Citizenship First Ltd

Citizenship First - 350 Glossop Road

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 4 and 7 August 2017 and was an announced inspection. The manager of Citizenship First (Sheffield) was given 48 hours' notice of the inspection. We did this because the service is small and the manager is sometimes out of the office and we needed to be sure that they would be available. We also wanted the service to make initial contact with people who we had identified we would like to visit, to ask them if we could see them in their own homes.

The main office of the service is based in the centre of Sheffield. They are registered to provide personal care to people over 16 years old with a learning disability. They support people to live as independently as possible in their own homes. At the time of our inspection the manager told us the service was providing personal care for 27 people.

Our last inspection at Citizenship First took place in April 2016. At that inspection we found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 17: Good Governance, Regulation 18: Staffing and Regulation 19: Fit and Proper Persons.

The provider sent us a report of the actions they would take to meet the legal requirements of these regulations. The provider stated they would be compliant by 29 July 2017. We checked whether these regulations had been met as part of this inspection.

We found evidence at this inspection to show improvements had been made to meet the requirements of Regulation 19: Fit and Proper Persons. However, we found continued breaches in Regulations 17: Good Governance and Regulation 18: Staffing.

Their manager told us they had submitted an application to register with the Care Quality Commission (CQC). The previous manager had left the service in June 2016. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Significant changes to the staffing at Citizenship First had occurred since our last inspection. The manager and members of the senior staff team had left the agency. The registered provider had put new management arrangements in place to support the operations and on-going improvement of the service. Most of the staff and most of the people we spoke with reported improvements to the service in recent months.

People's care records contained a lot of person centred information and detailed risk assessments. However, the records checked in people's homes were out of date. This meant the information may no longer be relevant to the person and people were not always protected from risks. We also found that some

people's medication administration records required improvement. This showed the system in place to ensure an accurate, complete and contemporaneous record in respect of each person using the service required further improvement. We shared this information with the manager. They arranged for immediate action to be taken to ensure people had an accurate care plan in place.

We found the registered provider did not have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe. Not all staff had completed training in medicines so we could not be assured they were competent.

Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the registered provider had not ensured that CQC was appropriately notified.

We found that systems were not sufficiently embedded to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.

This was a continued breach of the Health and Social care Act 2008 (Regulated Activity) Regulations 2014. Regulation 17: Good Governance.

We found that sufficient improvement had not been made since the last inspection to ensure staff received appropriate support, training, professional development, supervision and appraisal necessary to carry out the duties they are employed to perform.

This was a continued breach of the Health and Social care Act 2008 (Regulated Activity) Regulations 2014. Regulation: 18 Staffing.

People we spoke with made positive comments about the care workers who regularly supported them. They told us their care workers were kind, caring and considerate. Relatives also made positive comments about care staff who knew their family member well and were responsive to their needs.

Staff told us the scheduling of people's calls had recently improved to provide continuity of care to people using the service.

Staff had undertaken training in safeguarding vulnerable adults from abuse and were able to explain their roles and responsibilities in regard to keeping people safe. Staff were clear who they would report any concerns to and were confident action would be taken to address their concerns.

Staff recruitment procedures were thorough and ensured peoples safety was promoted. The provider had undertaken all the checks required to make sure people employed at Citizenship First were suitable to work with people who may be vulnerable due to their circumstances.

Staff were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions about their care for themselves.

We found the new manager had responded to people's and/or their representative's concerns and taken action to address any concerns.

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.

A thorough recruitment procedure was in place.

We found some concerns relating to some people's medication records.

Risks to people had been assessed and staff took action to manage identified risk. However, improvement was required to ensure risk assessments consistently covered all areas of potential risk.

Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement

The service was not always effective.

People and relatives we spoke with told us the care provided had improved in recent months.

We saw the system in place to provide staff with appropriate support and training to enable them to carry out their duties still required improvement. .

Staff were aware of the importance of seeking consent from the people they supported and told us people had capacity to make decisions about their care for themselves.

Is the service caring?

Good

The service was caring

People using the service spoke highly of the service staff and people told us staff were caring and went over and above to meet their needs.

When we visited people in their home we saw care workers knew people well and related to them with dignity and respect.

Staff knew to always maintain confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive

Some people using the service did not have an accurate and up to date care plan in their home.

Relatives we spoke with told us their concerns had been responded to by the new manager.

The provider had a complaints policy and procedure in place and people were aware of how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager at the time of the inspection.

We found that systems were not sufficiently embedded to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

Citizenship First - 350 Glossop Road

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 8 August 2017 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the manager is sometimes out of the office and we needed to be sure that they would be available.

The inspection team was made up of four adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We had also received a provider information return (PIR) from the provider, which helped us to prepare for the inspection. 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.

During the inspection we visited and spoke with three people in their homes. We also reviewed, with their permission, their care and medicine records which were kept at their home. During the inspection we contacted five relatives of people who used the service. We were able to speak with three relatives by telephone.

We visited the service's office and we met and spoke with the manager, the nominated individual, the interim change manager, two senior support workers and three support workers.

We spent time looking at written records, which included seven people's care records, three staff records

and other records relating to the management of the service such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

People receiving support and their relatives had mixed views about the service. For example, one person told us, "The staff are really good, I feel really safe." Another person said, "I'm very happy with the carers. It's the office and communication that's the problem." One relative told us, "We have had so many changes in the management; it's hard to think they are going to get it right. At least this manager seems well intentioned."

At the last inspection in April 2016 we found a breach in Regulation 19: Fit and Proper Persons. At this inspection we checked that sufficient action had been taken by the registered provider to meet the requirements of the regulation. We found sufficient improvements had been made.

We looked at staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This showed that recruitment procedures at the service had been sufficiently improved and helped to keep people safe.

At the last inspection we found the system in place to ensure people's risk assessments were regularly reviewed needed to be more robust.

At this inspection we found there had been some improvement in relation to people's risk assessments. However, further improvements were required to ensure all areas of risk to people had been consistently considered as part of the provider's risk assessment process.

We looked at seven people's care plans. We found the provider had reviewed and updated some records since the last inspection. We found care plans held at the office included completed risk assessments giving details of any potential risk to the person and how this risk could be minimised or eliminated. These included risks such as falls or trips. The assessment then assessed the likelihood of harm occurring, how the person would be affected and considered any additional control measures to be implemented to reduce the risk rating. However, we found that the information that was kept in the office did not always correspond to the information kept in the person's home. We looked at one person's care records and found it did not contain any information about potential risks and guidance for staff in how to support the person safely at their home.

We found risk assessments did not always identify specific risks to individuals, these included risks relating to the management of medicines, moving and handling, diabetes and catheter care. This showed that risks to individuals were not managed and management plans were not put in place in order to keep people safe from avoidable harm. We spoke to the manager about this who said they would take immediate action to address these concerns.

This showed the system in place to ensure an accurate, complete and contemporaneous record in respect

of each person using the service required further improvement. We also saw the system in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service required further improvement. Although we did not find this had negatively impacted on people, the lack of detailed written assessment and support presented a risk that staff may use inconsistent and ineffective practices whilst supporting people.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

We checked to see if medicines were safely administered to people. People receiving support with medicines told us they received them at the right times. Relatives also confirmed their family member was appropriately supported with their medicines. One person said, "I take my own medicines," and another person told us, "This time last year the staff made loads of medicine errors, I haven't had any this year."

However, whilst all of the people we spoke with told us that they were supported appropriately with their medicines, we found improvement was required with the way in which medicines support had been recorded. We visited three people in their homes and checked their Medication Administration Records (MAR). We found improvement was required in the way medicines support had been recorded and administered. For example, we checked to see what medicines one person was currently prescribed. We found a range of medicines that were in the manufacturers packaging in a locked cupboard. The only records the person had in their home was a handwritten MAR chart for a prescribed topical cream. There was no other MAR in place and no medicines risk assessment.

We checked the person's file when we visited the service's office. The support plan where 'care instructions' were recorded stated, "Support me by prompting me to take my medication." We looked at the provider's medicines policy, which stated, "If a person requires prompting they must be observed taking the medicine and then documented in the patients care notes." We checked the persons daily log book and saw there was no documentation of staff prompting the person to take their medicines as per the provider's policy document.

This meant staff were not following the medicines policies of Citizenship First or Sheffield City Council, the latter being a policy specific for care home agencies providing care and support in people's homes.

We also found that topical administration records for creams or ointments applied to the skin were not in place with relevant details. For example, where to apply the cream. Therefore, we could not establish if people had been administered these topical medicines in line with their prescriptions.

This showed the system in place to ensure an accurate, complete and contemporaneous record in respect of each person using the service required further improvement.

We checked staff records and spoke with staff. We found that some staff had not completed medicines training. We spoke with the nominated individual and they assured us that these staff would receive training on the following day. We also saw that some staff had not had their competency to administer medicines checked; this should be completed on an annual basis. The manager confirmed that all staff would receive this competency check within the next two days.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

We checked and found systems were in place to protect people from harm and abuse. We saw the safeguarding and whistle blowing policies and procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Whistleblowing is one way in which a staff member can report suspected wrongdoing at work, by telling someone they trust about their concerns.

We spoke with staff about their understanding of protecting people from abuse. Staff demonstrated a good understanding of how to recognise and protect people from avoidable harm and potential abuse. The provider supported staff with safeguarding training to ensure staff felt confident in reporting any concerns they had. Staff felt that they could report any safeguarding issues to the manager, and their concerns would be investigated thoroughly without delay. Staff told us they were aware of external professionals they could go to should their concerns not be dealt with appropriately, and they knew about the whistleblowing policy if required.

At the time of this inspection the service was supporting 27 people. We spoke with the manager and nominated individual about staffing levels. The manager told us new staff had been recruited and that they had restructured the staff teams which had meant better planning of staff resources, duty rotas and timetables.

Citizenship First employed four team leaders who managed four teams of care workers working in four clearly defined geographical areas. We asked the manager how visits were managed. He told us that a computerised "staff plan" was used to book people's visits and to allocate care workers to them within their geographical area.

Staff said they felt their rotas and time scheduling had generally improved. Comments made by staff included, "Rotas have improved considerably." Staff were clear about the on call system and said they felt supported. Staff said, "You can actually get hold of someone in the office if you need them."

We asked to see the records in relation to accidents and incidents that had occurred within the service. The manager showed us a list of accidents and incidents. However, there was no record of any analysis of this information in order to enable managers to learn from such events and put measures in place to ensure the same issues were less likely to occur in the future.

Staff were all able to confidently describe to us what they would do in an emergency situation. For example, if they found a person had fallen or they could not get an answer at their door. This demonstrated the service had systems in place, which staff were aware of, to deal with emergencies as they arose.

The service had an emergency and crisis plan and a business continuity plan. These gave information on the action to be taken in events such as fire, flood, severe weather conditions and loss of power. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Staff told us they were provided with personal protective equipment (gloves and aprons), which enabled them to carry out their caring duties safely. Supplies were kept in the office and in people's homes.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2016 we found a breach in Regulation 18: Staffing. At this inspection we checked that sufficient action had been taken by the registered provider to meet the requirements of the regulations. We found sufficient action had not been made by the registered provider to meet the regulations.

We asked people using the service whether staff had the knowledge, skills and training to care for them effectively. We received mixed views from people using the service. One person said, "I'm very happy with my carers. It's the office where there is a problem." Another person told us that staff had not received sufficient training to support them with their medical condition properly. They felt this lack of specialised training may have contributed to a period of illness. They also told us the district nurse had arranged to provide training to staff, but staff had not been told about the training session so they had not attended. The manager told us they were aware that staff had not been notified appropriately about the training.

We looked at how staff members were supported in their roles. The manager described how they had improved the training provided to staff. They told us how they had moved away from using DVDs for training and had commenced one to one training to ensure new members of staff were fully immersed in the organisations values. The manager also told us they were providing training by using a combination of internal and external accredited trainers.

We saw in staff files there was evidence that new staff received an induction before they started work. New staff were supported to complete an induction programme in line with the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. The induction also involved shadowing other members of staff to learn the best ways to care for people.

Staff we spoke with gave us mixed views about the training they had received. Some staff told us they had the skills and knowledge to carry out their roles, but they welcomed the training that was now being given to them. Other staff told us further improvements were required. Their comments included, "There's no real training for supporting people who are challenging" and "I have had a brief introduction to medication training, but I have never really had my competency checked."

We look at the staff training records at the service. We saw that some staff had not been provided with all the training they needed to support people appropriately and safely. For example, five staff members had not received training in the safe handling of medicines. We raised this concern with the nominated individual who took immediate action to ensure the five staff members received safe management of medicines training on the following day of the inspection. This showed the system in place to ensure staff received training to enable them to carry out their duties required further improvement.

At the last inspection we found staff did not receive regular supervision and an appraisal. The lack of regular supervisions and appraisals meant that their professional development needs were not being reviewed.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

At this inspection we found some improvements had been made. This was reflected in the feedback received by staff. Staff told us in recent months they had felt more supported by the manager and senior staff members. We saw evidence that care staff were receiving supervision, but the frequency of these sessions was not in line with the organisations policy. During the inspection we saw evidence that the registered provider had identified this shortfall and was taking action to ensure staff would receive regular supervision sessions by using a monthly planner.

We found that sufficient action had not been made since the last inspection to ensure staff received appropriate support, training, professional development, supervision and appraisal necessary to carry out the duties they are employed to perform.

This was a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18: Staffing.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People who live with conditions such as dementia or those with learning disabilities may have a variable ability to make decisions. For example, one person may be able to decide what to eat or wear, but may not be able to decide how their financial affairs are managed.

Staff we spoke with were able to describe the main principles behind the MCA. Staff described how they sought consent from people before assisting them with any care tasks. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. This demonstrated that staff understood the importance of gaining consent from people and giving them a choice.

However, this was not always supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their care and support, and then consultation with the person's authorised decision maker. For example, we saw in one care plan the person's relative had signed on behalf of their family member. However, there was no evidence that the person would have been unable to sign in their care records and no explanation of why the care plan had been signed by their relative. This was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their care and support, and then consultation with the person's authorised decision maker. The manager told us they understood the need for mental capacity assessments and best interest decisions to be made in cases where people did not have capacity to make their own decisions in relation to the care they received.

We saw the registered provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements could be made to ensure the individual who lacks capacity reflect that they are at the heart of the decision making process and enabling the person to make his/her decision. We shared this feedback with the manager.

We recommend that the provider reviews their processes in relation to the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS).

The service sometimes supported people with meals preparation. In their daily records, we were able to see in detail what they had prepared and eaten. People also told us that care workers always gave them a choice of what to eat and drink. This meant that, when required, staff helped to make sure that people were encouraged to maintain a balanced diet.

We asked staff how they would ensure people were kept healthy. Staff told us they would always report any changes to the senior staff at the office after they had gained their consent to do so. The senior staff member would contact other health professionals and members of family if appropriate.

Good

Is the service caring?

Our findings

All of the people supported and their relatives said when regular carers visited they were very happy with the carer and the support they received. People supported spoke positively about these care workers and told us they had no complaints about the staff. One person told us "Staff are friendly, I am quite happy with the way things are."

We visited three people in their home. During one visit their care worker was present. We were able to observe how the care worker related to the person who was being supported by the service. We saw that the person was receiving care from a care worker that knew them well. They treated the person they were supporting with respect. We saw they considered privacy and dignity when talking with the person. We observed a caring attitude and conversation was shared throughout the visit, which showed the person had a good rapport with the person they were supporting.

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed staff had an awareness of the need for confidentiality to uphold people's rights.

We spoke with staff and asked them how they would ensure they respected people's privacy and dignity. Staff told us they would ensure doors and curtains were closed when they were supporting people. Staff we spoke to also told us how they understood the importance of encouraging people to do as much as they could for themselves to maintain their independence.

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for and could describe what was important to the person and how best to support them. Staff also described the good relationships they had with the people they supported.

The staff we spoke with were positive about their roles and demonstrated passion in the way they spoke about the people they supported and the satisfaction this gave them. There had been some issues for one person, but all agreed these issues had been completely resolved and their care and support was now stable.

The manager told us they supported people's wellbeing by working alongside other agencies. For example, social services when they carry out assessments and reviews and other health professionals by sharing relevant information in a timely way.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in April 2016 we found concerns about people's records. This was a breach in Regulation 17: Good Governance. At this inspection we checked what action had been taken by the registered provider to meet the requirements of the regulations. We found sufficient action had not been made by the registered provider to meet the regulations.

One person we spoke with told us, "I haven't been involved in care planning and I like to be in control." Another person told us, "I haven't had one [care plan] done recently."

We were told the registered provider held a copy of each person's care plan the office and another copy at the person's home. We checked four peoples care plans during the office visit and three peoples care plans that were held in their own home.

We found the care plans in the office were very person centred and detailed people's likes, dislikes and preferences. The care plans included specific details relating to the individual supported. For example, how a person communicated. The plans contained important information about access to the home, maintaining security and medicine requirements. They also included a section called "Risks and how to support me."

We checked to see if files kept in the people's home corresponded to the files kept in the office. We found some people's care plans in their home needed updating. For example, one person's care plan in their home was dated 30 July 2014. This showed the system in place to ensure an accurate, complete and contemporaneous record in respect of each person using the service required further improvement. We shared this information with the manager, they arranged for immediate action to be taken to ensure people had an accurate care plan in place.

This was a continued breach of regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

People we spoke with told us staff who regularly supported them knew them well and were responsive to their needs. However, staff who did not regularly support them were not as responsive to their needs. This reflected the feedback received from people's relatives. Staff told us that the scheduling of people's visits to ensure they received support from staff who knew them well had been improved in recent weeks. Care workers told us they now were given rotas four weeks in advance and commented, "Rotas have improved considerably but there's still not much communication with staff" and "It's much better now we get our rotas in advance."

Some of the relatives we spoke with described how their concerns about the care provided to their family member had been responded to. One relative commented, "Unfortunately some of the changes have caused issues, teams have been moved, but the new manager has been very good. They came out to see me to talk about the changes and to list my concerns. At last I feel listened to and don't feel like I have been

passed from pillar to post. There is definitely potential for improvement, but only time will tell." Another relative told us, "I now have a point of contact and before I could never get hold of anyone in the office. Care plans are better than ever; we now have moving and handling risk assessments and a key worker. I feel the intention is there to make this work and I feel much more reassured."

We checked the procedures for dealing with complaints. One person we spoke with told us, "If I had to make a complaint I know who to go to, I didn't know who to go to this time last year."

We found complaints had been logged and responded to and there was a process in place to track complaints. This showed complaints had been responded to and that actions had been taken to address concerns and improve outcomes for people.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The registered provider sent the Care Quality Commission an action plan stating they would be compliant by 29 July 2016. At this inspection we checked whether this action had been completed. We found that some improvements had been made and the registered provider had made sufficient improvement to comply with regulation 19. However, the inspection showed that further improvements were required to meet regulation 17 and 18.

This inspection identified that some improvements had been made to meet the requirements of the regulations. However, there was a continued breach of Regulation 17: Good Governance.

The service had a manager who had been in post since June 2017 and they had applied to register with us.

Prior to the inspection Citizenship First had experienced significant staffing changes. This had impacted on the way the service was managed and coordinated. The manager explained that they were committed to developing the service without any compromises to the quality of care people received. We found the new manager and nominated individual to be open and transparent and willing to address the areas that required improvement in the service.

The manager told us the remaining staff had worked hard to try to deliver a consistent and high quality service to all people. The managers were open in their discussions about the failings they had found, and understood their responsibility and accountability to the people they supported and the staff they employed.

We spoke with the manager and the nominated individual about the quality assurance systems in operation. They told us that the formal monitoring of the service was taking place and had been identified within the service change management plan.

We spoke with stakeholders about how the service was being managed. Sheffield City Council contracts officers said they had been regularly visiting the service to monitor the improvements being made to service due to previous concerns around quality and safety. They had seen improvements had been achieved and were confident in the progress the new management had made.

We noted improvements in audits and monitoring which the provider had completed. Audits were taking place regularly and there was some evidence of the actions taken as result of the findings. The provider demonstrated an understanding of their role in ensuring the quality of the service was maintained. However, during our inspection we found areas where quality of service provision had not been managed effectively and audits had not improved standards. We found that the auditing systems were not robust and did not enable the registered provider to monitor and address quality issues or address risks. For example, audits on a number of aspects of the service such as care plans had not been effective in identifying gaps and discrepancies. This had not ensured where improvements were required these had been identified and

rectified. This showed the system in place to assess, monitor and improve the quality and safety of the services provided required further improvement.

Accidents and incidents were being reported and recorded by staff. However, the manager was not recording and monitoring the actions that should be taken to prevent the incident reoccurring. They did not carry out analysis of the incidents to identify if there were any patterns or trends in the accidents and incidents occurring, or any lessons, which could be learnt. This showed the system in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people using the service required improvement.

During the inspection we found concerns relating to people's records. This showed the system in place to ensure that an accurate, complete and contemporaneous record in respect of each service user, including the record of the care provided required improvement.

Notifications had not been sent to the Commission. Records of safeguarding concerns and police incidents had been identified by the service and had been dealt with in line with the provider's policy. However, the Commission had not been notified of these concerns. This had not been identified through an effective monitoring system. The nominated individual and manager assured us that immediate action would be taken to address this shortfall and that future incidents would be notified as required.

The registered provider must ensure that measures are put in place to build on the changes made and continue to improve the quality of service delivery.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

People who used the service told us they felt the service was being well led over the recent months, although they all reported having concerns prior to this. The concerns had been in relation to poor communication and care staff arriving late for visits.

Staff we spoke with told us they felt the service was being well led over recent months, although they all reported having concerns prior to this. Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered. Staff gave positive feedback about the new management and told us they felt confident to raise concerns with them.

The manager informed us that no recent surveys had been undertaken with people that used the service staff and stakeholders. They told us the last survey had been done a year ago and the themes that were identified included people not knowing which staff were visiting them, communication with managers in the office and constant staffing changes.

As a result the manager told us they now planned the staff rota four weeks in advance, and sent a support schedule to people one week in advance so that they know who would be supporting them. The manager also told us they had started the process of mentoring new staff so that teams work in an organised way that enables staff to get to know people better. They also told us they were responding to feedback about the lack of social events by restarting the social committee that has one member of staff working with service users to write to them, invite them to take part in organising events and to attend.

We found a full range of policies and procedures were available at the office. These had been reviewed to make sure up to date information was available to staff.

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 17 HSCA RA Regulations 2014 Good governance The service had not maintained an accurate, complete and contemporaneous record in respect of each service user. Systems or processes had not been established and operated effectively to ensure compliance with the regulations

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.