Time 4 U Ltd

GUTU

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 09 May 2017. The inspection was announced.

GUTU is a domiciliary care agency which provides personal care and support for adults in their own homes. The provider who runs the service is Time 4 U Ltd. The service provides care for people living in the Medway area. At the time of our inspection they were supporting 13 people who received support with personal care tasks, five of these people received support in supported living properties.

The service had a registered manager. 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 provider did not follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.

Risks to people's safety and wellbeing were not always managed effectively to make sure they were protected from harm. Risk assessments had not always been completed to address risks and measures had not been put in place to mitigate risks.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. The provider was not aware of the concerns we found at the inspection.

People's medicines were not always well managed and recorded. There was no evidence that medicines records had been checked and audited, we found gaps on people's medicines records.

People's care plans did not always detail their life history and important information about them. Some care plans did not detail what people's preferred names were. One care file did not contain a care plan at all, which meant that staff did not have the necessary information to provide appropriate care and support.

The provider's training records contained gaps and omissions which did not tally with staff training certificates. Training had not been provided to staff in relation to meeting people's assessed needs.

Staff had not received training in relation to the Mental Capacity Act (MCA). Staff were aware of how to support people to make decisions. There were no capacity assessments to demonstrate that people had been assessed to have capacity to make a particular decision.

There were enough staff deployed to meet people's needs. However, the provider and registered manager did not have adequate systems in place to plan and allocate staffing to ensure that people's care needs were met.

The provider's record keeping was inaccurate and incomplete.

People told us staff were cheerful, kind and patient in their approach. Staff treated people and their families with dignity and respect.

Staff received support from the management team, they were encouraged to complete work related qualifications.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs.

People were supported by staff to be as independent as possible.

People were given information about how to complain and how to make compliments. Complaints had been dealt with appropriately. People's views and experiences were sought through meetings and surveys.

People gave us positive feedback about the support they received. People had received medical assistance from healthcare professionals when they needed it. Although action had been taken to respond to people's changing needs, such as contacting people's GP to request visits, pharmacies, paramedics and district nurses records did not always show that this had been done.

Staff were given clear information about how to report abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies. Staff had a good understanding of what their roles and responsibilities were in preventing abuse.

Staff showed us that they understood the vision and values of the organisation; all staff gave examples of providing support to enable choice, control, rights and independence. Feedback gained from people and their relatives evidenced that staff put this in to practice whilst they delivered care and support. However the provider was not meeting their aims and objectives because of the concerns and issues we found during the inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

People were protected from abuse or the risk of abuse. The registered manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Effective recruitment procedures were not in place; records relating to employment were not complete. There were enough staff deployed to meet people's needs. The registered manager had failed to monitor staff working patterns which led to some staff working very long hours.

People's medicines were not always well managed and recorded. There was no evidence that medicines records had been checked and audited.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff training records were not complete and did not detail if staff had received all of the essential training they needed. Staff had not completed training to help them meet people's assessed needs.

People received medical assistance from healthcare professionals when they needed it.

Staff had not received training in relation to the Mental Capacity Act (MCA). Staff were aware of how to support people to make decisions. No MCA assessments had been undertaken.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

Is the service caring?

Good

The service was caring.

People and their relatives told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect.

People's information was treated confidentially.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were not person centred. Care plans did not always detail people's important information such as their life history and personal history. One person did not have a care plan.

A complaints policy and procedure was in place and people knew how to complain. Complaints had been dealt with in line with the provider's policy.

People had been asked their views and opinions about the service they received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There were no systems in place to assess the quality of the service. The provider and registered manager had not carried out checks on the service so they were unaware of the issues within the service.

Most staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager was aware of their responsibilities in relation to reporting incidents to CQC.

GUTU

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 09 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 telephoned three people to ask them about their views and experiences of receiving care. We spoke with one relative on the telephone. We spoke with nine staff during the inspection, which included care staff, a service manager, the operational manager and the registered manager.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and commissioners.

We looked at five people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for a copy of the training matrix and copies of policies and procedures. These were received in a timely manner.

The service had been registered with us since 06 June 2016. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Inadequate

Is the service safe?

Our findings

People told us they received regular staff support and felt safe. Comments included, "She (staff member) is on time"; "She's a great inspiration to me, when I first had care she needed to lift my legs on to the bed, she has improved my mobility and independence"; "I feel safe, I have been [lived] at several places before and this one is the best".

One relative detailed that staff arrived at "More or less the right time, sometimes it differs by a few minutes. They let us know if they are running late. He receives safe care. He seems happy with the care".

Robust recruitment procedures were not always followed to make sure that only suitable staff were employed. Three out of four employee files showed there were gaps in employment history. One staff member did not have an application form, two application forms were only partially completed with the applicants name and address and no other information. This meant that one new staff member had a gap of 35 years in their employment history which had not been explored. One application form showed gaps of six years and one showed a gap of 20 years which had not been explored. Interview records did not evidence that the provider or registered manager had explored reasons for these gaps. Application forms only asked applicants to complete the last five years of employment history and not the full employment history required by schedule 3. Employer references had not been followed up and checked for any of the staff members. We spoke with the registered manager about this. Whilst we were providing feedback at the end of the inspection the registered manager gave us a copy of a reference for one staff member. We queried where this had come from and the registered manager advised that it had been written by the referee that day (the referee worked in the same building).

The provider's recruitment policy was not being followed. The policy stated, 'Two written references are required for applicants (if a verbal reference is carried out a hard copy is also required)'. The policy also stated that DBS checks were completed 'once the successful candidate has been chosen it is essential that enhanced checks are carried out prior to commencement in post'. One staff member had worked for a period of 11 months without a relevant check through the Disclosure and Barring Service (DBS). The staff member had a previous DBS check which had been completed over four years prior to their start date. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The other three staff members had all started work at the service before their DBS checks had come through. There were no safe systems of work in place to ensure staff had not worked alone and there were no risk assessments in place to reduce the risks to people. This meant that the provider and registered manager had not carried out checks to ensure staff were suitable to work around people who needed safeguarding from harm.

The failure to follow safe recruitment practices was a breach of Regulation 19(1)(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people and staff had not always been assessed. Three out of five care files checked contained no assessment of risks associated with providing care to the person or risks about the

environment. Two care files contained risk assessments of the environment, one had been only partially completed and the other one related to a different person. We asked the registered manager about this and they confirmed the risk assessment in the person's file did not relate to the person or their property. People and staff were at risk because the provider and the registered manager had not carried out adequate assessments of risk and put systems in place to reduce risks.

The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily records detailing care provided showed that people had regular and consistent staff. People and their relatives confirmed this. However, the provider and registered manager did not have adequate systems in place to plan and allocate staffing to ensure that people's care needs were met. There were no rota systems in place and calls had been allocated to staff at very short notice (the day before) by a group text message. We spoke with the registered manager about this and they agreed they needed to improve this practice to ensure staff knew where they were working and people knew who was providing their care. After the inspection some rotas were sent to us, which had been completed after we inspected. Some rotas showed that one staff member had been allocated to work in two different places at once. Some people lived in supported living premises with staff support. Staff members lived at the premises and rotas showed that although staff members were only contracted to work 35 hours per week, some staff had been rostered to work in excess of 60 hours per week and carried out sleep in duties on a daily basis. Even though the rotas showed that staff had regular days off working in the supported living environments, the staff feedback conflicted with this. Staff told us they did not have regular days off and they worked every day. If they wanted to have a day off they had to request it giving a few weeks' notice so that appropriate cover could be found. Some staff had opted out of the working time directive, other had not.
The provider has failed to deploy sufficient numbers of staff. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not managed effectively. Some people received support from staff to manage their medicines. Some people received medicines support from their relatives. No staff members had attended any medicines training. The registered manager told us this was because staff only prompt people to take their medicines and they are not administering medicines. However, we spoke with staff who confirmed they were administering some people their medicines. We found medicines administration records (MAR charts) in some people's care records. One person's MAR showed that in March 2017 staff signed to evidence they had administered the person's Paracetamol intermittently when they should have received this daily. Signatures were missing for 13 to 20 March, 22 to 23 March and 25 to 26 March. The daily records showed that these had been given on some of the days. The person was prescribed Allendronic acid medicine one every seven days. The MAR for March 2017 showed a 13 day period between administration on 15 March 2017 and 29 March 2017. The person was also prescribed a Butrans transdermal patch to manage their pain, one a week on Wednesdays. The MAR for March 2017 showed a 13 day period between administration on 15 March 2017 and 29 March 2017. The daily records did not detail if the patch had been changed. A staff member told us that the person had the Allendronic Acid on Sunday each week and the Butrans patch on Wednesday each week, however the records that had been signed to say they had been administered had both been signed on the same day. Transdermal pain patches of this type should be re sited on the body at different places, so the patch is not reapplied to the same area too soon. Failure to follow the manufacturer's instructions could cause the person skin irritation. Medicines records had not been audited or checked for accuracy. We spoke with the registered manager about our concerns, they booked a training provider to come to the service and provide staff training on the 19 May 2017.

Failure to manage medicines effectively was a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the provider would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

There had not been any accidents and incidents other than one where a staff member crashed their car whilst driving in the snow during the winter. The registered manager detailed what action had been taken as a result of the crash and had put in place procedures to call the local authority and people receiving care during wintery weather to advise that care visit times may change due to the extreme weather. The staff member involved told us that they had received lots of help and support following the accident.

Staff were provided with appropriate equipment to carry out their roles safely. For example they were issued with gloves, aprons, uniforms, hand gel and identity badges when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care. One person explained how the staff helped them with aspects of living independently. They said, "I make my own decisions". A relative told us, "They [staff] seem to be trained. They do ask him [family member] questions and take a lot of notice of what he says".

The provider and registered manager had not provided staff with suitable training and information to equip them to meet people's needs. Staff had received a one day course called care certificate training which gave them a very brief overview of eight areas; moving and handling, safeguarding, infection control, first aid, fire safety, food hygiene and Control of Substances Hazardous to Health (COSHH). The care certificate is intended to be used at the start of a career in health and social care. It ensures that people joining the sector can receive appropriate training, support and workplace assessment before they start to deliver care out of the line of sight of more experienced workers. The care certificate is designed to be completed over approximately a 12 week period, to enable the worker to learn about their role as well as giving the employer the opportunity to check that learning had been embedded into practice within the workplace.

The only other training course that 10 staff had attended was a course relating to managing challenging behaviour. The training matrix did not include all staff, each time we spoke with the registered manager and checked rota's and staffing records, the number of staff employed varied. The figure varied between 11 and 19 Staff. Therefore we could not be assured that all staff had received relevant training. Care staff provided support for people who were living with dementia, had a learning disability, were on the autistic spectrum, had pressure areas and had catheters in situ. Staff had not received training in these areas to provide them the guidance and support they needed to meet people's needs. One staff member had received training with a previous employer; however most of the training courses attended had been longer than 10 years ago. This meant the staff member had not received updated training about current good practice and guidance. Staff told us, "I think we will get more training in the future" and "Autism training, I asked for this and they will be doing it this year so I am excited about that". Although two staff told us they had completed an induction, there were no induction records and no evidence that the provider had fully embedded a robust induction programme to provide staff with the information they needed. Some staff had certificates of completion for the care certificate which should be a comprehensive induction based on gaining knowledge and skills and demonstrating these in practice. We checked with the registered manager and found that staff had attended a one day course in relation to the care certificate, they had not completed work books or had their competency checked.

This failure to provide training for staff relating to people's needs and induction is a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff had signed supervision agreements with their line manager to agree that they would receive four supervisions per year. Records showed that staff had not received supervision meetings with their line manager; one staff member had been in post since July 2016 and had not received any supervision. Another staff member had been in post since November 2016 and had not received a supervision meeting. However all staff we spoke with told us they received regular supervision and felt well supported. Staff commented; "I

have supervision very two weeks"; "My last supervision was four months ago, but we have at least a weekly catch up when we can talk about anything" and "In supervision I asked [staff member] for more training".

Staff were being supported to undertake qualifications relevant to their role, such as diplomas and National Vocational Qualifications (NVQ's) in health and social care. They had been enrolled to start work related qualifications, some staff had joined the service with qualifications relating to their role. A service manager had been enrolled to complete a level five diploma in health and social care.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Training records detailed that staff had not attended MCA training. Staff explained how they supported people to make choices and take control of their lives by offering a selection of items to choose from for those that would be overwhelmed with too many choices and by sitting down and explaining to people the outcomes of choices to help them to make an informed decision. However, people's care records did not always follow the principle of assuming the person had capacity. There were no capacity assessments to demonstrate that people had been assessed to have capacity to make a particular decision. For example, one person's tenancy agreement had not been signed by the person; the tenancy agreement had been signed by the person's relative and countersigned by a staff member. We spoke with the operational manager about this. They told us the decision had been made to do this following a best interest discussion. This had not been documented. The registered manager confirmed that the person did not have capacity to sign their own tenancy. However, no formal assessment had been carried out to verify this. Consent forms had not been completed by three out of four people to evidence they consented to care. This meant that people's capacity had not been assessed in line with the Mental Capacity Act 2005.

The failure to follow the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people received support to prepare and cook meals and drinks to meet their nutritional and hydration needs. Some people were able to do this for themselves or they lived with relatives who did this for them. One person told us that staff supported them to cook meals. The staff member working with this person detailed how they supported the person to make a list of food and shopped for food. Staff knew to give advice on eating healthily. One person's weight records showed that they were overweight and staff were supporting them to eat healthily. The registered manager told us that this had already been successful; in a short space of time the person had lost half a stone in weight.

People's care records evidenced that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. It was not always clear what action had been taken by the office staff to respond to this as records were not found. Staff who supported people in supported living premises explained how they supported people to register with a local GP and dentist.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included, "Absolutely kind and caring and witty and humorous"; and "I am happy". A relative told us that staff treated their family member well. They said, "They are kind and talk with him nicely" and "We've met other carers [staff], the carers seem really nice".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people choices, asked people what they would like and spoke with them. Staff gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. Staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One staff member detailed that a person needed assistance after they had used the toilet to help clean themselves. The staff member explained how they maintained the person's privacy by waiting outside of the toilet whilst they were using it and only went in when the person had finished. One staff member told us, "I respect privacy. Give people private time for telephone calls. I knock and wait at doors".

Daily records showed that people had received consistent care. We were not able to check if this was in accordance with the person's wishes and care plan because not all people had a care plan in place.

We recommend that the registered manager ensures people's wishes and preferences are documented and respected.

People and their relatives told us that staff supported them to maintain their independence. One staff member said they asked people, "How they want to do things, telling them I am here to help you if you need me to. Encouraging them to make decisions and recognise when they need help". Another staff member told us that they "Assist [people] with checking temperatures of the water [before using the bath or shower]. I encourage them to check too. They do their washing themselves; they are learning to use the washing machine". Daily records reflected that people were doing things for themselves and were involved in their care. Some of the support the service provided was short term support to enable and rehabilitate people following a hospital stay and periods of poor health. Staff worked with people for up to six weeks to enable the person to regain confidence and independence.

Staff knew the people they supported well. People confirmed they had regular and consistent staff. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support. Staff had a genuine interest in the people they provided care and support to. One staff member said, "He listens to music, his tablet, TV, he likes cartoons. Clapping his hands when enjoying things" when talking about a person they supported. This matched the information contained within their person centred plan and showed that the staff member

understood when the person was happy and what they enjoyed doing. They shared how they enjoyed their jobs. One staff member said, "I love to do more care. I prefer this. I love caring".

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked filing room in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Requires Improvement

Is the service responsive?

Our findings

People told us their care was responsive. One person said, "I have a care plan, she [staff member] keeps a log every day". Another person detailed how staff supported them to learn new skills. They said, "I am learning to be independent, I am doing budgeting and money, washing machine, travel and we prepare and cook food together". A relative said, "Staff write in a book, there is care plan. We have not had a survey, someone from the office asked questions".

People's care plans did not always detail their life history and important information about them, which meant that staff did not always have clear guidance about what people's care needs were. For example, details of important events, work history, relatives, favourite sports and activities, places they had lived and important people in their lives. Some care plans did not detail what people's preferred names were. Two people had very basic care plans which listed the times of support. For example, one stated '07:30-08:15 support with personal care, breakfast and medication'. This did not give staff adequate information about what help the person needed with their personal care, breakfast and medicines. It did not detail the person's preferences and did not detail what the person could do for themselves.

One care file did not contain a care plan at all. We spoke with the registered manager about this and they explained that people who received short term care and support didn't have care plans. They told us staff followed goal plans that were put together by the local authority's Occupational Therapist (OT). Failing to include people's life history and other information meant that staff may not be able to develop a good rapport and engage people in discussions that are important to them, as well as not having a good understanding of people's lives. Assessments of people's care were not consistent. Those people receiving care and support through supported living services had a more robust assessment of their care needs. The assessment process for people receiving care and support in their own home was sometimes incomplete. The provider's 'Service User Care Planning' policy and procedure stated 'All service users will have an individual and personalised set of care plans which are designed to support their expressed requirements and desired outcomes from accommodation, care, treatment and support provided by the agency'. The policy was not being followed, which meant that staff had little information to enable them to provide care.

The lack of person centred care planning was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people received support for short periods of time, therefore their care packages did not require reviewing. Other people's care packages were reviewed with the person, their relatives and the local authority care manager (when this was applicable).

One person who lived in a supported living property had a support plan in place which was person centred and gave information to staff about how the person communicated their likes and dislikes. Another person who lived in a supported living property detailed how they accessed their local community both independently and with staff support when this was required.

People and their relatives knew who to complain to if they needed to. One person said, "I've met the people involved. They left complaints information. I've not had a survey but I've been in contact with them to give my feedback". Staff had a good understanding of their roles and responsibilities with regards to complaints. One staff member said, "There is a complaints folder, we would assist them if they needed us to, may be write it down for them or contact the manager so they can speak directly to them. I would follow up and help them to get an answer to their complaint". Another staff member told us, "All the clients have ways of contacting us, they have on call numbers, office phones, emails, complaints and compliments form. I took [registered manager] and [operations manager] out so they got to know the clients". The provider had a complaints and compliments procedure which was available in the office. This showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included the Local Government Ombudsman (LGO) and the Care Quality Commission. However, the policy detailed the provider's old business address. We viewed two complaint records. These showed that issues had been fully documented and responses were made within the timescales set in the complaints procedure.

People were encouraged to provide feedback about the service. The provider had carried out a user satisfaction survey in December 2016. Eight people (and/or relatives) completed the surveys and returned them. We viewed the completed surveys and observed that all of the feedback was positive. One person had written 'Anything I want done within reason is done for me'. The registered manager explained how they intended to publish the results of the survey on the provider's website. They detailed how they had shared the feedback with staff at the staff meeting. The registered manager had visited some people at their homes to gain feedback about their care.

Requires Improvement

Is the service well-led?

Our findings

People told us that the service was well led. They knew the management team. One person told us, "I think it's well managed". A relative told us, "We have a phone number of the man in charge. I do feel the service is well run, from what I know of it".

There was no evidence that monitoring systems were in place as there were no records of audits and checks carried out by the provider, registered manager or the management team. The registered manager was unaware of the issues we identified in the inspection in relation to staffing records, risk assessments, medicines, staff rostering, training, mental capacity assessments, consent, care plans and policies and procedures. We asked the registered manager why they didn't know what was happening on a day to day basis in the service and why they were not aware of the issues. The registered manager told us, "We believe we are providing a safe service, we are missing some documents. We still have lots of bits to cover to be an excellent service. It's our first year; we will learn from the audit and improve".

The provider had instructed an independent review and audit of the service in January 2017 through a management consultant. The report provided by the company highlighted a number of actions required for the provider to meet regulations. These were banded into four different priority areas. Priority one and two were actions with the highest priorities and included items such as, 'Mandatory training policy – Training should be 75% and above to meet the safe domain standards' and 'Recruitment and selection policy, job advert, application forms, interview notes, letter of offer, references, checklist for ID, start date, contract signed by both parties, induction, job descriptions, DBS check – if there are any concerns on a DBS do a risk assessment to support if still offering the role, maternity risk assessments, etc.' Whilst the provider had worked to action some of the issues highlighted in the audit; they had failed to put in place a detailed action plan to demonstrate that they were addressing the concerns with clear timescales for achieving compliance. The management team consisted of a registered manager, operational manager and two service managers. Therefore it was a large management team compared to the size of the service, which added capacity to complete the relevant shortfalls that had been identified.

Records were ad hoc and poor in places. Where office staff had taken action to pass information on to the local authority, relatives or other health and social care professionals, there were no records to detail what action had been taken. Records relating to staff and people were not all held in one place, which made it difficult for the registered manager and the inspector to find information. Some documentation had been misfiled. We found one person's medicines records in another person's file. We asked the registered manager about this, they told us they did not know who the person was and that the service didn't provide care for someone of that name. We later identified that the service had been providing care for the person for three months. Failing to provide accurate and complete records increases the risk of poor and inconsistent care to people.

The registered manager did not have a good grasp over what was happening on a day to day basis. They did not know how many people the service was providing support for and did not know how many staff were employed. They were unaware of practice in the community and relied on asking the operations manager

and a service manager to verify information. The independent auditors had also identified this concern in January 2017. They have noted in their report, 'It was evident at times during the meeting that the registered manager needed to familiarise himself more with the operational side of the business'.

There was clear evidence that the registered manager and staff were not following the provider's policies and procedures. For example, they had failed to follow their recruitment policy, medicines policy, mental capacity policy and care planning policy. Policies and procedures has not been updated and reviewed for some time. They still contained the provider's old address. Some policies and procedures related only to the provider's other (non-regulated) service.

The provider had failed to follow Working Time Regulations to ensure they adequately monitored and supported staff. The Working Time Regulations govern the hours staff can work and it sets limits on an average working week. This meant employment law was not being followed by the provider which put staff at risk.

The registered manager and provider failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team assured us that checks were made of call monitoring records and timesheets to ensure that people received their allocated care and support. They told us that invoices for care were based on actual care and support provided and the provider's finance team sent invoices, we did see evidence to show that staff were recording hourly a summary of care for one person to evidence they were providing 24 hour care in a supported living service which was then communicated to the local authorities care manager for information.

Staff told us they felt that the management team were approachable and supportive. They felt there was an open culture in the service and they could ask for support when they needed it. Comments included, "There is an open culture, the management team are approachable and they keep us up to speed with what is happening"; "The [registered manager] sold me a dream, how he wants to provide care for people who are less fortunate then us. Time 4 U shows in the name that we have time to give people. It gives me peace, to be part of something that will become big. I can call [registered manager] at any time". They went on to explain how the service took on an emergency supported living placement late at night. "[Registered manager] helped in the whole process. He is very easy to talk to"; "I believe [registered manager] has an open door we are always in each other's offices"; "I think I'm well supported, we have a good working relationship, more training is needed. I would get support if I asked for it"; "Very open company, have access to managers and directors, there's an opportunity to progress. There is a staff of the week and month award. The managers are open to suggestions and will get back to you, it is encouraging. Oh yes I am well supported" and "Good culture, good support network they [managers] talk to you with respect. Managers are always there if you need them".

Staff meeting records evidenced that the management team met to discuss people's care packages regularly. Staff meetings were held on a regular basis within the supported living premises. The records showed that staff had discussed a range of subjects and felt confident to ask questions and make requests.

Most staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Two staff did not know or understand what this policy was. Staff explained they could report any concerns to the management team, registered manager and the provider. The service had a clear whistleblowing policy that referred staff to report concerns directly to the provider or to CQC.

The provider's aims and objectives of the service were; 'We aim to provide the following: Safe monitored care for adults through supported living and domiciliary care. To provide the best effective quality of care by making sure that we have the right team to do the job. Place the caring needs of the end user first, by making sure that we understand each service user individually and position to tailor the service we provide to their caring needs. Strategically position our service offering to adapt and respond to any changes regulating the service and to any events that can help better the standard and quality of care that our service users require' as well as to provide 'Good quality of care through having highly trained staff which will be having constant refresher training to set the highest level of quality services to our users. Good record keeping of all contact with service users to allow staff and manager to learn and adapt their care plans to the specific requirements of the users. Good and thorough risk assessments done for each and every service user we will be providing our services to'. Whilst we found that the provider was not meeting the aims and objectives they had set themselves. Feedback gained from people and their relatives evidenced that staff were caring, kind and providing quality care and support which they valued.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events. They had not yet needed to make such notifications. The registered manager explained how they updated themselves by attending local authority provider forums as well as gaining updates from the local authorities' tender portal for providers. They explained how they met with other providers and built links through engaging with local events and activities through supporting people in their local community. The registered manager gained information and advice from the CQC website as well as gaining contact with the inspector when required.

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 9 HSCA RA Regulations 2014 Person-centred care People's care and support was not person centred and had not been assessed in line with their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act 2005 had not always been followed. Relevant consent to care and treatment had not always been gained. Regulation 11 (1)(2)(3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. Medicines had not been managed effectively Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager and provider had failed to establish and operate systems to assess, monitor and improve the quality and safety of

the services provided.
Regulation 17 (1)(2)(a)(b)(c)(d)(f)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures. Regulation 19(1)(2)(a)(3)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training in order to meet the needs of people they provided care and support to.The provider has failed to deploy sufficient numbers of staff. Regulation 18 (1)(2)(a)