

Lily Care Northants Ltd

Millway

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 05, 20 and 21 March 2018. We visited the location office and one of the supported living houses on the 05 and 20 March and spoke to the relative of a person supported by the service on the 21 March.

This service provides a combination of support as a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats in the community and specialist housing. The supported living service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the supported living service lived in two 'houses in multi-occupation'. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. At the time of our inspection, there were ten people in total using the service; one person was receiving domiciliary care and nine people were receiving the supported living service. The service provides support to younger and older adults with physical and mental health support needs.

Not everyone using Millway receives the regulated activity of 'personal care'; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

At the last comprehensive inspection on 16, 18 and 19 January 2017 we found the service to be rated 'Requires Improvement' and the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in relation to the governance of the service and the completion of medicines records. The provider submitted an action plan detailing the improvements that they would make to comply with the regulations; they stated that they would be compliant by 5 May 2017.

This is the second announced comprehensive inspection of the service and the service continues to be rated overall 'Requires Improvement'. The provider had not taken sufficient action to meet the breaches of regulation.

There were insufficient systems in place to assess, monitor and improve the service. Where the provider had identified issues with the quality of the service they had failed to implement the changes required.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

People were not always adequately assessed for their risks or have plans of care to mitigate their known risks. There was no system in place to assess people using current standards or evidence based guidance. People's care plans and risk assessments were not reviewed regularly and contained out of date information.

Staff recruitment procedures needed to be strengthened to ensure that all necessary checks had been completed as part of the staff selection process.

People's medicines were administered as prescribed; however, the medicines administration records were not always fully completed.

Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support required strengthening. Not all staff had received the training they required to provide people's care. There was a lack of oversight of staff training. Staff received an induction into the service and did not work with people on their own until they understood the care needs of each person.

People and staff did not have sufficient opportunities to provide feedback or contribute to the running of the service. Surveys of people's views and meetings had not been carried out as planned.

Sufficient numbers of staff were deployed effectively to provide people's care and support.

People felt safe with staff and said that they had confidence in the ability of staff to support them safely. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. However, the registered manager had not completed safeguarding investigations as required by the local authority in the appropriate timescales.

Staff treated people with kindness and compassion. They spent time getting to know people and their specific needs and wishes. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

People were protected from the risk of infection by staff that were trained in infection control and complied with infection prevention procedures.

There were systems in place to ensure people with a disability or sensory loss could access and understand the information they were given. These complied with the Accessible Information Standard.

Staff supported people to access health care services when required, to make sure people received appropriate healthcare to meet their needs. People at risk of malnutrition had their nutritional needs assessed to ensure that they were supported to maintain an appropriate diet. People were provided with the support they required to prepare their meals.

At this inspection, we found the service to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have

been concluded.

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.

People did not have appropriate risk management plans in place for their known risks.

Environmental risks had not been assessed or acted upon.

Systems in place to manage medicines required strengthening; associated record keeping was in need of improvement.

Safe recruitment procedures were not consistently followed.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse.

Sufficient staff were suitably deployed to provide people's support.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The principles of the Mental Capacity Act (MCA) 2005 had not been applied appropriately.

Staff did not consistently receive the training and support required to ensure that they had sufficient knowledge and skills to provide care to people safely.

People were supported to access relevant health and social care professionals to ensure they received the care and treatment that they needed.

People received the support they required to ensure that their nutritional needs were met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People did not always receive care that took into account their views and preferences.

People were treated with kindness and compassion by staff.

People were supported to maintain and develop their independence.

Is the service responsive?

The service was not always responsive.

Care plans were not regularly reviewed and contained out of date information.

People using the service and their relatives knew how to raise a concern or make a complaint.

The provider had appropriate systems in place to support people's communication needs.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

People were not assured of a good quality service as there were insufficient systems and processes in place to effectively monitor the quality of people's care.

People were not given sufficient opportunities to provide feedback regarding their experiences of the service.

A registered manager was in post and they were available to provide support to people and staff.

Requires Improvement ●

Millway

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 comprehensive inspection took place on the 5, 20 and 21 March 2018 and was announced. We gave the service 48 hours' notice of the inspection as the service is small and we needed to ensure that staff were available to support the inspection. We visited the office location and one of the supported living houses on 5 and 20 March 2018 to meet with people using the service, their relatives, the registered manager and staff. We also made a telephone call to the relative of a person using the service on the 21 March 2018.

The inspection was undertaken by one inspector and one specialist professional nursing advisor. The specialist nurse for this inspection had experience of working in mental health services.

Prior to the inspection, the registered manager had completed a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the required timescale and we took the information into account when we made judgements in this report.

We reviewed the information we held about the service, including information sent to us by other agencies, such as the local safeguarding authority and Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people, which are paid for by the local authority.

During this inspection, we spoke with two people who used the service and two people's relatives. We also observed interactions between people and staff in one of the supported living houses. We also spoke with seven members of staff, including the registered manager and support staff. We looked at records relating to the personal care and support of six people using the service and five people's medicines records. We also looked at six staff recruitment records and other information related to the management oversight and

governance of the service. This included quality assurance audits, staff training and supervision information, staff deployment schedules and the arrangements for managing complaints.

Is the service safe?

Our findings

At the previous inspection in January 2017, we rated 'Safe' as 'Requires Improvement'. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

At the inspection in January 2017, the provider was in breach of Regulation 12 (2)(g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that records relating to the administration, supply, ordering, and disposal of medicines were not fit for purpose. We therefore took enforcement action through the serving of a requirement notice. The provider produced an action plan in which they stated they would be compliant by 5 May 2017.

At this inspection, we found that whilst the provider had made some improvements to medicines record keeping, there was a continuing breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to other concerns related to the safety of the service.

People could not be assured that their needs would be assessed, so that risks were identified and action taken to mitigate the risk of harm. During the inspection, we viewed people's personal care assessments and records. We saw that where people were at risk of skin break down and falls, sufficient action had not been taken to ensure that appropriate risk assessments and risk management plans were in place. Staff were not provided with sufficient guidance on how to mitigate risks to people's safety and welfare. For example, it was recorded in one person's care plan that they were often incontinent and remained in bed or clothing wet with urine. This posed a risk to the integrity of their skin, however there was no skin integrity assessment or management plan in place to provide staff with guidance to protect and promote the person's skin integrity. Another person had a history of falls and was at high risk of further falls. There was no oversight of the frequency of these falls and the risk assessment in place had not been reviewed regularly or a plan put in place to reduce the amount of falls they experienced. Staff had not been provided with the guidance required to support people safely and this placed some people using the service at risk of receiving unsafe care and support.

The measures in place to assess the safety of people's home environment and emergency evacuation plans were not sufficient. The provider had not carried out any risk assessments of environmental risks for any of the premises in which staff provided personal care to people. This posed a risk that environmental hazards would not be recognised or addressed. During the inspection, we found that the fire door between the kitchen and lounge in one of the supported living properties was permanently wedged open manually. This door would not close in the event of a fire at the property placing service users and staff at increased risk of harm. People who had complex physical and mental health needs did not have personal emergency evacuation plans in place to advise staff of the action they should take to support them in an emergency, should they need to evacuate their home. There was a risk that staff would not have the knowledge required to support people to evacuate the premises promptly, putting them at increased risk of harm.

These concerns constitute a breach of Regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008

People were not always protected against the risks associated with the appointment of new staff. The provider was unable to identify from their recruitment records whether staff disclosure and barring (DBS) checks that had been completed by previous employers were transferrable to their current employment. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. During the inspection, the registered manager carried out a full audit of all staff DBS checks and found that one member of staff had been employed without a suitable DBS check being requested. This person was not currently working with people; however, they had previously worked with people without this being in place. The registered manager immediately arranged for this to be rectified, however the provider had not assured themselves of the suitability of staff, as they had not consistently followed safe recruitment practices.

Although the provider had made a number of improvements to medicines records relating to the administration, supply, ordering, and disposal of medicines, we identified that continued improvement was required in some areas. For example, handwritten entries of medicines on three people's medicines administration record (MAR) charts had not been double signed, indicating that the procedure in place to ensure MAR chart entries were accurate had not been followed. Handwritten entries on one person's MAR chart had no signature and some medicines had not been signed for to demonstrate that they had been administered. Three people were prescribed PRN (as required) medicines however, protocols were not in place to provide staff with guidance regarding when these medicines should be given. Although regular medicines audits were in place, these had not consistently been carried out as planned or identified the concerns in relation to record keeping found at this inspection.

Although some aspects of medicines record keeping required strengthening, the arrangements in place for the supply, ordering, administration and disposal of medicines had improved. People told us that they received their prescribed medicines at the time they needed them. One person said, "The staff are very good, I always get my medication." Staff were trained in medicines administration and told us that they felt competent to administer people's medicines correctly. We observed during handover that staff discussed people's medicines and were aware of the need to ensure medicines were administered at the appropriate time. Where people required their medicines to be administered by a specialist route, for example via injection, arrangements were in place to ensure that this was carried out by an appropriately trained health professional.

People told us that they felt safe with staff. One person said, "The staff here are really good, they're good at solving any problems and helping people." Another person's relative said, "I feel [person's name] is safe with staff, they're very good and I know they would contact me if there was a problem." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take. One member of staff said, "We do regular safeguarding training, if I had any safeguarding concerns I would alert management and they would contact the local safeguarding team." Although the registered manager had made appropriate referrals to the safeguarding team when needed, they had not consistently carried out the investigations requested by the safeguarding authority within the appropriate timescales. We discussed this with the registered manager who recognised the need to ensure such investigations were completed within the timescales identified.

Sufficient numbers of staff were allocated to people's care to provide the support they required. People told us that there were sufficient staff available to meet their choices and needs. One person said, "There's someone here all the time if you need anything, an extra staff member comes to take people out as well." Staffing rotas reflected that staffing was consistent, and people were given care and support by a dedicated

staff team.

People told us that staff followed hygienic practices whilst providing their care and support. Staff were supplied with Personal Protective Equipment (PPE), such as, disposable gloves and aprons to prevent the spread of infection and had been trained in infection control. One member of staff said, "We have had training in infection control and it is very important to wash your hands in between jobs. We also have all the equipment we need such as gloves and aprons."

Is the service effective?

Our findings

At the previous inspection in January 2017, we rated 'Effective' as 'Requires Improvement'. At this inspection, 'Effective' continues to be rated 'Requires Improvement'.

During our inspection in January 2017, we found that people were actively involved in decisions about their care however, documents relating to the Mental Capacity Act 2005 had not been formalised.

At this inspection, we found that people's ability to consent to their care and support had not been considered by the provider when developing people's plans of care. For example, in one of the supported living houses, staff controlled people's access to food, drink and money. Staff told us that they restricted people's access to food and drink because some people would consume large amounts of food and drink if they had free access. Staff told us that they did not give people their money until they had completed their personal care because some people would go out into the community in soiled clothing and an unkempt state. We observed during inspection that staff had not given one person their money; the person had run out of cigarettes and did not have sufficient money to buy anymore. Staff had told the person that they could not have their money until they had completed their personal care. The registered manager told us that they had developed these plans of care because they were in people's best interests. However, no formal assessment of people's capacity had been completed to show that they lacked capacity to manage their own food and drink consumption or access to money and therefore required staff to place restrictions upon their access to these items in their best interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. On a day-to-day basis, people's ability to consent to their care and support was not sought or considered by staff. Staff had received training in The Mental Capacity Act however, did not apply this training on a day-to-day basis. The registered manager was not clear of their responsibility to assess people's capacity and ensure that any decisions made for people who may lack capacity are documented and made in their best interests.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In domiciliary care and supported living settings, this is under the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager had not made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

Two people's care plans identified that they frequently told staff that they did not want to live in one of the supported living houses. The registered manager confirmed that they were aware of this. No mental

capacity assessment had been completed to ascertain their capacity to make this decision or whether their support was being provided in their best interest. No consideration had been given as to whether an application should be made to the Court of Protection for a Deprivation of Liberty.

These concerns constitute a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

During our inspection in January 2017, we found that care staff did not receive regular supervision from their line manager.

At this inspection, we found that the systems in place to provide staff with supervision and appraisal continued to require strengthening. Staff had not received appropriate on going or periodic appraisal or supervision in their role to ensure their competency was maintained. We viewed the supervision records of twelve staff members and found that eleven staff members had only received one recorded supervision in the preceding twelve months. The registered manager was not able to assure themselves of the on-going suitability and competency of staff.

Although staff did not receive regular formal supervision, the management team were involved in the daily running of the service and staff were able to gain support and advice from them when necessary. Staff told us that they felt supported and knew who to go to for advice about their work. One member of staff said, "We don't often have an official supervision but we have regular direct contact with the manager and get lots of information and support from them."

People could not be assured that they would receive care and support from staff that had received appropriate training to enable them to work effectively in their role. Where staff had been required to complete the Care Certificate self-assessment tool, current guidance had not been followed and the outcomes of this assessment had not been discussed with them to determine whether they needed to undertake the Care Certificate as part of their induction. The Care Certificate covers the fundamental standards expected of staff working in care. Staff who were deployed to support a person with complex manual handling needs did not have the practical manual handling training they required. This was discussed with the registered manager who arranged for this training to be provided.

Staff told us that their induction and training had prepared them to undertake the duties required for their role. Staff did not work with people on their own until they had completed sufficient shadow shifts to ensure that they felt confident. Newly recruited staff also undertook mandatory training such as safeguarding, health and safety and dealing with conflict and challenging behaviour. One member of staff said, "I have had training in people's different behaviours and mental health and I was supervised for a long time before I worked on my own."

People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. We saw that people's care plans recorded if people required a modified diet and where people received their nutrition by percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff followed the advice of appropriate health professionals.

Staff knew people well and provided them with the food they enjoyed. One person said, "The staff usually prepare our food, it's always things that we like. Sometimes I like to do some cooking as well, they help me with that." Staff described how they always spoke to people about their food choices and gave different options.

The registered manager carried out pre assessments of people's care needs to ensure that the service was able to meet their needs prior to them receiving care. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The registered manager visited people and assessed their needs with family members present to support the person where appropriate.

The provider was aware of the protected characteristics under the Equality Act; their policies and guidelines reflected this. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination about their age, sex, culture or religion and this was reflected in the pre assessment process.

The service worked and communicated with other agencies and staff to facilitate a co-ordinated approach to people's care needs. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw one person had regular support from physiotherapists, dieticians and speech and language therapy.

People's healthcare needs were monitored and prompt referrals were made when people's health needs changed. One person's relative said, "[Person's name] has had some health problems, the staff got in touch with the GP promptly and made sure they got the treatment they needed." Staff told us if there was deterioration to a person's health they would seek their permission to report it to senior staff, a relative and if needed, they would contact the GP or health care professional for support or advice.

Is the service caring?

Our findings

People were not consistently supported to express their views or be actively involved in decisions about how their support would be provided. Although people told us that they had been involved in some decisions about how their care was provided, staff restricted people's access to food, drink and money on a routine basis. The registered manager told us that this was done in people's best interest; however, appropriate assessments and related best interest decisions had not been carried out. People did not have the opportunity to make their wishes and views known regarding how they wanted to be supported; there was a risk that people would not receive support in the way they preferred.

Although improvements were required to ensure that people were fully involved in deciding how their care and support would be delivered, people and their relatives were complimentary of the care people received. One person said, "The staff are really good, I get on well with all the staff, they go the extra mile for you." Another person's relative said, "The staff are very supportive of [person's name] and speak to them as an equal."

Staff told us they tended to provide care to the same people on a regular basis and this helped them to understand people's needs. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One member of staff said, "We do our best to provide good care and it helps that we know them [people living in the supported living house] very well."

People confirmed that the staff respected their privacy and dignity. One person told us, "This is my room and staff always knock before they come in." Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. One person said, "I do voluntary work now and it's all thanks to the support I've had from the staff here, they're really good."

The service was able to source information for people should they wish to use an advocate and had supported people to access advocacy in the past. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Is the service responsive?

Our findings

People could not be assured that their care plans would contain up to date accurate information, as they were not reviewed regularly. We reviewed six service users' care records and saw that for four service users these had not been reviewed or updated regularly and some records contained out of date information. One person's care plan had not been updated since November 2016; there was no evidence of recent review or evaluation despite the service user's complex mental health needs. The care plan referred to medical interventions and health support that was no longer current and referred to the service user as living at their old address.

People's care plans were not always detailed enough to provide clear instructions to staff on how to provide care to meet people's individual needs. Some people's care plans did not contain sufficient information regarding how risks to their health and wellbeing should be managed. For example, one person living with complex mental health needs often made allegations against other people and was frequently unwilling to complete their personal care after episodes of incontinence. Their care plan did not provide staff with clear guidance on how best to support and respond to the person's emotional and personal care needs.

Although staff were unable to rely on the information in people's care plans to guide them in providing people's care, they worked with people on a consistent basis and therefore knew people well. One person's relative said, "The staff know [person's name] really well. They pick up very quickly if their mental health is declining and get the right support quickly." Another person's relative said, "They've really encouraged [person's name] to get out and do more things, they've interacted with [person's name] and got to know the things that work for them."

People and their relatives knew how to make a complaint if needed and were confident that their concerns would be listened to and acted upon as required. People and their relatives said that they had not needed to make a complaint but knew how to complain and would feel confident to do so if needed. One person's relative said, "I have no complaints, but if I have a niggle I speak to the manager and they deal with it promptly." The service had a clear complaints procedure in place; all complaints were logged and investigated by the registered manager, who provided the complainant with an outcome of their investigation. Information regarding how to make a complaint was provided in different formats to support people's understanding.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the service user guide and other documentation was produced in an easy to read format.

No one currently supported by the service was in receipt of end of life care. The provisions in place for end of life care were discussed with the registered manager. They were aware of the need to support people to

consider their plans for the end of their life at the appropriate time.

Is the service well-led?

Our findings

At the previous inspection in January 2017, we rated 'Well-led' as 'Requires Improvement'. At this inspection, 'Well-led' continues to be rated 'Requires Improvement'.

At the inspection in January 2017, the provider was in breach of Regulation 17 (2)(a). We found that the provider had no oversight and no systems in place for monitoring the quality of the service delivery. Care staff were not receiving regular supervisions as per the providers own policy, medicine management systems and processes were not effective and the required documents relating to the MCA had not been completed.

We therefore took enforcement action through the serving of a requirement notice. The provider produced an action plan in which they stated they would be compliant by 5 May 2017. At this inspection, we found that the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not deployed appropriate systems or processes to assess, monitor and improve the quality and safety of the care people received. We found that the registered manager had not followed the system of oversight and governance implemented following the last inspection and had not complied with the action plan. Audits of care, maintenance, personnel records and administration had been planned following the last inspection but these had not taken place. There was no record of any audits being undertaken other than medicines. There was no system of governance in place to monitor the quality and safety of the service.

Although audits of medicines were being undertaken, the registered manager had not identified that these had not been consistently implemented. Audits that had been carried out were not effective at ensuring complete and accurate medicines records were kept. Audits had not identified the improvements required to medicines record keeping that were highlighted during this inspection. The governance processes had failed to mitigate the risks that this may represent to people.

Staff recruitment records were unclear and did not identify whether an appropriate DBS check had been undertaken to ensure that staff were suitable to work in the service. DBS checks in some staff folders were from previous employers and the registered manager was unsure whether these were transferrable. The lack of auditing and systems in use meant that this shortfall had not been addressed in a timely way.

There was no system in place to ensure that people's care plans and risk assessments were reviewed regularly. Four of the six people's care plans and risk assessments we viewed had not been regularly reviewed. There was no oversight or plan in place detailing how often care plans and risk assessments should be reviewed. No audits of care plans and risk assessments took place, the provider could not be assured that the reviewing process was effective at ensuring the information they contained was accurate or current. For example, where people were at risk of falls and pressure sores, there was insufficient information in people's care plans regarding the support they required from staff. People were at risk of not

receiving safe care, as there was no effective system in place to monitor the risk assessments and care plans to ensure they were accurate and met people's needs.

The provider failed to implement systems to ensure that they were meeting the requirements of the Mental Capacity Act (MCA) 2005 and to ensure that the care and support that people received did not infringe upon their right to make their own decisions. People did not have appropriate mental capacity assessments and there was a risk that care would not be provided in their best interest.

Quality assurance systems had failed to effectively monitor and improve the arrangements in place for staff training, supervision and appraisal. There was a lack of managerial oversight of staff training, supervision and appraisal. There was no overview of the training, supervision and appraisal that had been provided to staff and insufficient plans in place for future training. As a result, staff had not received sufficient training and support to ensure that they were competent to provide people's care.

The provider did not have a current overview of people's experiences of the service. We reviewed the system in place for involving service users, relatives and staff in the running of the service. The registered manager was unable to provide any information regarding quality surveys that had been undertaken, they informed us that no surveys or questionnaires had been undertaken since the last inspection and they were unaware of any surveys being undertaken prior to this. Service user meetings were due to occur weekly in the supported living houses, however staff told us that these often did not take place and there were no minutes available of meetings that had occurred. Following the last inspection, the registered manager had identified that regular staff meetings were required; we saw that no staff meetings had taken place since June 2017. There were insufficient arrangements in place for service users and staff to provide feedback or contribute to the running of the service.

The registered manager had not consistently worked in partnership with other agencies. For example, where they had been required to complete safeguarding investigations by the local safeguarding authority, these had not been completed within the required timescales.

These concerns constitute a breach of Regulation 17(1)(2)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

All providers have a legal responsibility to notify CQC without delay about certain important events that occur at a service. The registered manager had not submitted the appropriate statutory notifications to CQC for incidents such as safeguarding alerts. We discussed this with the registered manager during the inspection and the required notifications have now been completed.

This constitutes a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notification of other incidents

Although the formal processes in place to monitor the quality of the service were not effective, people told us that they were generally satisfied with the care they received. One person said, "I am happy with the staff, they are very good to me." Another person's relative said, "I would say that [person's name] is supported well by staff, they're very good with [person's name]." This was due to the positive impact of the interaction and support provided by staff.

People and their relatives spoke positively of the registered manager. One person's relative said, "[Registered manager] is always happy to spend time talking to me about [person's name's] care and answer my questions, that's really useful." We observed that the registered manager was available to

provide support to the people who used the service and that people interacted comfortably and freely with her."

The provider promoted an open and honest culture and staff reflected that they enjoyed working for the provider. One member of staff said, "They [provider] care about the staff and the service users and do their best for us." Staff also told us that the registered manager was approachable and supportive, one member of staff said, "[Registered manager] is very calm and involves us in what is going on, we see a lot of her, every day we see her and can talk to her."

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager had not submitted the appropriate statutory notifications to CQC for incidents such as safeguarding alerts.</p> <p>18</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People did not have appropriate risk management plans in place for their known risks.</p> <p>Environmental risks had not been assessed or acted upon.</p> <p>12(1)(2)(a)(b)(c)</p>

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 11 HSCA RA Regulations 2014 Need for consent The principles of the Mental Capacity Act (MCA) 2005 had not been applied appropriately. 11(1)

The enforcement action we took:

A warning notice has been issued to the provider and registered manager.

11(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not assured of a good quality service as there were insufficient systems and processes in place to effectively monitor the quality of people's care. People had not had sufficient opportunities to provide feedback regarding their experiences of the service. 17(1)(2)(a)(b)(c)(d)(e)

The enforcement action we took:

A warning notice has been issued to the provider and registered manager.