

MRL Healthcare Limited

MRL Healthcare Limited

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



Overall summary

This inspection took place on 23 and 24 September 2015. This was an announced inspection. Individual telephone calls were made to six people who used the service and three relatives by an Expert by Experience on 28 and 29 September 2015. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This was the service's first inspection since MRL Healthcare Limited had registered with the Care Quality Commission at this location.

MRL Healthcare Limited is a domiciliary care service, which provides support with personal care, domestic tasks and shopping to people living in their own homes. At the time of this inspection the service was providing support to people living in Manchester, Stockport and Tameside.

The service had a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act and associated regulations about how the service is run. The registered manager of the service was on annual leave at the time of this inspection.

We identified 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 this report.

We were supported throughout the inspection by the registered provider and a care supervisor, who was managing the service in the absence of the registered manager.

People were not properly safeguarded from harm when being supported with the prompting or administering of their medicines. Staff with this responsibility were not always following the safe policy and procedure guidelines. The provider did not have safe systems in place to make sure medicines were prompted or administered as prescribed. Medication administration records and care plans had not always been completed correctly.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The proper and safe management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

People using the service told us they felt safe and comfortable when staff were delivering their support and staff were able to demonstrate a clear understanding of what safeguarding people involved and their roles and responsibilities in doing this.

Not all staff had received up to date training in the Mental Capacity Act (2005) and they were unclear about their duties under this legislation.

Many of the staff working for MRL Healthcare Limited had transferred across from other domiciliary care agencies within the last two years. Although some training had taken place, we saw from the staff training files we looked at that this was limited, with some staff having no specific training with MRL Healthcare since their employment with the agency had begun. Some staff had yet to complete moving and handling training, safeguarding training and infection control training.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Staffing. You can see what action we told the provider to take at the back of the full version of the report.

Those staff we spoke with understood their role and responsibilities in making sure they respected people's individuality and personal choices and the need to ask for a person's consent prior to carrying out any care related tasks. People we spoke with said that they thought staff were capable and understanding and did their job well.

People told us they were happy with the support they received from the service and the staff that delivered that service. Individual care files contained information about people's needs, likes, dislikes and preferences.

Of those care plans we examined, we could see that care reviews had taken place and saw that the person using the service and / or their relative had signed to indicate their involvement in that process.

Files were inconsistent in their contents, which made it difficult to find all documentation. For instance, although some risk assessments had been completed, these were not directly linked to a specific care plan.

Lack of such important information being available in care plans was a breach of regulation 9 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person- centred care. You can see what action we told the provider to take at the back of the full version of the report.

The company had a complaints policy, and people were given a copy of the policy when they began to receive care and support from the service. We saw evidence that complaints had been dealt with efficiently and in a timely manner by the registered manager. The staff we spoke with told us they would report any concerns or complaints they received to the office. They also told us they would listen to and act on what a person told them, especially if the person felt unable to raise the concern themselves.

We asked the registered provider and care supervisor about the quality assurance processes or systems in place that were used for monitoring the quality of service provided. We were told that the registered manager carried out some audits, but these had not been done on

Summary of findings

a consistent basis and were not available for us to review. From the information shared and lack of the consistent monitoring of service provision, we found no meaningful audit processes were in place for the service and this had resulted in some of the shortfalls and breaches of regulations we had found during the inspection process.

This was a breach of Regulation 17 (1) (2) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. You can see what action we told the provider to take at the back of the full version of the report.

We found the statement of purpose did not contain up to date information.

This was a breach of regulation 12 (1) (2) (3) of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider did not have safe systems in place to make sure medicines were prompted or administered as prescribed. Medication administration records and care plans had not always been completed correctly.

People using the service told us they felt safe. They said staff were reliable and responded to their needs.

Staff spoken with had a good understanding of safeguarding adults and their role in protecting people. Recruitment checks were carried out before staff started their employment with the agency.

Requires improvement



Is the service effective?

The service was not always effective.

Evidence found during the inspection and speaking with staff showed that staff were not receiving the supervision and training required for them to carry out their role effectively.

People's nutritional needs were met and people received the support, when necessary, to gain access to community healthcare professionals.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff that were kind, considerate and respected their privacy and dignity.

People told us that staff listened to them and knew what they were doing when delivering their care.

Good



Is the service responsive?

The service was not always responsive.

A procedure was in place for dealing with concerns and complaints. Information was available to demonstrate that people using the service knew how to raise a concern or complaint.

People's needs were assessed before they received a service and individual care plans were developed from this information.

Care plans were inconsistent in their contents and did not always reflect person-centred care.

The statement of purpose did not contain up to date information.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

There were some systems in place to monitor the quality and safety of the service. We found these systems to monitor the quality and safety of the service were not fully effective to make sure improvements to the service would take place where necessary.

Some staff raised concerns about the lack of consistent supervision, training and team meetings.

The staff spoken with were positive and complimentary about the support provided by the registered manager on a personal level.

Requires improvement



MRL Healthcare Limited

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 September 2015 in line with our current methodology for inspecting domiciliary care agencies. This inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

The inspection team comprised of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined us had experience of domiciliary care services. Following our inspection visit to location's office, an expert by experience conducted telephone calls to six people using the service and three relatives. These people had been contacted previously by the management of the agency to ask if the expert by experience could contact them and ask them some

questions about the service they received from MRL Healthcare Limited. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection took place, we considered all the information we held about the service, such as notifications about safeguarding matters. We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we looked at the care records for eight people who were using the service. We looked at five staff personnel records, staff training records and policies and procedures. We also looked at a range of records relating to how the quality of service was monitored. These records included medicine administration record checks and care records checks.

We talked with six people using the service and three relatives via pre-arranged telephone calls. We also spoke with the registered provider, two care supervisors, the office manager, three care co-ordinators and four members of the care staff team. The registered manager of the service was on holiday at the time of this visit.

Is the service safe?

Our findings

Information in three care plans we looked at did not support the safe management of medicines. This was because medicines were not being administered in line with the provider's medication policy dated May 2014 and some of the information recorded in the care plans was 'conflicting'.

The medication policy clearly stated the procedure to be followed when care staff had to 'prompt' medicines and when to 'administer' medicines.

One care plan we viewed stated that staff needed to "prompt and supervise any medication taking" but also identified that "family prompt all medication." When asked, staff we spoke with said that this information was "very confusing" and "we don't always know what we should do" but confirmed they had not raised their concerns with the manager about this. Another care plan stated "Carers prompt all medication", however part of the medication risk assessment form identified that "all meds must be placed in her mouth." A third care plan looked at clearly identified that the person using the service was being administered Warfarin, a blood thinning medication. The risk assessment for this medication had been updated on 12 January 2015 but did not identify what this medication was for, and the risk of any possible side effects from taking such medication. Lack of correct and clear care plan information relating to the management of medicines could place people using the service at risk of care staff taking inappropriate action when supporting people with their medicines.

We checked three people's medication administration records (MAR) and saw these had not always been completed correctly. We found that the records had been handwritten, and, although most people received their medication from a monitored dosage system, the individual tablets had not been listed on the MAR. This meant there were no accurate records of medicines administered. The care supervisor told us staff mainly prompted people to take their medication, but we found in some cases they were actually administering medicines to people where it was stated 'to prompt only'. This again, meant the care plans lacked sufficient and accurate details regarding people's medication.

We found gaps where staff signatures should have been placed on some of the MAR's with no information being recorded in the daily log to identify if the person had or had not been administered their medication. Medication to be taken 'as and when required' (PRN), for example, paracetamol, did not have guidance on the MAR to inform staff what the PRN medicine was for and when and how often it could be given. These records showed us that the service was failing to keep accurate and up to date records of medicines being given. This meant that people using the service were not receiving their medicines in a safe way.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The proper and safe management of medicines.

Staff we spoke with were asked to describe the difference between 'prompting' and 'administering' medicines to people. One member of staff told us they only prompted medicines, but when describing what they did, they actually described they had been administering medicines.

The care supervisor told us that the registered manager would randomly select and check a number of completed MAR's when they were brought back to the office for archiving. They said that any shortfalls found would then be discussed with the staff member concerned, or at a staff meeting. However, they were unable to produce any evidence to demonstrate these checks had been completed and addressed. This meant there was a failure to demonstrate these checks were being carried out.

The registered provider told us they would review the current system of quality monitoring and make sure any necessary changes were made to the system to demonstrate and identify any actions that had been taken to address shortfalls.

People we spoke with told us they felt safe. One person said they felt safe because "I know most times who is coming. I get the same two carers three times a day." Another person told, "I am very happy with them [staff], they come once a day and it's normally the same one." When we asked another person if they felt safe they commented, "The company send me the same nice girls [staff] all the time, three times a day. I feel very safe with them, and I have never needed to contact the office, everything is good." We also spoke with a relative who told us, "I feel that my relative is very safe with the care that is

Is the service safe?

given, the carers seem to be well trained and experienced.” Another relative we spoke with told us, “I think [relative] is very safe and secure, they have a good routine. I feel I can rely on the carers to follow the correct protocol.”

Staff we spoke with were able to demonstrate a clear understanding of what safeguarding people involved and their roles and responsibilities in doing this. They were able to describe the types of and signs of abuse, as well as knowing what to do if they had any concerns about a person’s safety. They told us they had received training in this subject as part of their initial induction period, but had yet to receive an update. Training records seen indicated that this updated training had yet to be booked. We saw a safeguarding adult’s policy was available for staff to access, dated June 2014. This also directed staff to be aware of the local authority’s safeguarding procedure.

There was a whistleblowing policy and procedure in place and staff we spoke with said that they felt if they raised any concerns they would be taken seriously by the registered manager or the registered provider. One member of staff told us, “I’ve done this (whistleblow) before at another place I worked so I wouldn’t hesitate to do it again.”

An initial assessment was carried out before a person started to receive a service from the agency. This also included an assessment of the person’s home environment. This helped to identify any risks that may affect the person using the service or the staff supporting them.

No concerns were raised from the people using the service about how the service was staffed. They confirmed that most of the time they received their support from the same member(s) of staff, who was usually on time and stayed for the agreed length of time identified in the care plan.

The care supervisor explained that staff were deployed in geographical areas which made it easier for care staff to visit service users in a timely way.

Many of the care staff working for MRL Healthcare Limited had transferred across from other domiciliary care agencies that were no longer operating and their existing personnel records had transferred across with them. We looked at five staff personnel files and documentation relating to their recruitment. Appropriate pre-employment checks had been carried out, including a satisfactory Disclosure and Barring Service check (DBS). The Disclosure and Barring Service carry out a check that includes a criminal record check for any person wishing to work with vulnerable adults and children. Such checks help employers to make a safer recruitment decision about people who may have applied to work within the organisation. Staff we spoke with confirmed that face to face interviews had been conducted and that they were unable to start work caring for people until all the necessary checks had been satisfactorily completed.

The registered provider also told us that it was their intention to re-apply for a DBS check for every person currently employed to work for MRL Healthcare Limited by the end of October 2015 with no cost to the employee. This process had not yet started.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) is a safeguarding mechanism used to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves.

We found no evidence of capacity assessments being completed on the care files we looked at, and the care supervisor we spoke with explained that they would expect the social worker to have carried out a capacity assessment for the person should one be needed before a service commenced.

We asked staff what they understood about mental capacity and what this meant for people using the service. Some staff had more understanding about this subject than others. We asked what action would be taken should a person using the service show signs that their ability and capacity to make some decisions was deteriorating. Most said that contact would be made with the person's social worker, but were unsure of what action would then be taken. All said they had yet to complete training in the Mental Capacity Act 2005 (MCA) and its associated legislation.

Many of the staff working for MRL Healthcare Limited had transferred across from other domiciliary care agencies within the last two years. We saw from the staff training files we looked at showed limited training had taken place for all staff, with some staff having no specific training with MRL Healthcare since their employment with the agency had begun. The service had a dedicated training person, who, at the time of our visit, was compiling details of the training required by each member of the staff team. One member of staff we spoke with told us, "All my training has been done with the agency I worked for before. I have yet to receive any training with MRL." One person using the service told us they thought some of the carers "are not as well trained as others." Some staff had yet to complete moving and handling training, safeguarding training and infection control training.

We found that staffs access to formal one to one supervision with their line manager was inconsistent, with three members of staff (different roles) telling us they had

received no formal supervision, but had received an annual appraisal. Other staff told us they had received formal one to one supervision on an occasional basis but had not received an annual appraisal. Those staff personnel files we examined we saw evidence to confirm the comments made by those staff we spoke with. Staff we spoke with did say they felt there was always someone available to ask for any guidance or support whilst carrying out their duties.

The lack of consistent support for staff through training, supervision and an annual appraisal was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing.

Those staff we spoke with understood their role and responsibilities in making sure they respected people's individuality and personal choices and the need to ask for consent prior to carrying out any care related tasks. Staff were also aware of people's right to refuse to give their consent for care and support to be given. They told us they would try and explain to the person any alternative ways the care and support could be given and any risks there may be in not having the care and support provided as per their care plan.

People we spoke with said that they thought staff were capable and understanding and did their job well. Their comments included, "They [staff] notice changes in my health, they advise me what to do, and they keep an eye on me", "The carer noticed I wasn't well, she called the Doctor who diagnosed a chest infection", "They [staff] don't talk down to me, they notice my problems, they pick up on changes to my health straight away" and "Carers are very capable, they are extremely understanding and they respect both my parent's dignity and privacy even though they are only contracted to care for one of them."

Staff we spoke with explained how they supported people to meet their nutritional needs. Where a person needed support with this, a nutritional assessment had been carried out and a nutritional monitoring chart would then be used to monitor the person's daily intake of food and fluid. Staff described the type of support they gave people with eating and drinking. This support ranged from supporting a person to making a light meal, to giving practical assistance with eating and drinking. One member of staff told us, "If a person was being supported in this area, we would monitor the diet and fluid intake and record

Is the service effective?

this on each visit. We would also monitor their weight. We know the people very well, and we would know straight away if there was something wrong and would report it to the office immediately.”

Is the service caring?

Our findings

During our inspection we spoke on the telephone with six people using the service and three relatives and all had consented to receiving a telephone call before contact was made.

People told us they were happy with the support they received from the service and the staff that delivered that service. One person said, “They [staff] are most caring and kind to me, they help me as much as they can, even getting things from the shops if I need something.” Another person told us, “I could not have kept my independence without their help.” Another person said, “I enjoy their visits, they are very caring”. Another person told us, “They are very kind, they respect me and they listen to me. If you could have seen me two weeks ago, and then see me now, the carers have helped me enormously to recover.” Another person said, “They [staff] are kind, I find the visits from the carers very enjoyable.” One person did say however that although “They [staff] are kind and caring, they are absolutely wonderful” the only problem is when a new carer comes, they have to tell them what they would like and how to do things.

Those people we spoke to also said that the carers always listen and write any information in the care plan, that they normally arrive on time or they would ring if they were running late and they had never needed to complain during the years they had received a service.

Individual care files contained information about people’s needs, likes, dislikes and preferences. We found some records to be better detailed than others but people using

the service confirmed they were supported by the same carer or team of carers on a regular basis and that the staff had got to know how they liked their care and support to be delivered. Before a service started, people were asked for their preference regarding their preferred choice of support, for example, from a female or male carer, although a smaller number of male carers were employed.

Staff we spoke with were able to demonstrate they knew and understood people’s individual likes, dislikes and preferred care routines. From the information they shared with us, it was clear that they had developed good, professional relationships with the people they were supporting. When asked, they were able to give examples of how they made sure people’s choices, privacy and dignity were maintained and respected. Staff spoke about how they maintained and respected people’s property and made sure that people’s privacy was maintained whilst they supported the person with aspects of personal care, such as closing doors, blinds and curtains and remaining within close proximity to monitor and maintain the person’s safety.

The staff we spoke with also told us that wherever possible, the same staff member(s) visited the same people to provide consistency in their care and support and staffing rotas seen confirmed this. Staff also told us that their individual contracted hours were planned in such a way that they were able to provide support to the same people on a week by week basis, other than for unforeseen circumstances, such as covering other rotas due to staff sickness. This also enabled them to develop a good consistent working relationship with the people using the service.

Is the service responsive?

Our findings

Most people using the service had been referred by a local authority and an assessment of the person's needs had been carried out and supplied to the agency before any service commenced. Once the referral had been received, the registered manager or a care supervisor from the service visited the prospective service user to carry out an assessment of their health and personal care needs on behalf of MRL Healthcare Limited. One person we spoke with had made their own arrangements to receive a service from the agency and they confirmed the registered manager had visited them to carry out a pre-service assessment.

The information provided by the local authority and the information gained from the agency's initial assessment of the person, was then used to develop a care plan. Care plans we viewed varied in their details, with some being more person centred than others. Three plans we looked at contained general statements rather than information that was specific to the individual. For example, three plans stated the person required assistance with their mobility. No details had been recorded of the assistance that was required. Files were inconsistent in their contents, which made it difficult to find all documentation. For instance, although some risk assessments had been completed, these were not directly linked to a specific care plan. We spoke with the registered provider and a care supervisor about this.

We would recommend the registered manager reviews the contents of care plans and ensures that information contained in care plans is relevant and consistent in all files.

Of those care plans we viewed, we could see that reviews had taken place and saw that the person using the service and / or their relative had signed to indicate their involvement in that process. Staff we spoke with told us they felt enough information was contained within the care plans to enable them to carry out their job roles in a "caring, efficient and responsive" manner. One member of staff told us, "Because we go to the same person on a consistent basis, we get to know them really well and soon know if something needs changing in their care plan. We always ring the office if we feel this is the case."

Most of the people and relatives we spoke with, told us that they felt the carers and the company were very responsive to their needs. One person using the service told us, "They [staff] are always on time, give or take a few minutes, but it's normally due to the traffic if they are late." They also told us that the staff stay for the right amount of time and they often did extra things for them, "The carers will go that extra mile for me." Another person using the service said, "They [staff] are normally on time, they only missed one call in the 12 months I have been with them."

We found that the agency had a complaints procedure, which was included in the Statement of Purpose given to people at the start of their care service, but we found the procedure lacked details of how to raise a concern or complaint with the local authority. On reading through the Statement of Purpose it became apparent that other information needed reviewing and updating and this was discussed with the registered provider who told us that action would be taken to resolve this.

This was a breach of regulation 12 (1) (2) (3) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had the responsibility for dealing with any complaints received and copies of each complaint was kept electronically as well as in paper format. The care supervisor was able to provide us with copies of complaints that had been received and information to demonstrate how the complaints had been dealt with. We saw that a structured system was used to record the concern raised along with the action taken and outcome. We looked at a complaint that had been received in September 2015. All documentation was in place and evidence was available to demonstrate that the complaint was dealt with efficiently and in a timely manner.

The staff we spoke with told us that if a person raised a concern or complaint with them, they would listen to what the person told them, especially if the person felt unable to raise the concern themselves. They would then report the details they received to their line manager.

During our time in the offices of the service, we heard co-ordinators taking calls from people using the service in a kind and professional manner. They listened to what the person was saying before offering any comments, and then

Is the service responsive?

tried their best to resolve any query or issues with the persons service delivery. This meant that people using the service were treated with respect and that the service was responsive to their needs.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. However, they were not present during this inspection as they were on holiday. The registered provider and a care supervisor made themselves available to support us with the inspection process.

There was a lack of clear organisational structure within the service. Care co-ordinators felt their roles had not been clearly defined and, although they didn't provide a service directly to people in their own homes, other than to cover staff sickness, they did have responsibility for making sure an efficient service was being delivered. They told us a lack of appropriate training for their role, lack of consistent formal supervision and team meetings did not support them to carry out their roles to the best of their abilities. In our discussion with the registered provider about this we were told that meetings would be taking place with senior staff teams to discuss and evaluate current job descriptions and individual 'senior staff' roles.

People we spoke with told us they had not had very much to do with the actual management of the company but did express the following comments, "The supervisor has been twice and she goes through my care plan", "It [the agency] seems to be well managed", "From what I know they [staff] seem to be very well managed, the supervisor rang me just to see how I was doing", "It [the agency] seems to be very well managed". One person we spoke with told us they thought "The office could do with more help." One person mentioned that the manager visited on occasions and went through the care plan and made any changes necessary. They also told us that they had received a questionnaire, but had received no feedback from any results.

We saw the provider had used questionnaires to gain people's views and opinions about the service they received. The latest returned questionnaires we saw were from people in the Tameside area in April 2015 and from people in the Stockport and Manchester area in August 2014. They contained mainly positive responses to the set questions asked. One person had written, "I think the carers do a wonderful job with great care and consideration. They

are extremely efficient and professional." Another person had commented, "Pleased and delighted with the carers, all satisfactory at present." A number of comments from people using the service in each of the three areas all mentioned the lack of regular carers, poor communication and lack of training for staff. No evidence was available to demonstrate that an analysis of the feedback had been undertaken and no evidence was available to demonstrate that issues of concern identified in some of the questionnaires had been reviewed and any necessary action taken.

Staff spoke positively about the registered manager and said they found them approachable, with an open door policy. Comments included, "She's personable, a good listener, tries her best to address matters and understands the operation of the service", "She is a very good manager", "[Name of manager] is a good manager who is there for everyone" and "I like her, she is a good listener and you can speak with her at any time."

We saw there were a range of policies and procedures in place to support and guide staff. At the time of our visit we were told that these were currently under review by the registered manager. It is important that all policies and procedures contain up to date information about current best practice so that staff always have access to this information.

We asked the registered provider and care supervisor about any quality assurance processes or systems in place for monitoring the quality of service provided. We were told that the registered manager carried out some audits, but these had not been done on a consistent basis and were not available for us to review. From the information shared and lack of the consistent monitoring of service provision, we found no meaningful audit processes were in place for the service and this had resulted in some of the shortfalls and breaches of regulations we had found during the inspection process.

The lack of robust systems being in place to monitor the quality of the service people received was a breach of Regulation 17 (1) (2) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not provided with care and treatment in a safe way as the management of medicines was not safe and proper. Regulation 12 (1) (2) (g)

Regulated activity

Personal care

Regulation

Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose

The provider must have a statement of purpose in place containing the information listed in Schedule 3. The information contained within the statement of purpose available was not up to date.

Regulation 12 (1) (2) (3)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider failed to ensure that staff received appropriate and regular training and supervision to support them in their job roles.

Regulation 18 (2) (a)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.

Regulation 17 (1) (2) (e) (f)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider did not ensure that all care planning documentation contained sufficient and appropriate details that enabled care staff to deliver person-centred care.

Regulation 9 (1) (a) (b)