Surround Care Limited

Surround Care

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

The inspection took place on 27 and 28 September 2017. Surround Care provides assistance to people who require support with daily tasks and personal care in their own homes. The service was supporting about 170 people when the inspection took place.

There was a registered manager in place. A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

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

Some people did not have robust risk assessments, which identified and explored all the risks which they faced. Staff recruitment checks were not fully completed to ensure staff were suitable to work in the care sector.

There was a lack of systems to prompt office staff about how to consistently and routinely respond to accidents and incidents involving people who used the service. There was a lack of recording systems in place to evidence action taken when this happened.

Staff received regular training and an induction to their roles when they started working at Surround Care. However, the methods used to check staff's competency following staff's induction and during their time at the service were not robust. Staff were not always provided with training specific to people's needs.

People were supported by staff to make choices with their daily care needs. However, the service did not assess if people had capacity to make certain decisions. Staff were not trained about the Mental Capacity Act 2005. People had not fully given their consent to share information to other agencies.

Staff were kind towards people. However, some staff did not engage with people or treat them and their homes in a respectful way.

People's care assessments were centred on them as individuals. However, people's reviews did not demonstrate that people had been fully involved and asked about their views of the care they received, in a meaningful way.

The provider and manager were not completing audits to assess the quality of the care provided, and putting plans in place to make timely improvements. Quality audits which did take place were not being checked by the manager. There was a lack of systems in place to ensure the service was monitored in a

meaningful way. We found issues with elements of the governance of the service which the manager and provider were not aware of until we inspected Surround Care.

People were protected from experiencing harm and abuse by staff who were knowledgeable about how to do this. Staff were aware of the potential signs of abuse. The service had systems in place for staff to respond to 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.

People's risk assessments did not always explore all the risks people faced, with a plan of action for staff to follow.

When concerns were raised about people's safety, these were not always acted upon.

Staff recruitment checks were not fully completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff knowledge, skills and competency was not routinely monitored.

Staff ensured people had choice and were consenting to their care.

Records did not confirm if people were adequately supported to have enough to eat and drink.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their homes were not always treated with respect.

People's confidential information was not fully protected.

Most people found staff were kind in their interactions with them.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have person centred reviews.

The service did not involve and ask people's views about the service in a meaningful way.

People did not always receive support when they wanted it.

Staff did not always engage with people.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no quality monitoring of the service completed by the provider and the manager.

Internal audits were not robust and were not checked by the manager.

There was a lack of action taken to consistently respond to concerns. Systems were not always in place to ensure appropriate action was always taken.

Staff found the manager approachable.

Surround Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on the 27 and 28 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a homecare service. Notice was given to make sure we could access the office. The inspection was carried out by one inspector and an expert by experience over two days. An expert by experience is a person who has experience of this type of care service.

Before the inspection we viewed the information we had about the service. We also contacted the local authority contracts team and safeguarding team for their views on the service.

The 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.

During the inspection we visited the service's office, spoke with five people who used the service and ten people's relatives. We also spoke with the manager, director, deputy manager, and seven members of the care staff.

We looked at the care records of four people who used the service. We also viewed records relating to the management of the service. These included risk assessments, three staff recruitment files, and training records.

Requires Improvement

Is the service safe?

Our findings

When we inspected Surround Care we found elements of the service which promoted people's safety. However, we also found elements of how the service supported people to be safe, which required improvements to be made.

We looked at a sample of four people's risk assessments; two people did not have a full risk assessment which identified all the risks which they faced with a plan to mitigate these risks. The registered manager and deputy manager told us about one person whose life style choices put them at risk and potentially put staff at risk. However, this was not captured at their assessment. Their needs had changed recently and they had experienced two periods of ill health which made them more vulnerable. However, their risk assessment had not been updated. Their care plan did not outline to staff how to manage this person's needs. The plan also did not guide staff about how to respond to situations when the person and staff were at risk. Another person was living with Diabetes, this risk and how to manage the associated risks to this condition were not fully explored.

During our visit we asked for the care record of one person. The registered manager could not produce this. After two other members of staff tried to find this, the registered manager told us that they did not have a risk assessment or care record for this person. We had been told that this person started receiving support from the service in February 2017 and had recently had an increase of care. The registered manager did not make a plan to rectify this situation.

Another person had experienced an injury which resulted in a hospital admission. Following their return from hospital there was no review of this person's safety. The registered manager said a visit would have happened, but there was no evidence to confirm this had taken place. There was no record of this person's safety and the risks which they faced being reviewed.

People had environmental risk assessments in place. These advised staff where people's utilities were located. If there were any hazards in the property and if people had smoke alarms. However, we looked at one person's environmental risk assessment. It had identified some risks but not advised staff how to manage these. This person's environment and lifestyle posed a potential risk to staff; this had not been considered at this person's environmental assessment. From speaking with the deputy manager we learnt about new environmental risks at this person's home. The deputy manager told us what staff must do if they felt at risk. However, this was not robust enough to protect staff. The registered manager had not responded to these risks and not made a safe plan to protect staff.

When we asked people and their relatives if they received their medicines as prescribed we had a mixed response. One person said, "They give me my medication every morning, they wear gloves and sign the sheet to say they have done it." A person's relative told us, "It is critical that my [relative] has their medication at particular times throughout the day. It is normally the same carer but they are not always on time. It can vary half hour each way."

The local authority had recently responded to some concerns about staff not giving some people their medicines as the prescriber had intended. This involved staff working as agency staff supporting a residential home in the area. The registered manager and director said this had also raised concerns for all staff employed at Surround Care. We looked at a sample of people's Medicine Administration Records (MARs) we found that two people's MARs had a series of gaps where staff had not signed to say they had given the person their medicines. There was no response to this or action taken to address this issue. One person's MAR had not been audited from May to August 2017. The registered manager told us that the service did not audit people's medicines in their own homes to check staff have administered people's medicines as prescribed. One person's relative told us, "I looked in September's medicines and there were some left over so I am not sure if [relative] is getting the right dose of things."

During our inspection we spoke with seven members of staff who all supported people with their medicines. They talked us through how they would support people to ensure they received their medicines in a timely manner. The people we spoke with told us that staff were competent and supported them in taking their medicines.

The director said all staff will be retrained in time. We were shown a training programme to retrain staff with medicine administration. However, we were told this did not include all the staff who support people with their medicines. Staff competency with administering people their medicines was not being routinely checked, even in light of this concern.

We concluded, that the services' systems were not robust enough to monitor if people had received their medicines. The registered manager and provider had not revised these systems in light of recent substantiated concerns from the local authority and taken timely action.

The service was not completing all the safety checks necessary to ensure those employed by Surround Care were suitable to work in the care sector. We looked at three members of staff's personnel files. The application forms asked staff to complete full employment histories. However, all three files did not have full employment histories recorded with any gaps in their work history explained. Two members of staff had one reference only. One member of staff had two references but these were both character references.

The above concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system to respond to accidents and incidents. We were shown documents showing what had happened and what staff did to respond to these. However, we learnt of one incident which had not been fully responded to. There was no system to check accidents and incidents were always recorded and followed up with appropriate action taken.

People told us that they felt safe with staff. One person said, "The staff walk behind me when I use my frame, it makes me feel safer." A relative told us, "The staff come in to make sure [relative] is safe as well as providing care."

People were protected from the potential risk of harm and abuse. All seven of the staff we spoke with had a clear understanding of what constituted harm and abuse. Staff told us how they might identify if a person was experiencing harm in some way. They made reference to people being upset and withdrawn. One member of staff told us how they had concerns about a person being potentially financially abused. They told us they informed the registered manager and social services became involved. All the staff told us that they would report any concerns they had to the registered manager. Staff were aware they could also report

their concerns to the local authority and to us at the CQC.

However, one member of staff said they would also advise a person's family of their safeguarding concerns and another member of staff said they would also record their concerns in the person's daily notes which are located in people's homes. This is not safe practice and could undermine a potential safeguarding investigation from the local authority.

There was a business continuity plan in place to enable the service to continue supporting people in the event of an emergency. The manager and provider had identified which individuals who used the service were most at risk. This was to ensure these people's needs would be met first in the event of an emergency. The plan also identified who would take responsibility to oversee the running of the service in the event of an emergency.

People told us that they did not experience missed care visits. Although some people said they did experience late calls. The staff we spoke with all said there was enough staff, and they generally visited a regular group of people. This was confirmed by people using the service and their relatives. One relative said, "We normally have the same carers [relative] prefers it. At present [relative] has the same lady and if she is off [relative] will manage. [Relative] really likes this lady." Staff also said they did not feel rushed, they had enough time to travel to visit people, and they stayed longer at a care visit if they needed to. We concluded that there was enough staff to meet people's needs.

We found that on the three staff member's files that we reviewed, all had completed Disclosure and Barring Service (DBS) checks. Staff personnel files also contained two records of staff identities. These are all important checks in order for the leadership of the service to be confident that people are safe in the company of the care staff.

Requires Improvement

Is the service effective?

Our findings

When we asked people if they felt staff were well trained and knowledgeable in their work we had a mixed response. One person said, "They [staff] all know what they are doing but it is easier if they know me and where things are." A person's relative said, "They are like part of the family now. I think they are very well trained."

However, another person's relative said, "Some of the carers don't have as good language skills as others. One girl couldn't even make a cup of tea. I think some staff don't appear to be as well trained, some have little or no understanding about living with dementia." Another person's relative said, "Sometimes they leave the medication out for [relative] to take later. They [staff] should be there to supervise." A further person's relative told us that, "We have had carers turning up without uniform and no ID. I had to address this with the company as [relative] didn't know these were the people coming to look after them. I think it is really important they show professionalism."

Some people told us that they did not feel they were well matched with some of the staff who supported them. One person said, "I don't always hear or can make out what they say to me so we don't talk much." A relative told us that, "Some of the staff are not first English speakers so some of the staff don't speak to [relative] and sometimes [relative] can't hear or understand them." We spoke with the director about this issue. The director told us that the registered manager ensures new staff can speak English as part of the recruitment process. They also said that there was a wide ethnic diversity in the area. However, there were no plans in place to support staff to improve their communication skills.

Staff competency was being checked by the service; however it was not being monitored on a frequent basis and in a robust way. We looked at a sample of five staff competency checks which had taken place in 2017. With the exception of staff wearing their uniforms and identity badges, these did not record the practice of staff and if it was effective. These records did not fully evidence how the supervisor who completed the spot check had formed the judgement that the member of staff was competent in their work.

There were times when issues with staff practice had been identified; however appropriate and timely action was not always taken. On one member of staff's spot check it identified that they did not have their identity badge with them. At another member of staff's spot check it identified that they were not wearing their uniform. This member of staff did not have another spot check until a month later, to check this issue had been corrected.

New staff did not receive a competency check which was also evidenced to ensure they were able and ready to start working independently in people's homes. Instead the registered manager said the supervisors would check by, "Having a chat with staff," who the new member of staff had shadowed, to check they were ready to work alone. This is not a robust system to ensure new staff were competent to work following their induction.

Staff knowledge was not being checked on a regular basis to ensure they were still knowledgeable of the training they had received. Newer members of staff told us that they did not receive a spot check until two months or six weeks after their induction.

Staff received training in safeguarding, moving and handling, infection control, fire awareness, medication administration, dementia and health and safety. Some training was refreshed each year. However, some training was refreshed every three years such as fire awareness, and health and safety. Dementia training was not refreshed at all and some members of staff had completed this training in 2013 and 2014. Staff were also not given training specific to some people's needs. For example some people who were supported by the service had mental health needs, and some people had particular physical and neurological conditions, and staff did not receive training in these areas.

The above concerns constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with spoke positively about their inductions. Staff said they had a week's training in the office which involved practical hands on training. These members of staff felt this training was effective. After this staff shadowed more experienced staff. During their induction staff completed the care certificate. This is a national set of standards which outlines what good care looks like. However, when we asked new staff if they had completed the care certificate, they said they had not, but they had completed booklets.

We were shown staff supervision records and staff told us that they often had supervision every two to three months. The staff we spoke with said they found these meetings helpful. In conclusion, given the lack of systems to monitor the quality of staff practice in a robust way we could not be confident staff were always effective in their work.

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.

We asked staff if they had received training relating to the MCA or 'mental capacity' in general and they said they had not. The training programme record also did not show staff had received this training. However, when we asked staff about how they supported people to make their own choices all the staff we spoke with gave us detailed examples of how they did this. When staff supported people who were living with dementia they told us how they encouraged people to make safer decisions about their daily needs. Staff said they would contact the manager if they had concerns about people making unwise decisions.

However, when we looked at a sample of people's care assessments people's capacity at that time to make particular decisions had not been assessed. People's capacity had also not been revisited at people's reviews. We spoke with the deputy manager about one person who had made unwise decisions. They told us the person had capacity, but there was no assessment of their capacity to make certain decisions, in their care record.

The service had asked people if they consented to their care and if the service could advise their GP about what type of care they received. They were not however asked if the service could share their concerns with named relatives, health, and social care professionals. However, we were told by the manager and deputy manager that they did sometimes speak with people's professionals and relatives. The deputy manager said

they did speak with people via the telephone to check they had consent to do this, but these conversations were not recorded.

We concluded that the service was compliant with the MCA but the service needed to improve how this was evidenced.

The people we spoke with who received support with meals told us that staff supported them to have enough to eat and drink. However, one person's relative told us, "When I see the girls they are great with [relative] but there is an issue about meal times. I have said that the girls have to sit with [relative] for the full half hour to make sure [relative's name] eats dinner. I know this doesn't always happen. [Relative] is diet controlled diabetic and needs the meals. [Relative] has lost weight over the last year."

We looked at one person's care record and saw that their social worker had raised concerns in July 2017 of this person not eating enough to maintain a healthy weight. There was no action or plan to respond to this concern.

When we looked at people's daily notes we saw that some people had refused to eat and drink or declined this support. There was no written explanation showing how staff had managed these situations. If they had encouraged a person to have something else to eat. Or if they had platted up a meal for the person to have later. People's reviews did not ask people if they had sufficient support with their food and drinks. Staff competency checks also did not evidence if this element of care had been met.

All the staff we spoke with told us how they supported named individuals with their food and drinks. Staff spoke about sitting with people at risk of not eating enough to encourage them to eat and drink. One member of staff told us how they and a colleague supported one person to have enough to eat and drink. They told us the techniques they used to support this person to eat. All the staff we spoke with could also tell us what certain people enjoyed eating and drinking and these people's routines with food and drinks.

We concluded that the service did not have adequate systems to record, monitor, and respond to concerns with people's food and drinks.

Requires Improvement

Is the service caring?

Our findings

We were told by one person, their relative, and another person's relative about recent times when staff were found not engaging with people or treating people and their homes in a respectful way. One person said, "They [staff] treat me well but often talk to one another in their own language so I don't understand. They sit on the settee and talk to each other." One person's relative told us, "They [staff] often leave the house in a state and rarely wash up properly. I often find half washed crockery draining and you can tell they [staff] haven't used washing up liquid." This relative also told us that they visited their relative and found a member of staff watching TV and not engaging with their relative. They also said they recently found a member of staff laying on a bed looking at their mobile phone. We raised these issues with the manager and the director who said they would address these issues.

During our visit we looked at a sample of four people's daily notes. At times a member of staff had recorded the support provided to a person in a way which was not respectful.

A member of staff told us that they had taken a picture on their mobile phone of a person who used the service, when they had fallen. They had then posted this on Surround Care's instant chat forum. They said they had done this as they had panicked and wanted the manager to see the person's face so they could identify them and advise them about what to do. We spoke with the manager about this. The manager said the image only contained part of this person's arm. This member of staff said they were told not to do this again. However, this was not respectful practice.

The above concerns constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people we spoke with if staff were kind towards them people generally said they were. One person said, "They [staff] are very good they shower me and make sure I have my cream on. They don't rush me. They always speak nicely. I couldn't do without them." Another person said, "I have a wash in the morning and the staff chat to me. They are very kind and they look after me well." A relative told us, "The staff are always polite and nice. I have been there now and again when staff have been there."

However, we spoke with one person who made the comment that one member of staff came across as, "Gruff." They said, "One [member of staff] is tough, [they] tell me [they] are doing a job cos someone's paying [member of staff]." We spoke with the director about this who said there is always a risk this type of person will work in care.

When we visited the office a person had called to say that a member of staff had not visited them yet and they needed to go to the toilet. The receptionist relayed this information to a care co-ordinator who said the staff were dealing with an emergency and they would be there later. This was relayed to the person and the telephone call was ended before it was checked the person could wait. No attempt had been made to deploy another member of staff. This is not a caring approach.

Some people told us that they had formed good relationships with staff. One person's relative told us, "The staff seem genuinely concerned about [relative] and their condition. They try their best with [relative]. I can't fault their attitude."

The staff we spoke with said they had formed good relationships with the people they saw on a regular basis. One member of staff said, "She is a nice lady, always asks us if we want any sweets." These members of staff were able to tell us the individual preferences of the people they supported.

However, some people said that they did not see regular staff and had not formed a positive relationship with staff. One person said, "Some of the staff are the same and I am getting to know them. We get by." A relative told us that, "Some of the carers take no notice of [relative] they sit there using their phones or talking to one another in their own language. [Relative] really needs carers who understand their culture."

People told us how staff respected their privacy and promoted their dignity when they supported them with personal care tasks. We spoke with one relative who confirmed this was the case with their own relative. "They see to my [relative] behind a closed door and once dressed they sit [relative] in their chair." Staff spoke about introducing the care visit first and checking what people wanted support with. Staff also gave clear examples of how they promoted people's privacy and dignity when they supported them with their daily needs. One member of staff said, "I always talk to them throughout (providing personal care) to check they are ok."

The office building was kept secure however; people's confidential information within the office was not always kept secure. The filing cabinets which contained people's assessments and care plans were not locked when we visited the service. Some people's MAR charts were kept in a folder on an open book case. Confidential information which was waiting to be disposed of was kept in a large unsecure box in the office.

In conclusion, we identified some positive examples of staff being kind to the people they supported. We also found some situations when some staff were not respectful to people, therefore improvements were required.

Requires Improvement

Is the service responsive?

Our findings

During our inspection of Surround Care we found some positive examples of people being involved in their care planning and receiving person centred care. However, we found this was not always the case.

We looked at a sample of four people's care assessments and care plans. Three of these people's assessments and care plans contained detailed information about the individual person. There was unique information about how these people wanted to receive support and about their daily routines. These people's care plans gave step by step guidance about what staff needed to do on their care visits. People's goals were explored, and there was some information about these people's likes, interests, and their life histories so far.

When we spoke with staff they were able to tell us about one or two of the people they supported. They gave us details about individual's routines, what they liked, and how they wanted to receive support from staff.

However, we looked at one person's assessment and care plan, this lacked detail about how this person wanted to receive support from staff. It mentioned the need for staff to, "Build a rapport," with this person in order to encourage the person to engage with the support provided. Yet the information about this person's interests, who and what was important to them, and their background was limited. This person's needs were complex and the service had not evidenced that they had completed a person centred assessment, care plans, and reviews. It was also confirmed that one person who had been receiving support since February did not have an assessment, care plan, or review.

We also looked at four people's reviews and found these were not person centred documents. Most people had an annual review completed over the telephone. People were asked about the care they received, and we saw general statements relating to this. Often this was a short sentence per person. According to these documents people were not encouraged to really consider all elements of the support they received. We saw two examples when people had raised an issue or made a negative remark. These were documented, but there was no evidence to say these issues were investigated and resolved. There was also a combination of closed questions with a 'tick' box next to the question which the member of the office staff would read out to the person. We could not be confident from looking at these documents that people had fully understood these questions.

Most of the people we spoke with had relatives who were involved in their daily lives and who the service contacted if they needed to. These people were not included in these reviews. Some of these relatives raised issues with the support their relative received. If people had consented to the service speaking with these relatives this may have supported the service improve the support these people received. The registered manager was not reviewing the quality of these reviews. In conclusion reviews took place, but they were not meaningful.

When we asked people if staff spent time chatting to them we had a mixed response. Some people said they

did and others said staff did not engage with them verbally. The staff we spoke with all said they made sure they chatted to people throughout their visit. However, one relative told us that recently they visited their relative and found a member of staff watching TV. The relative said they questioned the member of staff who said that the person they were supporting liked this particular TV programme. When the relative asked their relative they said, "No, they were watching it, I was reading my book."

When we asked people if they received care when they wanted it some people said they experienced late care visits. One person said, "I am supposed to go to bed about 8.30pm but recently it has got earlier. Last night it was 7 pm. It is too long a time to be in bed until they get me up again. I would like them to come later." Another person said, "They [staff] could do better and arrive on time. Sometimes they are late like this morning and it was too late for me to get to the toilet." A further person said, "They [office staff] usually ring to say if they are running late but if it is getting over half an hour I will contact the office."

The above concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with said they were running late they would advise the office and ask them to call the person. One member of staff said, "They [office] have got better at doing that."

Most people and their relatives told us that if they wanted to make a complaint they would call the office. We spoke with people who had made a complaint about their experiences. One person said, "We did have a problem last year. The carer left us on our own and [relative] was taken ill. I had to phone 999 and I reported the carer. The company dealt with it and apologised." However, another person told us about an issue they raised some months ago, "I brought this up with the company but have had no response. It is very difficult to speak to anyone in authority; I don't always get a response."

We looked at the recorded complaints held in the service's office. We saw that the registered manager had responded to one complaint, apologised, and said action would be taken to prevent it from happening again. However, the responding letter to the complainant did not advise this person that they can contact the ombudsman if they wished to take the matter further.

Requires Improvement

Is the service well-led?

Our findings

The management of the service was not always well led.

The registered manager and provider had not created strong systems to guide and enable those responsible to effectively monitor the quality of care. The templates used by senior staff to spot check staff competency were limited. Review forms did not direct staff to complete meaningful reviews to capture people's experiences. There was no guidance for staff to follow on how to respond to issues which were identified at the review and to then record the actions taken and if a follow up review was needed.

Existing systems were not always being followed by office staff, for example with accidents and incidents. Office staff were also not always recording their conversations with professionals. The manager was not checking if all staff knew these systems and whether or not they were routinely following them.

There was a lack of action taken and errors had occurred. A professional had raised concerns about a person not having the right support to enable them to obtain a healthy weight. No action had been taken apart from filing a copy of this professional's e-mail. When we found this issue there was no urgency or plan put in place to respond to it. A member of the office staff checked and discovered this person was in respite. However, this person had also been at home since these concerns had been brought to the service's attention. The registered manager was unaware of this issue. We found that one person did not have a care record. One person's needs had changed and their care plan and assessment did not reflect these changes.

The registered manager and provider were not completing quality monitoring audits to check the quality of care being provided. The registered manager was not checking the quality of reviews, assessments or medicine audits. We found issues with these documents. An employee completing the medication audit was unclear what action should be taken and when, if issues were identified in people's MAR charts. People's records were sometimes not being audited until some months after the records had been completed. When we spoke with the manager about this they were not aware of this issue.

Staff were also not always supported to have the skills and knowledge to perform well in their work. For example, the service had introduced new daily records for people to improve the amount and quality of information recorded. However, there was no training provided to staff to support them to do this. We audited one new daily record completed and found issues. When we raised this issue the registered manager suggested providing training at a team meeting. The registered manager and director later agreed that staff meetings were not attended by a high number of staff. It was therefore questionable if this form of training would be effective.

Staff spot checks and supervisions where also not used as an opportunity to monitor staff knowledge, understanding, and practice on certain subjects. Staff said they did not receive feedback when they had spot checks. These records were also not being audited to see if staff competency checks were robust.

These audits and quality monitoring checks are all important to enable the registered manager and provider to have confidence in the service they were responsible for. The registered manager and provider told us that they had confidence in the service which people experienced, however they were unable to evidence to us, why they were confident.

There were times the leadership did not react in a swift and timely manner to respond to issues which were identified. The registered manager told us that it was identified, "Mid this year" that people's daily notes needed to be revised. These new records had only recently been introduced and there was no system in place to check if staff were effectively capturing the information they needed to. Substantiated concerns had been raised about staff's administration of people's medicines. Training had not been arranged for all staff, and there was no interim measure to monitor if staff were following the correct guidelines when administering people their medicines. There was no consideration if the services quality monitoring around this issue needed revising.

There was no monitoring of the culture of the service. We observed the deputy manager having a heated long conversation via the telephone to a member of staff. This was not professional. We also observed a member of the office staff did not react appropriately when a person telephoned and asked for support. Some people and relatives had raised issues about the conduct of some members of staff, not wearing ID badges, not wearing a uniform, and looking on their phone or watching TV when they supported people. The service was not aware of some of these issues because they had not sought people's views in ways people would engage with.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had an understanding of the types of events they must notify us about at the CQC by law. However, they were not aware of when they should inform us about a possible safeguarding event. A member of staff told us about a safeguarding event which the registered manager advised the local authority about. We were not informed about this. We advised the registered manager when they should do this and they told us that they will in the future.

There were also no links with the local community or plans to do this. The service had not tried to involve staff, people, and their relatives in the development of the service.

All the staff we spoke with all spoke positively about the registered manager and the director. All the staff felt they could approach the manager if they needed to. Some of the staff we spoke with said they had worked for the provider for some years and said they would not work for another provider.

The director and registered manager told us that they wanted the service to be rated as 'Outstanding' in the future and they were committed to improve the service. The director said the services' ethos was, "We are one big family."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 HSCA 2008 (RA) Regulations 2014: Person-centred care. The provider had not ensured that people received care in a way which was consistently person centred. Regulation 9 (1) (a) (b) (c) 3 (a) (b).

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 HSCA 2008 (RA) Regulations 2014: Dignity and respect. The service had failed to ensure that people were always treated with dignity and respect. Regulation 10 (1).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks.

Regulation 12 (1) and (2) (a) (b).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance The provider had failed to have effective systems and processes in place to monitor and improve the safety of the service provided and to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This also included the management of the service. Regulation 17 (1) and (2) (a) (b) (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA 2008 (RA) Regulations 2014: Staffing. The provider had failed to ensure staff were sufficiently competent in their work. Regulation 18 (1) and (2) (a)