Community Integrated Care

Community Integrated Care, Southern Regional Office

Inspection report

Meon House
12c The Square
Wickham
Hampshire
PO17 5JQ

Tel: 01329834801

Date of inspection visit:
12 December 2016
16 January 2017
17 January 2017
18 January 2017

Date of publication:
17 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 carried out an announced comprehensive inspection of this service on 28, 29 July and the 1, 2 August 2016. Five breaches of the legal requirements were found relating to the unsafe management of people's medicines and finances, failing to assess applicant's fitness for work and their character, insufficient staffing levels and ineffective systems in place to improve the safety of the service provided.

After the comprehensive inspection, two warning notices were served on the registered provider requiring them to make improvements to the management of medicines and their systems to improve the safety of the service provided. The warning notices required the provider to meet the legal requirements by 3 October 2016. At this inspection we found that although there were still concerns with the management of people's medicines and the accurate assessing and analysing of these concerns after the 3 October 2016; the provider has now made sufficient improvements which need appropriate time to embed within the service.

We requested the provider send us an action plan informing us when and how they would meet the legal requirements to ensure applicant's fitness for work and their character was assessed and there were sufficient staffing levels across each scheme. The provider's action plan said they would be compliant with these areas by 31 December 2016. At this inspection we found recruitment checks were completed and there were sufficient staffing levels across each scheme.

This inspection was completed on the 12 December 2016 and 16, 17 and 18 January 2017. The inspection started as an unannounced focused inspection on 12 December 2016 to follow up on the warning notices served on the provider and to confirm the provider was now meeting the legal requirements. We identified further non-compliance with our regulations on 12 December 2016 and changed the inspection to a comprehensive inspection of the service which continued on the 16, 17 and 18 January 2017 to confirm the provider was now meeting the legal requirements after our inspection on 28, 29 July and the 1, 2 August 2016 had been carried out.

At the last inspection, the service was Inadequate overall and was placed in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Community Integrated Care Southern Regional Office is the regional headquarters for a group of fourteen supported living schemes (schemes) and domiciliary care placements throughout Portsmouth and Hampshire. The Southern Regional Office provides support and care services to people with learning or physical disabilities, sensory impairments, autism or other complex needs, such as epilepsy or a mental health condition. At the time of this inspection there were 30 people receiving a personal care service across twelve of the fourteen supported living schemes.

There were 68 permanent support workers supported by 15 bank support workers who delivered care to people, working across the schemes. Each scheme was managed by a service lead who was responsible for the overall management of the supported living schemes. The service leads were supported by a deputy manager or senior care staff who were responsible for the day to day running of each of the schemes.

There was a registered manager in post who was also the regional manager for Community Integrated Care and was based at the Southern Regional Office. 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.

Although people's medicines were now being managed safely, medicine errors had occurred in the recent past and the Commission were not always notified. New systems introduced to manage people's medicines and finances had improved but required time to embed into the service.

Staff felt supported, received regular supervision and training but did not receive an appraisal. Although staff received an induction in line with recognised standards they may not have received all the training required by the provider.

Staff were kind and caring but relatives felt management did not communicate well or involve them in their relatives lives.

People and their relatives were not always involved with the planning and review of their care and support. Complaints were not always responded to or dealt with to the satisfaction of relatives. We have made a recommendation for the manager to review the provider's complaints policy and seek guidance on how to handle and respond to complaints.

Audits were in place but originally did not identify all medicine errors which were identified on the 12 December 2016. However a new auditing system had been implemented following feedback and audits now in place were more effective; however they required time to embed into the service.

Safe recruitment processes were now being followed and the fitness and character of applicants were now being checked by the provider. Staff had a good understanding of the signs and patterns to look for when someone may be at risk of potential abuse. There were sufficient staffing levels at each scheme to keep people safe and meet their needs.

Capacity assessments were present in people's files to evidence if they lacked capacity to make decisions relating to their finances, medicines and care. Not all were decision specific and we have made a recommendation about this. We have made a recommendation that the provider ensures that sufficient and regular review of mental capacity assessments are undertaken to ensure they are decision specific and sufficiently detailed in all instances.

People were supported to eat and drink sufficiently and regularly access healthcare. Support plans were in place, reviewed regularly and personalised. Staff knew people well and respected their privacy and dignity at all times.

Additional audits and measures were being completed to assess the overall quality and safety of the service. We have made a recommendation about satisfaction surveys.

The provider had displayed their rating.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009 and have made two recommendations. 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?

Requires Improvement

The service was not always safe.

Medicines errors had occurred after the 3 October 2016 and continued until 12 December 2016. Although medicines errors had not occurred after the 12 December 2016 the new systems developed needed to be embedded into the service.

Improvements had been made with managing people's monies and these systems need to be embedded into the service.

Recruitment processes were safe. Staff knew how to identify and report signs of potential abuse and there were sufficient staff to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective

Staff received regular supervision but did not receive an appraisal.

Staff had the knowledge and skill to support people and meet their needs but may not be provided with the required training following their induction programme.

People's capacity had been assessed where they were deemed to lack capacity. We have made a recommendation that the provider ensures that sufficient and regular review of mental capacity assessments are undertaken to ensure they are decision specific and sufficiently detailed in all instances.

People were supported to eat and drink sufficiently and regularly access healthcare.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

Staff interacted with people in a kind and caring manner and

knew them well. Staff respected people's privacy and dignity at all times and people moved around their home and environment freely.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support plans were in place, reviewed regularly and personalised. People and their relatives may not always involved with the planning of their care and support.

Complaints were not always dealt with effectively or to the satisfaction of people's relatives. We have made a recommendation for the manager to review the provider's complaints policy and seek guidance on how to handle and respond to complaints effectively.

Staff knew people well and could identify their care and support needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

Notifications had not always been sent to the Commission.

Management did not communicate well with people's relatives.

Audits did not pick up all medicine errors which were identified on the 12 December 2016. However new auditing systems in place were more effective and needed to be embedded into the service.

Other audits and measures were taken to assess the overall quality and safety of the service.

The provider had displayed their rating.

Community Integrated Care, Southern Regional Office

Detailed findings

Background to this inspection

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

This inspection was undertaken on the 12 December 2016 and 16, 17 and 18 January 2017. This inspection started as a focused inspection and was changed to a comprehensive inspection due to further concerns found on the 12 December 2016 with medicines management and auditing systems. This inspection was completed to follow up on the warning notices served on the provider and to confirm the provider was now meeting the legal requirements after our inspection on 28, 29 July and the 1, 2 August 2016 had been carried out.

The inspection was undertaken by two inspectors, an inspection manager and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts areas of expertise included, older people who used regulated services, people with dementia and people who had a physical disability or sensory Impairment.

As part of the inspection we visited the registered location and spoke with the registered manager. We also visited nine of the 12 supported living schemes where people were in receipt of personal care. We spoke with six service leads, one deputy manager, one senior support worker and six support workers. We also spoke with an external consultant who had been employed by the provider to review and implement medicines processes at the main scheme of concern.

We spoke with three people who used the service and made some observations of interactions between other people and staff. We also spoke with 10 relatives.

Before the inspection we reviewed the two warning notices that had been served on the registered provider and their action plan. We also reviewed previous inspection reports, safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the registered provider and manager. A notification is information about important events which the registered provider is required to tell us about by law. We also spoke with the local authority safeguarding and commissioning teams.
During the inspection we reviewed a range of records about how the service managed people's medicines and finances. We looked at people's care records specifically relating to their medical conditions, prescribed medicines and the support they received with their medicines and finances. We looked at mental capacity assessments for people where the service had deemed them to lack capacity with aspects of daily living including medicines and finances. We looked at medicine administration records, local operational medicine procedures, daily and weekly medicine audits, reports of medicine errors, individual financial transaction and cash sheets. We also looked at the provider's corporate auditing system and action plan audits relating to people's medicines and finances.

We asked the registered manager to send us additional information following the inspection and this was received.

Requires Improvement

Is the service safe?

Our findings

People said they were happy and liked living at the schemes. One person said, "I love it here; I am very happy." They also told us they were looked after well and liked the other people they were living with and got on well with the staff and service lead. Observations demonstrated people were very comfortable and relaxed when staff were supporting them and regularly sought out staff if they required support or reassurance.

We received mixed comments when we asked relatives if they felt their relatives were safe living at the schemes. Three relatives felt all aspects of their relatives care was safe and this included the management of their medicines and finances and sufficient staffing levels. However, one said their relative was, "More or less safe" because of the use of agency staff and their lack of knowledge regarding the needs of the person. One relative felt unable to comment as they did not visit their relative. Six relatives felt the service was not always safe due they said to a lack of sufficient staffing levels and use of agency staff. Four of the six relatives expressed previous concerns with their relative's finances, one said, "We do all the finances, there was such a pickle we had to." Another said, "I had to get power of attorney to sort out the financial mess [the provider] had made." None of the relatives expressed any concerns about how people were supported with their medicines.

At the inspection in July and August 2016 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper and safe management of medicines; this affected one scheme more than the other 11 schemes. We served a warning notice and told the provider they were required to become compliant with this regulation by 3 October 2016. At this inspection we found that although medicines errors had occurred after the 3 October 2016 at two of the 12 schemes, sufficient improvements had been made at these schemes following feedback to the provider on the 12 December 2016 and the provider was now compliant with the legal requirements.

At this inspection we found 15 medicine errors had occurred across some of the provider's schemes from the 3 October 2016 to the 12 December 2016. These medicine errors consisted of missed medicines, giving more medicines than required and medicines given which were not signed for. However records evidenced staff had taken timely and appropriate action to rectify these errors by contacting and seeking guidance from appropriate health care professionals.

Six out of the 15 medicines errors occurred at the scheme we had main concerns about at our last inspection in July and August 2016. We visited this scheme on the 12 December 2016 and again on the 18 January 2017.

On the 12 December 2016 staff at this scheme informed us a new system had been implemented to ensure medicine errors were minimised and dealt with. Staff felt this system had improved how medicine errors were identified but had not prevented medicine errors from occurring. Staff told us they felt medicine errors were still occurring because there were insufficient staffing levels, staff were distracted at medicine times by

the people they supported and there were insufficient numbers of staff who were trained to support people with their medicines.

We informed the registered manager of our concern and they developed an action plan to look at these issues. The registered manager informed us on the 16 January 2017 the provider had increased the staffing levels from four support workers to five support workers on each shift at this scheme and although they continued to use agency staff there were sufficient numbers of permanent staff on shift who had received medicines training and had their competencies assessed. Records demonstrated this.

We revisited this scheme on the 18 January 2017 and found medicines errors had not occurred since the 12 December 2016 and staff confirmed there were sufficient staffing levels at all times to keep people safe.

We visited a further two schemes on the 12 December 2016 and found a number of discrepancies and inconsistences at one of the schemes regarding the lack of signatures on people's medication administration record charts. We also identified that one person had not always received their medicines as stated. We informed the registered manager of our concerns who completed an immediate investigation, addressed the matter formally with staff concerned and sent the Commission an up to date action plan of what they had done and would do to ensure compliance. We found medicines were managed safely in the second scheme when we visited on the 12 December 2016.

We visited a further six schemes on 16 and 17 January 2017 and reviewed people's medicines records and audits from these schemes. Although we found medicines had not been signed for on the 17 January 2017 at one scheme, the support worker evidenced the medicines had been given. Medicines were managed safely in all six schemes.

At our last inspection in July and August 2016 we found the service was experiencing some staffing issues and were finding it difficult to recruit staff. This affected one scheme more so than the others due to its location. Staff at this scheme stated people were only safe when the scheme was fully staffed.

At this inspection the registered manager said they were still experiencing difficulties with recruitment at this scheme but had developed an action plan to ensure there were sufficient staff available to support people, meet their needs and keep them safe. The registered manager confirmed that although they used agency staff daily there was always sufficiently trained permanent staff available on each shift who could support people safely and bank staff employed by the provider were also available to work shifts. The action plan stated that permanent staff would be utilised from other schemes when the staffing levels fell short at this scheme. The provider offered incentives to staff to travel to the location and complete a shift. Records confirmed this. The provider had also increased the staffing ratio for each shift and staff confirmed this had made a positive difference with supporting people. Staff confirmed there were sufficient staffing levels to keep people safe and meet their needs at the other eight schemes.

At our last inspection in July and August 2016 we found people's finances were not always managed safely. There had been two separate significant incidences of note by two separate staff members. One incident was found to be substantiated and the other incident was unsubstantiated. We also found that although processes were in place for the supporting, recording and checking of people's monies; the recording of people's monies on their daily cash sheets were not always accurate and the checking processes were not always robust. These concerns were identified at all three schemes visited during this inspection; however most of these discrepancies occurred at the scheme we had most concerns.

During the inspection on 16 January 2017 the registered manager told us a new system had been

implemented to ensure the additional safety of people's cash monies. At each scheme a weekly cash check and monthly audit was to be completed. At one scheme where we had most of our concerns, two staff members were required to be present at all times when completing cash counts. People's monies were being kept in cash bags which had an additional security tag attached with numbers printed on them. Prior to retrieving the money from the bag the staff members were required to check the security tag number matched the previous entry recorded on the cash sheet and then once confirmed could break the seal, complete a count check, remove required monies from the bag and re seal with a new security tag documenting the number.

We revisited this scheme on 18 January 2017 and the process described by the registered manager was confirmed by the service lead of the scheme. During our visit we looked at three people's cash sheets who were in receipt of personal care and being supported with their finances. We found no discrepancies with the balance recorded on the cash sheets and the cash in the money bags. Records were much clearer and accurate and we observed the security tags and numbers in place which had also been recorded.

We visited a further six schemes over 16 and 17 January 2017 and found one discrepancy with the money recorded on one person's cash sheet. We noted the person's cash tin had been audited on the 13 January 2017 and the balance recorded the amount remaining in the person's cash tin. A different amount on 14 January 2017 had been recorded showing a balance of a loss of four pence with no expenditure recorded. When checked the balance recorded on the cash sheet on 14 January 2017 was correct. However the discrepancy was not raised with the service lead or senior support worker. We spoke with the service lead and senior support worker who found the missing four pence in the person's safe.

The registered manager said they had reduced the amount of outgoing expenses, such as household rent and taxi money which was being paid for using the money in people's cash tins. They said they had set up invoicing accounts directly with the taxi firms and direct debits for household bills. Records viewed showed a significant reduction in the amount of occasion's money had been removed from people's cash tins.

At our last inspection in July and August 2016 we found safe recruitment practices were not always followed because the provider failed to assess the health and fitness of staff and their character. At this inspection we found safe recruitment practices and checks were followed.

Staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Staff said they would report any concerns to the manager and knew what to do if concerns were not dealt with.

Risk assessments were completed for each person which identified risks to themselves and others. Risk management plans were implemented to ensure people and those around them were supported to stay safe. Risk assessments were in place for people who experienced behaviours that could be seen as challenging. All staff knew the signs and triggers to look for when a person experienced such behaviours and were confident they could manage the situation without the use of restraint.

Requires Improvement

Is the service effective?

Our findings

Relatives felt permanent staff had the knowledge and skill to support their relative and meet their needs. One said, "The care meets [relatives] needs now [they have] the one to one, [they do] more meaningful things." However relatives felt this was not the case when agency workers were supporting their relatives. One said, "The regular carers are ok it's the agency staff."

We spoke with the registered manager regarding the use of agency workers, which were used at one scheme more than the others. The registered manager evidenced that agency workers were provided with the same training as permanent staff other than the provider's medicine competency assessments. The registered manager stated that agency staff did not support people with medicines as there were sufficient numbers of staff now on shift who were trained to support people with their medicines. The registered manager and staff confirmed when agency staff were required, the same agency staff, known to people living at the schemes, would be requested. Staff confirmed they felt supported when agency staff were working alongside them as they were known to people and there were sufficient permanent staff or bank staff working who had the training with medicines to provide additional support if required.

At the inspection in July and August 2016 we made a recommendation to the registered manager and provider to review the Mental Capacity Act 2005 (the Act) and its relevant codes of practice. This was because although both the registered manager and staff had a good understanding of the Act; this understanding was not always put into practice because mental capacity assessments were not always present in people's files when they were deemed to lack capacity to manage their own finances, medicines, or make decisions about their care. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions.

At this inspection we found mental capacity assessments had been completed for all people who were deemed to lack capacity to manage their own finances, medicines, or make decisions about their care needs. Capacity assessments were very detailed and included identified risks to people if they were not supported correctly with these decisions. For example, one person, up until recently was responsible for managing their finances and medicines, however there were apparent risks with this person managing their finances as records demonstrated they would spend all their money in one go and had accrued a large amount of debt. This person had also lost their medicines on a number of occasions when independent with this task. A mental capacity assessment was completed on the 25 September 2016 which included the wishes and choices of the person regarding the involvement with their finances and medicines management. An external professional was involved in the best interest decision along with two staff members from the service. The capacity assessment detailed the decision making process, the reasons for the decisions and the outcome. Processes were then put into place to support the person with their finances and medicines which included their wishes and preferences. We did identify in one scheme that decisions recorded for a person's mental capacity assessment were not clearly decision specific and were not always clear about the information that had been gathered to evidence the decision making process. There was no evidence of a negative impact on the person.

We recommend the provider ensures that sufficient and regular review of mental capacity assessments are undertaken to ensure they are decision specific and sufficiently detailed in all instances.

Relatives confirmed they would take part and be consulted in best interest decisions and confirmed external professionals were mostly involved in the decision making process. One said, "We do get consulted by the social worker." Another said, "We do best interests but it is all social worker now."

Staff received an induction when starting work for the service. This induction programme included shadowing an experienced member of staff to watch and learn communication techniques and understand people's needs. Staff would also read people's support plans and complete the Care Certificate. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were subject to a three month probationary period in which their performance was reviewed at regular intervals.

Most staff received regular training in medicines, emergency first aid, safeguarding and Management of Actual or Potential Aggression (MAPA) training. However one staff member who had commenced working for the service in August 2016 told us they had not received safeguarding training as part of their induction programme. They said they had covered the subject in their external qualifications which they had gained prior to starting work for the provider.
This staff member demonstrated a good understanding of the types and signs of abuse, how to report them and what to do if these concerns were not dealt with appropriately.

We spoke with the registered manager who confirmed if new staff members are in date with their training and had provided a certificate to demonstrate this; the certificate would be placed in the staff members file. The registered manager stated staff member's knowledge and competencies would be observed throughout their probationary period. They also stated that if the staff member was new to care or could not evidence their training they would be enrolled onto the next available training course. We asked for a copy of the person's qualification which detailed whether they had completed this training prior to the conclusion of their probationary period. This information had not been received to date.

Staff and records confirmed they received a regular supervision but not an appraisal. The registered manager and service leads confirmed they had not completed staff appraisals in a while and this was an action for them to complete. Staff however felt supported and were confident to request additional training and support when needed. One staff member we spoke to who had recently started working at the time of the inspection was yet to receive a formal supervision but acknowledged the support they had available to them.

People were supported to have enough to eat and drink. Relatives were not always positive about the meals their relatives had and felt their meals were not always sufficient or healthy. One relative told us their relative had to eat ready meals due to the limited time of staff and said this was not good because they were used to having "good food with vegetables." Another relative said they had recently enquired what their relative had for dinner and was told, "Tuna and mayonnaise." Two relatives felt their relatives had put on weight due to eating unhealthy meals.

At the inspection we found people were supported to choose their meals and encouraged to have healthier options if there were concerns about their weight. People's care plans detailed the foods they liked and disliked and what support they required with eating their meals. For example, one person's care plan stated, "[Person's name] is to be supported to maintain a well-balanced diet in accordance with current speech and language guidelines." Another person's eating and drinking support plan described how the person should

have a fork mashable diet with all meats to be liquidised to reduce the risk of choking. Staff confirmed people were given a choice and were involved in decisions about their meals. People who were at risk of choking were supported by staff whilst they ate their meals.

Records, staff and relatives confirmed people regularly accessed healthcare services. One relative said their relative was taken to a GP every two months for regular treatment. We observed people being taken to a variety of health care appointments during the inspection. One person's support plan demonstrated they were receiving support from a foot care specialist and staff had been provided with special instructions on how to provide appropriate foot care and footwear for this individual. People's health support plans showed regular visits from healthcare professionals such as a podiatrists and district nurses.

Good

Is the service caring?

Our findings

Relatives felt the staff were kind to their relatives and felt their relatives were happy. One said, "The staff are excellent, brilliant in fact, they go above and beyond what they need to; they are very good with [person's name]." Another said, "The staff are lovely with [person's name] and [their] needs are being met."

During our inspection we observed staff interacting with people in a kind and caring manner. Staff would respond appropriately to the person's character and personality and would allow the person to take the lead in identifying their needs or whether they wanted to have friendly banter. In one scheme we observed one person be very energetic and lively with their responses to the staff member and would respond positively to jokes between them and the staff member. In another scheme we observed a person approach the service leads in the office in a loud manner. This person was upset and the staff member spoke with them in a quiet, calm voice showing empathy and providing gentle support to help the person manage their behaviour and reach a level of calm. Once the person was calm the staff member spoke with them about their concern.

At the schemes we visited we observed people were free to move around the main corridors of the schemes and use the communal lounges, kitchens and dining areas as they wished. In some schemes people had their own flat which was shared with others. People were free to enter and exit their own flat and would leave their flat to seek company from staff. Central rooms where staff would work when they were not supporting people were accessible and doors were always open.
People's rooms were personalised and decorated with the colours of the person's choice.

People who shared flats with others within a scheme were supported to develop a combined shopping list for them and others. People were asked what they would like to eat and to think about what others may like or dislike. One person knew the likes and dislikes of the people they lived with well and with support could develop a shopping list with the support worker.

Activities were personalised and people were supported to carry out the activities they enjoyed. For people that were unable to communicate their choice of activity, people would be supported and encouraged to try a different activity and then the outcome would be recorded to demonstrate whether people liked or disliked the activity. In one scheme one person said they liked to go to the shops and buy their favourite sweets and television magazine. We observed the person be supported to carry out this activity during the inspection. Other people would attend day services, go to the theatre as a group, or visit a pub or restaurant and have a meal with staff and other people.

People were supported and encouraged to be as independent as possible. One staff member said, "I try and get people to do as much as they can for themselves. If they are struggling with something we offer and alternative way of doing the task." Care plans included information on what people could do for themselves and what they needed support with. For example, one person's care plan described how they needed full support with personal care but was able to make a choice of breakfast by using eye contact to make

choices.

Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering the person's room and informing them what they were going to do before supporting them with personal care or other support tasks. We observed staff knocking or ringing the door bell and asking if they could come in before entering a person's flat or room. Staff closed doors when they were supporting people with personal care.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in July and August 2016 relatives felt the service was not responsive when it came to dealing with concerns or complaints. At this inspection relatives confirmed the same. One relative said, "Oh I complain all the time. But it's just 'sorry'; no explanation and nothing ever happens." Relatives said they could make a complaint but felt the communication between them and the provider could improve. We received comments such as, "All you do is talk to yourself, they don't communicate with us really", "Sometimes things just happen without letting us know" and "We don't seem to be told anything now, no one really communicates with us, just when we ask."

The registered manager said one complaint had been received since the last inspection. They provided us with the documents detailing the complaint. The complaint was raised by a relative on 5 January 2017 this complaint was still on-going at the time of the inspection. Records demonstrated that the complaint had been passed to the regional manager and director on 5 January 2017 and they had requested the service leads of the scheme to complete an investigation. However there were no records to demonstrate if an investigation had been completed, the outcome of the investigation, or whether the relative had been contacted by the provider regarding their complaint.

We recommend the manager follow the provider's complaints policy and seek guidance on handling and responding to complaints effectively.

During our visit to the schemes we observed people were comfortable to seek out staff and service leads and would raise "small concerns" about others they lived with or situations that had happened. Staff confirmed they would support people with raising complaints and would pass the information onto management of which they were confident would deal with these concerns.

People had individual care folders which contained a number of support plans; such as, health action plans containing information about people's health conditions, general health care, diet and eating and drinking. Behavioural plans were in place which detailed people's behaviours, the triggers, signs to look for and information on how staff could de-escalate the behaviour which was deemed to be challenging. Support plans were personalised for people who received personal care which included people's preferences when being supported with a health or skin condition. For example, one person's support plan said, "I have an electric wet shaver that is gentle on my skin as I have sensitive skin." Support plans also indicated people's likes and dislikes and what was important to them. For example, one person's support plan described how important the person's family were to them and explained how the person lived in the flat next door to their relative and enjoyed regular visits to their flat. This person's support plan also said they liked to listen to music and play on their keyboard. We visited this person's flat and observed a keyboard in their lounge. Staff knew this person well and described in detail the good relationship they had with their relative.

At our last inspection in July and August 2016 relatives told us they felt people were involved in their care planning however they did not always feel involved or listened to. We received similar feedback at this inspection. One said, "I don't think they [provider] realise we are here." Another said, "They don't ask me

anything now" "I would like to know what the plan is."

At this inspection we found support plans were in place, reviewed regularly and very personalised; however we could not be sure if people were involved with the planning of their care and support. Signatures were not always present on people's care and support plans to indicate they had been involved in the development of their plan or their reviews. One person's support plan stated they had not been involved in the review and development of their support plan and no reason was given to explain why.

We spoke with a staff member who said they encouraged people to be part of their reviews but mostly the support plans were developed by staff using observations and knowledge of their involvement with people to determine their likes and dislikes. Another staff member said support plans were reviewed regularly at least every three months but when a change in need occurred they were amended immediately. This staff member did not give any indication the person was involved in the changes to their support plan. However, staff said they would speak with relatives to gather information about people.

We observed that staff demonstrated they knew people well and could provide examples of what personal care support people required and the types of behaviours people displayed and the reasons for this behaviour. We visited one scheme with a service lead and visited a person in their flat. The service lead said the person liked to answer their door and liked to hold hands with staff and verbalise. We observed this take place. At one scheme a staff member explained the support one person required with their finances and personal care and this corresponded with the details contained within the person's support plan.

Requires Improvement

Is the service well-led?

Our findings

We asked people and their relatives their views about the management and leadership of the service. Relatives felt the communication was not good between management and themselves and said they did not see the manager and mostly spoke with care staff. One relative said, "You don't exist as far as they are concerned, they don't listen." Another relative said, "no one really communicates with us." One person said they had a good relationship with the service lead and knew them well and we observed other people interacting with service leads. Support staff confirmed they did not see the registered manager but felt supported on a daily basis by their service lead. Service leads stated they saw and spoke with the registered manager at regular intervals.

At our inspection in July and August 2016 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to effectively operate established systems and processes to help assess, monitor and mitigate the risks relating to the health, safety and welfare of people. We served a warning notice and told the provider they were required to become compliant with this regulation by 3 October 2016.

At this inspection we found the initial systems introduced were not effective because medicines errors still occurred up until 12 December 2016 and the provider was not always made aware of all medicines errors. There were insufficient levels of staff trained to follow and implement the new auditing systems. As a result the providers auditing systems were not accurate or up to date. Following a review of these initial processes the provider re submitted an action plan and we found sufficient improvements by the 17 and 18 January 2017 had been made with the auditing processes and the provider was now meeting the legal requirements.

During the inspection on the 12 December 2016 we found audits and systems which had been put into place to improve the safe management of medicines were not effective because medicine errors were still occurring and the providers audit did not identify all incidences where medicine errors had occurred. For example, records demonstrated the providers audit had failed to identify five of the six medicines errors which the local safeguarding teams had advised us of. We found a further medicines error had occurred on 1 December 2016 which had not been identified by the providers audit. In total we identified 15 medicines errors of which seven had not been identified through the provider's auditing processes. This meant the service's auditing processes were not robust enough or accurate to help minimise the likelihood and impact of risks to people. We raised these concerns with the registered manager and provider who immediately completed an action plan and reviewed their systems and processes.

During the inspection of the 12 December 2016 the registered manager told us a new auditing system and local operating procedure had been introduced at the scheme which had been the main scheme of concern at our last inspection. An external consultant, service lead and deputy manager informed us a daily medicines audit had been implemented to ensure medicines were given correctly and medicines errors were identified and addressed immediately after each medicine round had been completed. This audit was required to be completed up to four times a day. However we found records demonstrating that these

checks were not always completed in line with the new local operational procedure implemented on 14 November 2016.

The external consultant confirmed medicines audits did not always take place because there was not enough staff available who were medicines trained to complete both the administration and audit as they had to be completed by two separate staff members. Whilst the system was in place to ensure the improvements were made, the provider had not ensured staff were available to implement this system to ensure its effectiveness. We raised these concerns with the registered manager and provider who immediately completed an action plan and reviewed these systems and processes.

Between the 12 December 2016 and 16 January 2017 the registered manager provided the Commission with an action plan which identified they had reviewed their local operating procedure and staffing levels. The action plan stated medicines checks would be more effective when completed twice a day as there would always be sufficient staffing levels to ensure a separate trained administrator and auditor were working on each shift. We revisited a particular scheme on the 18 January 2017 and looked at the medicines audit check from 19 December 2016 to the morning of the 18 January 2017 for all eight people who were in receipt of personal care. We found the checks had been completed in accordance with the updated local operating procedure.

Some medicine audit checks had identified gaps in people's Medicines Administration Records and these records demonstrated the action taken by the auditor to confirm whether people had received their medicine. For example, one person's medicine audit check demonstrated there was a gap in one person's MAR on 10 January 2017. The record showed the auditor had checked the person's medicines dosage system and confirmed the medicines had been given but not signed for. There had been no further medicines errors at this scheme or any other scheme since the 12 December 2016. This meant the amended systems now in place to audit and check whether people had received their medicines were effective. These systems were currently being embedded into the service.

The Commission had been notified of only one out of the 15 medicine errors which had occurred between 3 October 2016 and 12 December 2016. There is no requirement to notify the Commission about medicines errors, but a notification would be required if the cause or effect of a medicine error met the criteria for one of the following to be notified; A death, an injury, abuse, or an allegation of abuse, an incident reported to or investigated by the police. Where relevant, services are asked to make it clear that a medicine error was a known or possible cause or effect of these incidents or events when notifying the Commission. As people did not always receive their medicines, or received too may medicines this suggested a potential allegation of suspected neglect by staff and therefore the Commission should have been notified of more than one medicines error.

A failure to notify the Commission of any suspicion of abuse or neglect in relation to a service user is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulation 2009.

A new finance auditing system was implemented following the concerns raised at the last inspection. The registered manager and provider had completed audits of all people's finances where the provider was responsible for the management of people's finances. These audits had picked up further discrepancies which were passed onto the appropriate professionals. Following the completion of the provider's audit, new financial audit checks were implemented into each scheme. Financial audit checks were required to be completed at each scheme on a weekly and monthly basis by the service lead and senior support workers. Records viewed confirmed this process was in place and embedded within the service.

The registered manager stated they also completed regular spot checks of people's finances at each scheme which looked at people's individual cash tins and bank statements to ensure there were no discrepancies with people's finances. Records provided evidenced this. There had been no further concerns raised or identified regarding people's finances.

The provider had auditing systems in place to analyse, identify and learn from other incidents, such as safeguarding concerns and accidents. All incidents, which also included any information gathered about medicines or financial concerns, were recorded on an internal database and this information was collated and discussed monthly with the regional directors and providers.

Surveys were in the process of being sent to people and their relatives. Three out of the ten relatives contacted told us they had been asked to give feedback but they had never received any response from the provider. One said, "We do give feedback but god knows what happens to it." Seven relatives told us they had never been asked for feedback. One said, "I have never been asked for my views, no questionnaires or meetings of any kind." Another person told us they had been asked to complete a feedback survey but it was written for people who used the service and not for the relative. Surveys had been sent to staff in October 2016 and the registered manager was in the process of analysing their responses.
We recommend the provider review their system of undertaking surveys for people and relatives and take action to improve feedback mechanisms.

The providers rating had been displayed on their website.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Commission without delay of any abuse or allegation of abuse in relation to a service user. Regulation 18 (2) (e)