce evidence to show that the stair lift had been serviced since 10 May 2015. If the stair lift is in use it should be serviced in line with the manufacturers' instructions. The patient lifting equipment, Oxford mini hoist was due to be serviced in May 2015. The registered manager told us this was in storage as it was not required for any of the people who were currently living at the home. We recommend that this equipment is serviced in line with the manufacturers' instructions so that should it be used at any given time it has been serviced and assessed as safe to use.

## Is the service effective?

### Our findings

From people we spoke with it was evident that they required minimal assistance with physical/personal care. Comments included, "The staff are OK here". We saw that people had access to external healthcare professionals. On the day of the inspection a member of staff was accompanying a person to the doctor's for regular appointment.

We looked to see how staff were supported to develop their knowledge and skills. We were provided with a range of certificates. However some of these were not dated so we could not tell if these were valid. We asked the registered manager to provide a percentage breakdown of all staff training prior the inspection, this information has not been provided despite being requested numerous times.

One person staying at the home was insulin dependent diabetic and both the individual and the staff told us they often suffered hypoglycaemic attacks. Staff confirmed they had not undertaken training in diabetes awareness. This placed the person at significant risk of harm. Information supplied by the provider on the PIR received prior to the inspection said that staff had received person specific training however the provider could not provide us with evidence to show this to be accurate. The provider was further unable to provide evidence that staff had up to date training in food hygiene, infection control, Mental Capacity Act or Deprivation of Liberty Safeguarding (DoLS), basic first aid or fire training.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at the home. It contained basic information in the form of a 'check list' to help them understand what was expected of them and what needed to be done to ensure the safety of the staff and the people using the service. There was no information to prepare staff for their role, such as values, behaviours, codes of conduct and aims and objectives. We would recommend skills for care induction for all new staff.

We found that you were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that you failed to ensure that staff had received appropriate training as necessary to enable them to carry out the duties they are employed to perform.

We saw that systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff discuss their progress and any learning and development needs they may have and also raise good practice ideas.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

From our observations we were aware that people who used the service were able to consent to the care

provided. The registered manager told us that if a person did not have the mental capacity to make decisions then a 'best interest' meeting would be arranged. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. During a discussion with the registered manager it was evident that they had an understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We had previously been notified of a DoLS authorisation.

We asked about the food provided. The home does not have a cook and meals were prepared by the staff on duty. We saw that menus were displayed in the kitchen. One person told us, "It depends on who cooks the food, last night we had anaemic chips they were horrible with what they charge here we should be having steak".

We looked at four care records for people who used the service and four care records of people receiving care in their own homes. We saw that information in the care records included health and medical information, information to keep me safe in hospital, timetable for care and contact details. We saw that reviews/reassessments had been undertaken monthly and changes noted were documented. Medication authorisations and consent to care had been signed by people who used the service. There was information to guide staff on the procedures to follow if people went missing for the service. We saw that referrals to other healthcare professionals had been made as required.

## Is the service caring?

### Our findings

We spoke with two people whose relatives received care in their own home. Both were complimentary about their care delivered. One person told us, "We have a regular carer who is great, she comes on time, much better than the other carers we have had". Another person told us, "Some carers are better than others, but that is always the case. They come on time and do the tasks they are meant to do, I have no concerns".

One member of staff told us, "This is the best place I have worked at".

We observed that the home had closed circuit television cameras (CCTV) fitted in communal areas. We discussed this with one person who used the service. They told us, "I don't care if they are there or not, I will still say what I want".

We asked the registered provider how people's privacy was maintained in view of the use (CCTV) in communal areas that monitored and recorded people's actions and conversations. We asked the registered manager why they felt this was necessary. The registered manager said it was so they could check back on things. The registered manager went on to say that the CCTV was not currently working as the hard drive may have been removed. The registered manager needs to establish if this is the case and if so needs to make strenuous efforts to retrieve the information held on the hard drive. If this cannot be achieved the registered manager needs to report the matter to the police as theft of property. A statutory notification to the CQC confirming the removal of the hard drive and actions taken, if it has, then needs to be completed

The use of CCTV was not detailed in the service user guide to make people are aware of its presence and there was no policy available on the use of CCTV and who had access to viewing the tapes. We recommend the provider looks at the CQC website for further guidance on the use of CCTV in regulated settings.

This service operates more like a guest house. People who used the service required minimal care and support and went out of the home as they wished. We were told that the home had an 11.00 pm curfew and people were expected to be in by that time. One person thought this was unacceptable as at their age they should be able to come in when they want. If a curfew is imposed this must be clearly documented in the service user guide and the statement of purpose so people who use the service are aware of this restriction.

We saw bedrooms were well equipped and people had their own possessions and belongings in their rooms. We noted that there were key pads on some bedrooms doors to allow people to lock their rooms if they wished. There were no hand basins in people's rooms however bathrooms were available on both floors.

We observed staff interactions with people at the home were good and the members of staff on duty knew about the people they were caring for.

This service is a respite service with a view to short stays for people for breaks or until alternative

accommodation could be found. We asked the registered manager about promoting independence, as it was the aim for some people to return to living back in the community. Apart from people going in to town or to the cinema there was nothing planned at the home to encourage and support people with domestic duties, shopping and cooking in preparation to achieve their goals. Staff did most of these tasks.

Information in the PIR states that employees should possess qualities including, 'kindness, compassion, respect to others, empowerment and promotion of dignity'. We did not see evidence of people being empowered by, for example, being equipped for moving on with the promotion of skills and abilities, such as cooking and cleaning for themselves. People we spoke with told us they were pretty much left to their own devices. Nothing in the care plans we looked at indicated that people were being supported to be more independent or to gain or enhance skills.

## Is the service responsive?

### Our findings

We asked one person if they felt the staff responded well to their needs. The response we received was in relation to the lack of activities. Comments made included; "It's boring, there nothing to do apart from watch television. They had a pool table but that's gone". When asked about this the registered manager told us, "It's not gone they just need to set it up, but there is no one else that wants to play pool". It is possible that other people who used the service may not wish to play pool however staff could engage in this activity. We asked if they had any regular activities such as 'a take away' night for a change, we were told no. People we spoke with told us their views were not sought regarding how they wished to spend their time.

We saw the service had vast outside space. This was not utilised to its full potential. Previously the building had been a child care facility and the ground still had cushioned flooring with childlike symbols on. With some imagination this area could be used for other activities for example gardening or a greenhouse. We would recommend asking people who used the service for their views about how they would like this space to be utilised.

There were no individual activity plans for people to help form some structure to the week. One person told us liked to go to the cinema a lot which they claimed was very expensive. They did this on the day of the inspection and the day before. People were left very much to their own devices. People who used the service should be encouraged and supported by staff in certain responsibilities and tasks in preparation for moving in to alternative accommodation as this service is currently commissioned as respite service and not a long stay service.

We found that you were in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that you failed to ensure that Suitable and sufficient activities and community involvement must be provided to help promote people's well-being .

We saw that some people had helped to write their care plan and the support plans were provided to people in an easy read format if required. We did see that personal information was in care plans about people's background history

We saw information in the care records that in the event of a person being transferred to hospital, there was information called 'Keep me safe in hospital' this was information about the person was relayed to the receiving service.

There had been two complaints which had been sent to both CQC and the local authority. The provider had been made aware of the complaints and had attended meetings and had discussions about the complaints. There had also been concerns raised via satisfaction surveys sent to people who used the service within the community. We saw that the concerns had been addressed as there was a note made on the survey. However, these were not logged in a complaints/concerns file or analysed to look at any patterns or trends so that the service could look at general improvements to the service delivery if this was indicated.

## Is the service well-led?

### Our findings

There was a registered manager at the service. The registered manager is also the provider. 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 and associated Regulations about how the service is run. The registered manager was available to facilitate the inspection.

At the inspection on 10 and 15 of February 2016 the Care Quality Commission (CQC) carried out a comprehensive inspection. The overall rating was requires improvement. Inspectors found breaches in Regulation 9 – person centred care, Regulation 11 – need for consent, Regulation 12 safe care and treatment, Regulation 17 good governance and Regulation 18 staffing. At the focused inspection on 14 June 2016 the service was rated 'Requires Improvement' in the well –led domain.

Information from the Commissioners and the local safeguarding team showed they had concerns in relation to the management of the service. At the previous inspection in June 2016 it was found that the service was in breach of a condition of its registration with the Care Quality Commission. The certificate of registration dated 25 October 2013 stipulated that the provider was restricted to a maximum of five service users at any one time. The evidence obtained during the inspection demonstrated that in June 2016 there were seven service users at Take a Break with Choices. This was a breach of a condition to the provider's registration. At this inspection the registered manager failed to provide the inspectors with information as requested, that is a full list of currently employed staff, health and safety information around fire risk assessments, fire drills, water temperatures and personal emergency evacuation plans (PEEPs). They had provided incorrect information on the PIR, for example, The PIR stated there were audits of competence re safeguarding and medication audits, but we were not provided with these when we requested evidence of audits. We saw that some policies and procedures were in place to inform and guide staff on their practice; however some made reference to the previous legislation that the Commission regulated against and not the current legislation. The provider needs to ensure that information to assist and guide staff is current and up to date.

We asked the registered manager what systems were in place to monitor and assess the quality of the service. We saw evidence of some monitoring checks from people who used the domiciliary service. We found that there were no systems in place to review and analyse care plans, medication, the environment, accidents and incidents and complaints for the regulated activities provided. One person told us that residents' meetings or a formal forum for people to raise concerns or make suggestions were not held. The registered manager did not feel this necessary as they spoke with people every day.

We found that you were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in that failed to have systems in place to monitor and assess the quality of the service delivered.

We checked our records before the inspection and saw that, although some incidents that CQC needed to



be informed about had been notified to us by the registered manager there were some significant events CQC had not been informed of. This meant we were unable to see if appropriate action had been taken by management to ensure people were kept safe.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. We found that the rating was displayed.