

Making Space

Knowsley Extra Care

Inspection report

Crawshaw Court
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03 September 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 30 and 31 August and 03 September 2018, the first day was unannounced.

This was the first inspection of the service under the provider Making Space since their registration with the Care Quality Commission (CQC).

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People who used this service lived in their own apartments with access to communal areas, for example an activities room, large bathrooms, a bistro and a hairdressing salon. The registered manager and care staff had access to a large office on site and a staff rest area, which they shared with the housing provider.

Not everyone who used the service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 21 people receiving the personal care service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified breaches of the Regulations in relation to safe care and treatment, person-centred care and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The management of medication was unsafe. People did not receive their prescribed medication because the stock had run out and medication stocks did not always tally with records. Handwritten medication administration records (MARs) had not been signed by two staff to ensure the accuracy of the information recorded. There were no protocols in place to guide staff on the use of medication prescribed to people to be given 'when required' (PRN). In addition, there was no information to guide staff on the application of topical creams which people were prescribed and required assistance from staff to apply. There was a lack of checks carried out on people's medication and a failure to act upon areas for improvement which were identified through audits carried out prior to our inspection. Following the inspection, we were provided with details of the action taken to ensure the safe management of medication.

Risks to people were not always assessed and mitigated. Risk assessments had not been carried out for some people to determine if there were any measures which needed to be put in place to keep them safe. One person had epileptic seizures, however no risk assessment had been completed for this. No risk assessment had been completed for another person who had difficulties mobilising independently and required staff to assist them with transfers using a stand aid. In addition no risk assessment had been completed to determine whether it was safe for a person to self-medicate. Following the inspection, we were provided with records to show that risks to people had been assessed and planned for.

Personal information about people was not safely managed in accordance with the General Data Protection Regulation (GDPR) and relevant data protection law. Files containing people's personal records were displayed in an open cabinet in an office which was occupied by unauthorised people with no staff present. This put people's confidentiality at risk. We raised this immediately with the registered manager and they secured the records. Following the inspection we were assured that the registered provider had taken appropriate action by reporting this incident to in line with the GDPR Regulation.

People's needs were not always assessed and planned for to ensure they received effective care and support responsive to their needs. People received care and support without a plan of care in place. This meant that there was no information to guide staff on people's needs, how they were to be met and what the intended outcome was for the person. This also meant there was a lack of consideration given to planning personalised care and support. For example, obtaining people's choices and preferences with regards to their care and support and identifying with them their strengths and abilities. Care was provided to people based on staff knowledge of them rather than specific evidence based guidance.

Care plans were not always kept under review to ensure they remained relevant and up to date. This also meant that people and where appropriate, relevant others were not given the opportunity to reflect on the care and support provided and make any changes to their plans should they wish to.

The service was not being managed in accordance with CQC's registration requirements. This was because records for people supported and staff were not all held at the registered location. This was an oversight by the registered provider and they acted to rectify this following the inspection.

The systems in place for assessing and monitoring the quality and safety of the service and making improvements were ineffective. Audits (checks) had not taken place at the required intervals, therefore there was a failure to identify and mitigate risks to people. This included risks associated with the management of medication and assessing and planning people's care. Where audits had taken place, areas identified for improvement were not followed through and remained outstanding at the time of inspection. There was a lack of oversight and monitoring of the service by the registered provider to ensure appropriate action was taken to mitigate risks to people.

People who used this service told us that they felt safe using it. Information about safeguarding people was available to staff and they underwent training to raise their awareness of the different types of abuse and how to report any concerns they had. Staff were confident about recognising and reporting any incidents of abuse which they witnessed, suspected or were told about. Staff had completed training in topics of health and safety and there were plans in place to support people safely in the event of an emergency.

Safe recruitment procedures were followed. A range of information was obtained in respect of applicants to help the registered provider assess their suitability for their job role. This included checks carried out with previous employers and with the Disclosure and Barring Service (DBS) to check on applicant's criminal background. There were sufficient numbers of suitably qualified and skilled staff to safely meet people's

needs and keep them safe. Staff were provided with training relevant for their roles and they felt well supported.

The registered manager and staff understood their responsibilities for ensuring people's right to make decisions in line with the Mental Capacity Act (2005). They knew people had the right to make decisions for themselves unless others had the legal authority to act on their behalf through a Court of Protection (COP) order. People told us that staff offered them choices and obtained their consent prior to carrying out care and support.

People told us that staff were kind and compassionate towards them. People provided us with examples of how staff expressed their kindness. This included staff shopping for people and spending time with people in their own time.

People were provided with information about how to complain and they were confident about complaining should they need to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Medication was not managed safely to ensure people received their prescribed medicines in the right way and when required.

Risks to people were not assessed to identify what measures were needed to keep people safe.

There were sufficient numbers of suitably qualified staff to safely meet the needs of people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's needs and choices were not always assessed and planned for.

People were supported by staff who received appropriate training and felt supported in their roles.

People's right to consent to their care and support was understood.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People's confidentiality was not always respected.

Staff showed kindness and compassion towards people.

Positive relationships had been formed between people who used the service and the staff.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care and support which people received was not always planned in a personalised way.

People were confident about complaining if they needed to.

Where required staff supported people to engage in activities which they enjoyed.

Is the service well-led?

The service was not well led.

The systems for ensuring the quality and safety of the service and making improvements were ineffective.

There was a failure to monitor actions plans which resulted in a lack of improvements being made across the service. The service lacked scrutiny by the registered provider.

Records required by regulation were not securely stored, maintained and kept up to date.

Inadequate ●

Knowsley Extra Care

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 30 and 31 August and 03 September 2018. The first day was unannounced and the second and third days were announced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the registered provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the registered provider plan to make. We contacted local authority commissioners and safeguarding teams for information about the service and used the information they shared with us to help plan the inspection.

We checked a selection of records, including care records for six people who used the service, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service. We spoke with seven care staff, the registered manager and an area manager. We spoke with three people in communal areas and with their prior consent we visited five people in their homes.

Is the service safe?

Our findings

The management of medication was unsafe. We saw examples where staff had handwritten onto people's medication administration records (MARs) details of their prescribed medication and instructions for use. However, the entries had not been signed by the member of staff who completed them and there was no system in place for checking the accuracy of the information recorded. Guidance from the National Institute for Health and Care Excellence (NICE) states providers should have robust processes for recording a person's current medication, including ensuring the accuracy of records.

Some people were prescribed medication to be given 'as required' also known as PRN medication. These are items of medication were to be given to people when needed in line with the prescriber's instructions. The registered providers medication procedure stated that a PRN protocol sheet must be completed for each item of PRN medication. The procedure also stated that a clear record must be made in the person's notes to explain why PRN medication had been administered. MARs for some people showed they were prescribed and administered PRN medication. However, there were no PRN protocols in place for the use of them. This meant staff did not have the information they needed such as why and when to administer the medication, maximum dose to be given at any one time and intervals between doses. In addition, there were no records maintained detailing the reason why PRN medication was administered.

The right quantities of medication were not always available for people. We saw multiple examples where an item of medication had not been available for one person because the stock had run out. The person's MAR showed on one occasion their medication had been unavailable for a period of seven days. Staff recorded statements on the person's MAR such as "waiting for script" and "waiting for order to arrive." There was no evidence recorded to show that the person's GP or any other medical professional was contacted for advice regarding the omission of the medication. Whilst we saw no impact on the person they were at risk of experiencing ill effects due to not receiving their prescribed medication.

We saw an example where a medication stock control record for one person did not tally with the actual amount of medication held in their home. The records showed 14 tablets available, however when we checked the stock there were 34 tablets. This meant we could not be sure that the person had received their medicines as recorded.

Some people required staff to assist them in the application of prescribed topical creams. Prescribed creams were listed on MARs along with directions about the frequency of use, however there was no information available to staff directing them as to where on the person's body the cream should be applied. This was despite the registered provider having body maps in place which should have been completed to identify the site on a person's body where creams and ointments were to be applied.

One person was prescribed two items of medication, which included one tablet to be taken daily and a pain relief tablet to be taken when required. Staff supported the person to take their daily medication, however the person self-administered their pain relief. No risk assessment had been carried out to determine whether it was safe for the person to self-administer their pain relief. In addition, there was no plan in place

with directions for staff on how to monitor this practice to ensure the person's safety. This was despite the registered provider having a procedure for self-medication which stated that a risk assessment and support plan should be completed.

Risks people faced were not identified and mitigated. We found examples where a risk assessment had not been completed for aspects of people's care and the use of equipment. This meant that potential risks to people's health and safety were not identified and appropriate measures put in place to minimise harm to people and others. One person had epileptic seizures and sensor equipment in place to alert staff in the event of them having a seizure. However, no risk assessment had been completed in relation to their epilepsy or the use of the equipment. A second person who was unable to mobilise independently required staff to assist them with transfers using a stand aid. No risk assessment had been carried out as a way of determining any risk to the person and others around the use of the stand aid. A third person had recently had a change of equipment to help with their mobility, however no risk assessment had been carried out for the new piece of equipment.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to protect people from the unsafe administration of medicines. They also failed to mitigate risk.

Plans were in place for the service which described the actions to be taken to minimise any risk to people's health and safety in the event of any emergency. Emergency situations covered in the plans included incidents such as a fire, flood or a breakdown of utilities. Staff were provided with information as to the whereabouts of utility shut off points, firefighting equipment, evacuation points and first aid equipment. A personal emergency evacuation plan (PEEP) had been developed for each person and copies of them were held in the office. PEEPs detailed the type and level of support the person needed to assist them safely out of the building during an evacuation.

The registered provider had an accident and incident reporting policy and procedure in place to review and monitor accidents and incidents. Accident and incident records were completed as required and analysed as a way of identifying any trends or patterns and help prevent any future occurrences.

Staff were safely recruited. The registered provider had a recruitment policy which described a safe procedure for recruiting new staff. Prior to an offer of employment, all applicants were subject to a series of pre-employment checks which helped to assess their suitability for their job role. This included checks on their previous employment history, qualifications, skills and experience. In addition, a minimum of two references were obtained, including one from the applicant's most recent employer. A check on applicant's criminal background was also carried out with the Disclosure and Barring Service (DBS). These checks helped the registered provider to make safe recruitment decisions.

People were protected from the risk of abuse. Staff were provided with training and information about safeguarding people from potential or actual abuse. They knew the different types and indicators of abuse. They were confident about sharing any safeguarding concerns either with senior staff or directly with external agencies including the local authority safeguarding team.

People's needs were met by the right amount of suitably skilled staff. Staffing levels were based on people's needs and the frequency of visits they required throughout the day and night. Where people required the assistance of two staff at any one time, this was reflected on the staffing rota. On commencing their shift staff were provided with a schedule detailing the people they were to visit, the times and duration of the visit. They were also provided with an overview of the care and support people needed. People told us that

the right amount of staff attended their homes and at the right time. One person said, "I need two carers and there are always two" and another person said, "They always get to me on time." Staff absences were covered by bank and agency staff to ensure safe staffing levels were maintained.

The service had policies and procedures in place with regards to infection prevention and control and staff had completed training in this area. Staff had access to a good supply of personal protective equipment (PPE) such as disposable gloves and aprons and hand sanitiser. We observed staff using this equipment when required, thus minimising the risk of the spread of infection.

Is the service effective?

Our findings

People's needs were not always assessed and planned for to ensure effective outcomes for them. An assessment carried out by the local authority care management team identified that a person had epilepsy. However, this was not identified as part of the assessment carried out on behalf of the registered provider. Consequently, this had not been identified as a care need requirement and no care plan had been put in place for the person for this area of need, and how it should be effectively met. One staff member knew the person had epileptic seizures but had no knowledge of the type of seizures the person had. The member of staff explained how they would support the person should they have a seizure. However, the staff member's explanation was based on personal experience rather than guidance specifically tailored around the person's individual needs. Another member of staff told us they did not know the type of seizures the person experienced and was unsure of how to support the person should they experience a seizure. Through discussion with a senior member of staff it was established that the person had not experienced a seizure whilst using the service. However, the failure to assess and plan for the person's needs put them at risk of receiving unsafe and ineffective care and support. Following the inspection, we were provided with a copy of a care plan which had been developed based on an assessment of the person's needs.

A needs assessment carried out by the local authority care management team for another person was held in their care file. The assessment identified a range of needs, how they were to be met and the intended outcome for the person. This included managing and maintaining nutrition, managing personal hygiene and toilet needs. The person required staff to attend their home four times daily or when requested by the person, to assist them with their needs. However, no care plan had been developed by the registered provider on how to meet the person's assessed needs. The needs assessment carried out by the care management team was in place and provided a good level of detail around the person's needs and how they were to be met. However, some information was out of date following a change in the person's needs. For example, the person recently experienced a decline in their mobility and had been provided with a stand aid which staff were required to use when assisting the person with transfers. The lack of effective care planning put the person at risk of receiving unsafe and ineffective care and support.

A third person who was living with dementia often experienced periods of agitation and behaviours that challenged. However, there was no care plan in place to guide staff on how to effectively support the person with their needs. Staff on duty explained ways in which they supported the person when they became agitated or when they experienced a decline in their behaviour. This included providing the person with comfort and reassurance. The support, however, was based on staff knowledge about the person rather than following specific evidence based guidance. This put the person at risk of receiving inconsistent, ineffective care and support, particularly during times when they received support from staff who were less familiar with their needs.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had failed to assess and plan safe care for service users.

Most people who used the service managed their own health care appointments and health care needs with

the help of family members and friends. Staff provided the necessary healthcare support to people where this was required. Care records included details of the person's GP and any other healthcare professionals they had links with so staff could contact them if required. However, one person's care records did not include the details of a consultant who they were registered with for a specific healthcare condition. Following the inspection, we were notified that these details were added to the persons care records. Staff explained to us that they would share any concerns they noted about a person's health and wellbeing either with the persons family or their GP where this was appropriate.

People were supported by staff who received appropriate training and support. New staff commenced induction training on their first day of employment. Induction training consisted of working alongside more experienced staff and the completion of training in topics linked to The Care Certificate (TCC). TCC is an identified set of standards that health and social care workers adhere to in their daily working life. At the time of our inspection we met with a member of staff who was part way through their induction training. They told us that they felt the induction so far had been informative and helped to prepare them for their job role. The registered manager monitored staff performance and progress throughout their induction through regular reviews.

All staff were required to complete annual refresher training in mandatory topics such as safeguarding, health and safety, first aid and infection prevention and control. Other training linked to the needs of people who used the service was also provided to staff as and when they needed it. Staff confirmed to us that they completed training regularly and felt they benefited from it.

Staff told us they felt well supported in their role. They told us they all worked well as a team and supported each other when needed. Staff told us that the registered manager was supportive and approachable. One to one supervision sessions had taken place with staff and further sessions were planned. These provided staff with an opportunity to meet with their line manager to discuss their work, training and development needs and any work adjustments which may be required.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one using the service subject to a court order and no applications had been made to the Court of Protection. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 undertaken training in relation to the MCA. They understood that people had the right to make their own decisions unless they had been assessed in line with the MCA as lacking the capacity to do so. Staff told us they would always obtained a person's consent prior to carrying out any care and support and this was confirmed through our observations and discussions with people. Staff explained to people what they were about to do and proceeded only when the person indicated their consent. One person said, "They [staff] always ask me first before doing anything" and another person said, "I've said no to things in the past and they [staff] have respected that."

People's received the support they needed with eating and drinking. Care plans included the level and type of support people needed to ensure they maintained a healthy diet. Some people required staff to prepare their food and drink and monitor their intake whilst others required less intervention such as prompting to ensure that ate and drank at regular intervals. Where required, staff provided a summary in people's daily notes following visits detailing the food and drink the person had consumed. Staff were confident about recognising the effects on people which may be a result of an inadequate intake of food and drink.

Is the service caring?

Our findings

People's confidentiality was not always respected and promoted. Personal records about people was not always managed in accordance with the General Data Protection Regulation (GDPR) and relevant data protection law. On our arrival to the service there were two external contractors carrying out repairs in the office. No staff were present in the office at the time and people's personal records were displayed on shelves in a cabinet with the door open. We raised this immediately with the registered manager and they secured the records. Following the inspection, we were assured by the registered provider that appropriate action was taken to report the incident in line with the GDPR Regulation.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to ensure people's confidentiality in line with the GDPR.

People told us that the staff were kind, caring and compassionate. People's comments included; "They [staff] treat me like family. They are very caring," "I have only good things to say about them [staff] they are very kind indeed," "They [staff] have a lot of patience and are very gentle" and "Lovely, just lovely all of them [staff]." One person told us that staff "Often go over and above their call of duty" and they gave us an example of this. They told us that staff often shopped for them in their own time. Another person told us that staff often visited them after their shift had finished and spent time with them chatting over a cup of tea which they enjoyed. We saw an example where staff provided comfort and reassurance to a person on their return home following a stay in hospital. The person told us that the staff were very kind and reassuring.

People told us they had formed positive relationships with staff and that they trusted them. One person told us they enjoyed the chats they had with staff about general things and other more personal things such as how they were feeling. The person said, "They [staff] seem to know how to make me feel better when I'm feeling down."

People's dignity was respected. Some people had given prior consent for staff to enter their homes using a key from a coded key safe. People told us that although staff could enter their homes using their key, they always knocked first and on entering announced themselves from the front door. Staff greeted people on entering their homes and enquired about their wellbeing. People told us this was usual.

Staff gave us examples of how they ensured people's dignity. This included calling people by their preferred names, ensuring people were covered up as much as possible when providing personal care and involving people and giving them choices. People also told us that staff respected their dignity when assisting them with intimate care for example when washing and bathing, dressing and undressing and using the toilet. One person told us that staff always left their bathroom to give them time alone after assisting them onto the toilet. Another person told us that they had never been made to feel embarrassed by staff.

People's choice, independence and involvement was respected and promoted. We saw examples where care records detailed the person's level of independence and choices they had made about their care and support. For example, one person's care records stated, that staff were to assist them to choose their own

clothes and another person's records stated "[person] likes to be offered a shower daily." People told us that staff respected their independence and always gave them choices. One person said, "They [staff] always do things as I like them done" and another person told us, "They [staff] know I like to do things for myself and when I need their help." Daily notes completed by staff showed people were given choice and encouraged to be independent.

People were involved in the planning of their visits and visit times were altered to fit in with their lifestyles. We saw an example where one person's visit was rearranged after they advised staff that they would not be home for their planned visit. The person told us they had never had any difficulties rearranging visit times should they need to.

Is the service responsive?

Our findings

Some people were at risk of not receiving personalised care and support responsive to their needs. There was no evidence to demonstrate that three people had contributed to planning and reviewing of aspects of their care and support which they were in receipt of. This meant that those people, or where appropriate, others acting on their behalf were not given the opportunity to discuss and agree their needs, their desired outcomes and how they were to be met in a personalised way. Consequently, person centred information such as the person's level of independence, strengths, preferences and choices about how their care was delivered had not been captured.

Where people's care had been planned, records showed that they had not been reviewed when a change occurred, or routinely every four weeks in line with the requirements set out by the registered provider. This meant people and relevant others, were not given the opportunity to reflect on what was working or not working for them and to ensure their care plans fully reflected their needs or any changes they wished to make. We saw examples where care plan reviews had not taken place for three people since February 2018. This meant people were at risk of not receiving care and support which was responsive to their needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to ensure that service users received person-centred care.

Where it was required staff provided people with the support they needed to follow their interests and take part in activities relevant to them. A one-page personal profile was developed based on information people chose to share about their background, interests and hobbies. This information helped staff to understand and enable people to engage in things of interest. For example, one person's records showed that they enjoyed socialising with others and that they enjoyed a "Laugh and a joke." The person told us that staff encouraged and supported them to access activities and events which took place in communal areas within the complex, including, a lounge and bistro.

None of the people using the service at the time of the inspection were receiving end of life care. However, people were given the opportunity to discuss their end of life wishes in advance and they were recorded for those who chose to discuss them.

There were systems in place for responding to and managing complaints. People were provided with information about how to complain should they need to. They told us that they were confident about complaining and were confident that their complaints would be listened to and dealt with to their satisfaction. The registered manager maintained a log for recording any complaints made. No complaints had been made at the time of the inspection. However, the registered manager explained how they would deal with complaints and this was in line with the registered provider's complaints procedure.

People had the ability to call upon staff using assisted technology. Each person had a device (pendant) which they wore either around their neck or wrist and staff on duty held a receiver which alerted them to people's calls. Response times to the calls were available through the system and used as a way of

monitoring the timeliness of them. People told us the devices were easy to use and that they felt much safer knowing they had the ability to call upon staff at any time should they need to. Their comments included; "The pendant is easy to use and great because I can call staff if I need them at any time" and "I know to use this (pendant) if I need help. I've used it a few times and they [staff] come quickly." People had access to telephones and contact numbers of those they could call upon should they need to.

Is the service well-led?

Our findings

The service is registered by the Care Quality Commission (CQC) at the location Crawshaw Court, an Extra Care Housing Scheme. In addition to providing personal care to 12 people at Crawshaw Court the registered provider also provided personal care as part of the same registration, to 14 people at Bailey Court. Bailey Court is also an Extra Housing Scheme approximately seven miles away from the registered location. During our inspection we identified that each complex was separately staffed and each had a dedicated office which held records relating to the people supported and staff. This was not in line with CQC registration which requires all records and general management of the service to take place at the registered location Crawshaw Court. There was one registered manager who had oversight and day to day responsibilities for the management of both sites. The registered manager told us that they were finding it difficult to manage both sites and that they had raised this with their line manager.

Following the inspection, we were informed that all records held at Bailey Court had been transferred to the registered location Crawshaw Court and that all management activities relating to the people supported were taking place there. We were also informed that plans were in place to put forward an application to CQC to register Bailey Court as a separate location with a separate registered manager.

Systems for monitoring the quality and safety of the service and making improvements were not effective. The registered manager had responsibilities for carrying out checks at various intervals on aspects of the service including care planning and medication. Records to reflect the findings were to be completed and action plans set to make any improvement needed. However, not all the required checks and audits on the service had not been carried out as required. Where checks had been carried out actions plans were developed however, they were not followed through to make the required improvements.

There was a failure to make improvements in relation to the management of medication at the service and mitigate risks to people's health and safety. Care files contained records to be completed each month following a check which was required to take place on people's medication and medication administration records. However, we saw examples where these had not been completed since February 2018. The registered manager confirmed to us that the checks had not taken place. A medication audit was carried out at the service in February 2018 by the Community Medicines Management Team from the Clinical Commissioning Group (CCG). The audit identified a number of concerns with regards to the management of medicines at the service which resulted in an overall rating of poor in areas. The registered provider completed and returned an action plan to the Community Medication Management Team in March 2018 detailing the action taken and timescales for improvements made. However, the concerns remained outstanding at the time of our inspection. In addition, an internal quality audit carried out on behalf of the registered provider in June 2018 identified areas in the management of medication which required improvement. These areas remained outstanding at the time of our inspection.

A representative for the registered provider visited the service regularly however, they failed to take accountability of the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of scrutiny by the registered provider to ensure that their systems for assessing and

monitoring the quality and safety of the service were implemented.

The registered provider failed to work in partnership with others agencies to ensure people received safe and effective care and support. An example of this was the lack of action taken to make the improvements identified by the Community Medicines Management Team from the CCG.

The registered provider had a comprehensive set of policies and procedures for the service which were made available to staff. Policies and procedures support effective decision making and delegation because they provided guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. However, people and others were put at risk because the registered provider's policies and procedures were not being followed as required. This included, the safe management of medication and monitoring the quality and safety of the service.

The quality monitoring systems for checking records failed to identify a lack of appropriate record keeping. The registered provider had a range of policies and procedures in place to support staff in relation to good record keeping, including confidentiality and maintenance of records. In addition, there were systems in place for the safe storage of records. However, the storage of records did not support people's confidentiality in line with the GDPR. Records pertaining to people's care were not kept secure and were at risk of being accessed by unauthorised people. There were examples where care records had not been signed and dated and some people's care records were incomplete. This included care plans and supplementary care records.

People's care and support had not always been planned and reviewed to ensure the delivery of safe and effective care and support. This also meant people, and where appropriate those acting on their behalf lacked the opportunity to be involved in decisions about their care and support and the service delivery. This was despite these areas being identified as requiring improvement in reports following an internal quality audit carried on behalf of the registered provider in June 2018.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider failed to ensure effective systems for assessing, monitoring and improving the service people received. They also failed to ensure the maintenance accuracy and security of service users records.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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 The registered provider failed to ensure that service users received person-centred care.

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 The registered provider failed to ensure that service users received safe care and treatment.

The enforcement action we took:

We served a warning notice for regulation 12 Safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to ensure; effective systems to regularly assess and monitor the quality of the service provided or to identify, assess and manage the risks relating to the health, safety and welfare of service users.

The enforcement action we took:

We served a warning notice for Regulation 17 Good governance.