

Elderly Care Service Limited

Elderly Care Services

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

Our inspection took place on 5 July 2016 and was announced. At our last inspection in October 2015 we found the provider was in breach of regulations relating to consent, safe care and treatment, acting on complaints, governance and recruitment and support of staff. We rated the service as inadequate. At this inspection we found the provider had made improvements in staff supervision and managing complaints.

There was no registered manager in post. The registered manager had de-registered with the care quality commission but still worked in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Elderly Care Services provides personal care to people in their own homes in Leeds and the surrounding areas. At the time of the inspection there were eight people using the service.

People told us they felt safe receiving care and support from the service, however we found risk was not well documented. Information relating to risks associated with people's care and support was not always consistently documented and was not used to produce meaningful guidance to staff to help minimise those risks.

We found recruitment practices were not always safe because the provider was not ensuring they had made robust checks to ensure people they employed had not been barred from working with vulnerable people.

Medicines were well managed, and we found evidence the provider was checking to ensure staff practice in assisting people with their medicines was safe. People told us they were happy with the support they received in this area.

There were sufficient staff employed in the service to enable the provider to provide care and support to people. There was flexibility to increase staff's hours where need arose. Although the provider did not monitor call times and attendance, the small size of the service meant they were in regular contact with people who could tell them about any concerns with staff attendance.

People told us they were confident staff were well trained, and staff did not raise any concerns with the training provided. We found there was a lack of planning to ensure that training was refreshed to ensure it remained effective, and staff told us they completed training online in their own time.

The provider did not demonstrate good understanding of the regulatory requirements relating to the mental capacity act and we found consents were not always appropriately recorded.

Staff told us they had monthly supervisions with their line manager, and told us these were useful

conversations they found helpful. We saw evidence supervisions were happening monthly.

People gave positive feedback about their relationships with staff and staff told us about ways in which they worked to ensure they protected people's privacy and dignity and promoted their independence.

There had been a full review of care plans since our last inspection, and new documentation was in place. We saw these were not always signed by people, and many documents lacked dating and an indication of when they should be reviewed.

We saw care plans contained information relating to people's likes and dislikes which evidenced their involvement with the process of writing the care plans. People told us they felt they had some involvement.

The provider had made improvements to their processes for handling complaints, but had not received any since our last inspection. People we spoke with told us they felt confident they could raise concerns if needed.

The registered manager had de-registered with the CQC, although they still worked in the service. At the time of our inspection there was no registered manager in post, although we saw evidence the provider was actively trying to recruit.

Staff we spoke with referred to the supervisor when they spoke about leadership in the service, although they said they found the provider approachable if they needed to speak to them. Staff we spoke with did not know about the change in the registered manager's status.

We saw policies and procedures were not personalised to the service and contained lengthy documentation. These were not always followed by the provider.

We did not find adequately robust governance systems in place. Audits were not comprehensive or meaningful, and people's feedback was not well used as a means of assessing or improving quality in the service.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Risk was not documented in a consistent way. Care plans lacked guidance to assist staff minimise these risks safely.

The provider was not robustly checking whether new employees were barred from working with vulnerable people, and was not following their own recruitment policy.

There were sufficient staff employed in the service and we concluded people received safe assistance with their medicines.

Inadequate ●

Is the service effective?

The service was not effective.

The provider could not evidence they were following their induction policy and we found poor controls in place to ensure training remained effective.

Consents were not always appropriately recorded and we found there was a lack of understanding of the Mental Capacity Act 2005.

Staff told us there had been improvement in the support they received and we saw supervision meetings were taking place monthly.

Inadequate ●

Is the service caring?

The service was not always caring.

People told us they had good relationships with staff, and staff described good practice in respect of people's privacy, dignity and the promotion of independence.

We saw evidence of people' participation in the writing of their care plans, however received variable feedback about this from people who used the service.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The provider had made improvements to their complaints management processes, although they had not received any since our last inspection.

We saw new care plans were in place, however documentation was not always dated and lacked signatures of people who used the service.

Staff knew how to respond appropriately to any changes in people for whom they provided care and support.

Is the service well-led?

The service was not well-led.

There was not a registered manager in post when we inspected. The former registered manager had de-registered with the CQC but still worked in the service.

There was a lack of governance in place. Audits were not comprehensive and we saw evidence of a lack of action when issues were identified. Policies and procedures had been bought as a package but had not been personalised and were not always followed.

There was a lack of leadership in the service. We found there was a lack of understanding of the regulatory requirements associated with registration.

Inadequate ●

Elderly Care Services

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 5 July 2016 and was announced. We gave the provider 48 hours' notice as they provide a domiciliary care service and we needed to arrange for someone to be in the office to speak with us.

The inspection team consisted of one adult social care inspectors, an inspection manager and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Their expertise was in supporting an older person using care services.

Before the inspection we reviewed all the information we held about the service, including past inspection reports, action plans, notifications from the provider and the 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. We also contacted Healthwatch to ask if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we spoke with the nominated individual, the former registered manager, five people who used the service and two relatives of people who used the service. We spoke with three members of staff. We spent time looking at records including seven people's care plans, five staff recruitment records and other documents relating to the running of the service.

Is the service safe?

Our findings

At our inspection in October 2015 we rated this domain as 'Inadequate'. We found breaches of regulation in relation to safe care and treatment and recruitment of staff. The provider had not adequately assessed and understood risk, was not ensuring the safe management of medicines by adequately trained staff and had failed to ensure robust background checks were undertaken before staff commenced working in people's homes. At this inspection we found the provider had made improvement in the safe management of medicines but had not adequately improved their provision of safe care and treatment or recruitment checks.

People who used the service told us they felt safe receiving care and support from staff. One person told us, "Very safe, they make sure I am comfortable and lock the door." A relative of someone who used the service said, "Yes, [name of person] gets on well with carers and looks forward to their visit."

We looked at seven people's care plans and reviewed the documentation relating to risk. We found the care plans were complex documents which repeated information across a number of sections, however significant information about people was inconsistently recorded, and daily care summaries did not alert staff to risks to people and any advice about how to provide care and support which was safe. For example, in one person's care plan we saw 'service user plan of care' stated '[name of person] is high risk of falling.' The moving and handling risk assessment form stated 'prone to falls', however the provider's risk assessment form stated the vulnerability to falls was 'medium'. This form scored various activities from 1 (Independent) to 5 (Dependent). Although the person had scored '5' in two sections, the form did not contain any advice to staff as to how to minimise this risk. A second risk assessment form in the care plan had a section entitled 'remedial risk reduction, steps in order of priority'. This section had been left blank. The daily care summary for the person stated staff should 'assist with personal care and dressing, assist to change clothes if soiled, assist into night clothes and into bed if required.' There was nothing on this document to alert staff to the high risk of the person falling.

In another care plan we saw information relating to the person's diabetes was not always recorded on all forms, although the service user plan of care stated '[name of person] has type 2 diabetic and does not take sugar' in the physical healthcare needs section. The person's nutritional risk assessment form stated they did not suffer from any condition which made eating or drinking difficult, although diabetes was listed as an example of something that should be recorded. The nutritional plan recorded 'no action needed', although 'diabetic friendly diet' was listed as an example of something that should be recorded. The person's food and mealtime's questionnaire recorded there were no specific dietary needs. The daily care summary sheet referred to meal preparation for each visit, but did not alert staff to the person's diabetes.

Staff told us about how they knew about risks to people. One member of staff said, "We check for risks when we go in. There should be information in the care plan. We use the daily care summary to know what we're there to do and stay observant." Another member of staff told us, "I would know how to minimise any risks to people from my training. I have covered minimising risk in the qualification I am studying for."

We concluded the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the PIR the provider told us, 'We ensure safe recruitment practices at all level from initial enquiry, interviewing, checks including DBS, induction and supervision.'

We looked at the recruitment records of four members of staff. We saw the provider had details of references on file, however not all files contained details of checks made with the Disclosure and Barring Service (DBS) to ensure newly recruited staff were not barred from working with vulnerable people.

The provider's staff recruitment and selection policy (October 2015) stated, 'Before confirming someone's appointment, the service is required to carry out checks with the Disclosure and Barring Service. In cases where it is not possible to obtain a full criminal records check before a person is due to start work and in order to maintain adequate staffing levels the service obtains an Adult First clearance and makes sure that the person is properly monitored and supervised in line with official guidance until full clearance is obtained.'

In relation to evidencing staff were not barred from working with vulnerable people the policy stated, 'The service keeps all criminal records checks obtained at the recruitment stage until after its next inspection so that it can provide evidence that it is complying with its legal requirements for making these checks as they must be available to inspectors whenever they visit.'

The provider had a DBS check for one employee dated 8 September 2015, however we saw records which confirmed they had been providing personal care unsupervised on 32 occasions before this date. The provider told us they had seen a copy of a DBS from a former employer but had made no record of this and could not tell us how they had considered the risk associated with not re-checking someone's background as stated in their policy. The provider obtained a copy of the certificate after the inspection. Another employee file contained no DBS check, and although the provider told us they had been providing personal care unsupervised we did not see records confirming which calls they had attended. The provider made checks after the inspection and confirmed the employee could not provide a DBS certificate. This meant the provider did not know if the employee was barred from working with vulnerable people and had not followed their own policy.

We concluded the provider was in breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the PIR the provider told us, 'Staff receive training on safeguarding and have access to a carers handbook, policies and procedures including safeguarding and whistleblowing.' Staff we spoke with understood the principles of safeguarding people from abuse, could identify the types of abuse people could be at risk of and were aware of their responsibilities to report any concerns appropriately.

In the PIR the provider told us, 'Staff are trained to support people with medication and we carry out regular checks on medication administration and recording through our quality monitoring system. Medication competency assessments are carried out.'

People we spoke with told us they were happy with the ways in which they were supported to take their medicines. One person said, "They get my medication morning and night out of the dosette box," and confirmed that staff updated the records each time. A dosette box has compartments into which a number of tablets can be placed and organised by time and day. A relative of someone who used the service told us,

"Carers give medication four times a day. The report book is filled in each time."

Staff told us they had received training in supporting people appropriately with their medicines, and told us spot checking of them on calls included a review of their practice in this area.

We spoke with the provider about how they ensured there were sufficient staff to meet people's care and support needs. They told us the size of the service meant they had flexibility to increase staff hours to cover for planned and unplanned absences. People we spoke with told us they usually saw the same staff regularly, and were introduced to new staff. One person said, "There are two women who take turns." Another person said they saw the same people "Every day, they called and introduced themselves then visited with the team leader."

There was no formal system in place to monitor calls to ensure care workers arrived on time, however the provider told us the small numbers of people using the service meant they had a close relationship with them and were confident people would alert them to any missed or late calls. People we spoke with did not tell us about any problems with missed or late calls.

Is the service effective?

Our findings

At our last inspection we rated this domain as 'inadequate'. We found mental capacity was not adequately assessed and consent was not always appropriately given, for example for administration of medicines. We also found the provider had not always supported staff in ways which ensured they were effective in their roles. At this inspection we found there was still poor understanding of capacity and consent and a no clear processes in relation to staff training.

People we spoke with told us they had confidence in the staff who visited them or their relatives. One person told us, "They are well trained, they know just what to do and I am happy." A relative said, "They are trained. I believe they know what they are doing."

We asked the provider to show us evidence which illustrated how they managed the induction of new staff. They were unable to show us any or describe the contents of any relevant policy. We looked at the provider's induction training policy dated October 2015. This stated, 'Staff will be issued with a copy of the induction standards to be achieved in which they can record progress. Progress towards completion will be discussed weekly or no more than fortnightly with a designated supervisor, who will be a senior or experienced staff member. On completion the training record will be signed off by the registered manager and the person will be awarded a certificate of completion.' We did not see any evidence to demonstrate the provider was adhering to their policy on induction.

We spoke with staff about their induction. One member of staff told us, "I did about 20 certificates online straight away. We were asked in interview about our experience." Another member of staff said, "I had an induction where I shadowed a senior member of staff for one or two weeks. I had worked in care before so knew what I was doing."

We looked at the provider's training matrix. This is a document which lists training staff have received and the dates it was completed. This showed staff received training in 58 subjects including dementia care, infection control, equality and diversity, moving and handling and safe administration of medicines. We asked the provider what plans they had in place to ensure training was kept up to date and refreshed at regular intervals to help ensure staff remained effective in their roles. The provider told us they had no formal plan in place. We saw one member of staff was listed as having had no training in 54 of these areas since 2013, however we found a certificate in their file for dementia care training received in 2016. This had not been recorded on the matrix, meaning it was not always an up to date record of the training activity carried out.

We asked staff about the provider's approach to on-going training, and found there was a lack of structured planning and a reliance on staff undertaking internet based training in their own time. One member of staff we spoke with told us, "I'm doing an NVQ qualification. That's my most recent training. The rest was so long ago. We get a text sometimes to tell us there is training online we can do, but we can only do that when we have time. We check in my supervision that I still understand training I've had in the past." Another member of staff told us, "There is on-line training which you access in your own time. Sometimes you have to answer

questions or just listen to stuff. We manage this sort of training ourselves."

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.

People we spoke with told us how staff asked for their consent to care and support and how they offered them choice. One person said, "They always ask permission before doing anything." Another person told us, "I make my own choices."

People's care plans contained a review of their mental capacity assessments, all of which stated there was, 'significant change affecting the service user's mental capacity since the last mental capacity assessment.' At our last inspection we found no documentation relating to people's mental capacity. At this inspection, we found each care plan contained a document stating there were no changes to the person's mental capacity but there was no evidence to show how this had been established. We spoke with the provider about mental capacity and found they had a poor understanding of this and how it may impact on the ways in which they provided care and support to people. They told us they had acted on advice from a consultant in addressing the findings relating to mental capacity in our last report. Staff we spoke with referred to offering people choices in relation to their care and support and told us they respected what people told them.

We saw care plans contained records of consents for data protection, a customer agreement and medication agreement. In two care plans we found consents had been signed by someone other than the person receiving care and support from the provider. There was no documentation to show why the person had not signed, and the provider could not explain why this had happened.

We concluded this evidence contributed to a further breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the PIR the provider told us, 'If the need arises we are able to support clients with additional needs and risks associated with nutrition , through the use of food and fluid charts.' We saw one care plan which stated the person's lack of appetite was a cause for concern. The nutritional risk assessment stated 'will monitor', but lacked any information about how this was being done and we did not see evidence of any food and fluid charts having been put into place.

People told us they were happy with the support they received to have a healthy diet. One person said, "They do healthy choice, adequate portions and they make a cup of tea." Another person told us, "Very good – differs every day with meal choice."

Staff we spoke with told us they had monthly supervisions with their supervisor, and found these to be useful conversations during which they discussed their jobs, any concerns they had and received some feedback from people who used the service. One member of staff told us, "This improved after the last inspection. I have supervision every month." We saw evidence in staff files of a supervision agreement being in place. This confirmed the provider's commitment to monthly supervision of staff and contained records relating to supervisions which had taken place.

Is the service caring?

Our findings

At our last inspection we rated this domain as 'requires improvement'. We found a lack of evidence people had been involved in writing their care plans. At this inspection we found new care plans in place which documented people's likes, dislikes and preferences in a way which evidenced their involvement, although feedback from people who used the service was variable.

In the PIR then provider told us, 'We use a values based recruitment process to ensure staff recruited are caring. We ensure our service is caring by promoting and ensuring that our carers are kind, compassionate and respectful, that staff ensure service users dignity and privacy are respected at all times and that staff understand the importance of this. We monitor standards of care including compassion and kindness shown through direct observations and supervision of staff. We also seek feedback from our clients and their families. We ensure that service users views and where relevant family and friends views are sought in making decisions about their care.'

People told us they had good relationships with the staff and found them to be caring. One person said, "They are [caring], they ask how I am every day and that's fine." A person's relative told us, "They are not seen as carers but as good friends. [Name of person] is very happy." We did not see evidence in staff recruitment files that showed us how the provider was using a values based recruitment system.

Staff we spoke with told us how they ensured they provided care and support in ways which protected people's privacy and dignity. They referred to the importance of making sure people were comfortable with what they were doing, and the importance of ensuring curtains and doors were closed before assisting people to wash or dress. One member of staff told us they were respectful of people's independence. They said, "One person I support really likes to do things for themselves, and that's important. I make sure they are safe, but they do all they can."

We spoke with people if the provider involved them in the writing of their care plans. One person told us, "I think they did, but there is no copy of it here." Another person said, "I don't think so, the team leader checks how I'm doing and if I'm happy from time to time." Another person told us, "I think they did."

A member of staff told us they used documents in the care plan to help get to know people. They said, "There is personalised information in the front of the care plan, and we get to know people and their families. We build up a friendship."

Care plans we looked at contained some information relating to likes, dislikes and preferences which evidenced they or an appropriate person who knew them well had been involved in the process of writing them. One person's care plan lacked personalisation, but the provider had documented their preference not to participate in any activities which would have helped the process as they found it intrusive. This meant the provider had respected the person's wishes.

Is the service responsive?

Our findings

At our last inspection we rated this domain as 'requires improvement'. We found there was a breach of regulations relating to the management of complaints. At this inspection we found the provider had followed their action plans and had improved the systems in place.

In the PIR the provider told us, 'We ensure our service is responsive by making sure the service is organised that people's needs are met and that staff act on what they are told. We ensure the service undertake regular reviews of people's care plans and ensure we involve service users and others in the process. We ensure there is a robust system in place to manage and resolve complaints. We carry out regular reviews and in addition would undertake reviews of assessments and associated packages of care where needs change. These responsive reviews are undertaken where staff notify us of changes, where families or clients themselves make us aware of changes to health or circumstances which would warrant a change of care need. Often this means increasing a package of care, but we have also been able to support people to reduce packages of care as we have been able to promote independence. Where there is a change in health needs, staff have access to a handbook, office and on call support to guide them in supporting clients to access healthcare services. This can mean calling an ambulance or working with the client to contact their GP or district nurse. We continue to work closely with district nursing teams and communicate any changes including additional needs or hospitalisation/discharge. Where clients use equipment and their needs change we would make contact with OT or community equipment services or liaise with a relative to do so.'

At this inspection we saw documentation in people's care plans had been updated following our inspection in October 2015. We found many of the sections were not dated and there was not always a prompt to show when the information should be reviewed. We saw people had not always signed sections of their care plan, although there were prompts for people to do so, and we saw information was not always copied accurately between sections of the plan.

People we spoke with told us they would know how to make a complaint. One person said, "I would be quite able if I needed to but none so far." Another person's relative said, "I think there is an address and telephone number, I complained about one carer and she was stopped from visiting so complaint was immediately solved." We did not speak with anyone who said they had made a complaint or felt they had any concerns which they had not raised with the provider.

Staff told us they received updates about people's care needs when these changed, and said they felt the care plans were kept up to date. They were able to describe the care and support needs of the people they were visiting.

We spoke with staff about how they reported or acted on any concerns about people they provided care and support for. One member of staff said, "There is contact information for people's GPs or any district nurses in their care plan. We can speak to them. If it was serious and I needed to get an ambulance I would do that."

Is the service well-led?

Our findings

At our last inspection we rated this domain as 'Inadequate'. We found the provider did not have any quality assurance systems in place. At this inspection we found the provider had introduced limited systems which were not adequately robust or meaningful.

There was no registered manager in post on the day of the inspection. The registered manager had resigned their post and had de-registered with the CQC. They had also resigned as a director of the provider company in May 2016, but were still working in the service. We saw evidence the provider was actively trying to recruit a registered manager. Staff we spoke with were not aware of the change to the registered manager's status in the service.

During the inspection we spoke with the provider and the former registered manager. We repeatedly found a lack of understanding of the regulatory requirements associated with registration under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans and procedures had been bought in as packages, but were not adequately understood or personalised to the service to ensure they were effective. We found not all of the breaches identified at our last inspection had been addressed and the service was still not complying with the regulatory requirements.

We asked people who used the service whether they thought it was well-led. One person told us, "Yes, it's all running smoothly and I have access to management." Another person said, "Yes, because the team leader is a lovely woman, does everything I want and cares." People told us they would recommend the service to other people.

Staff told us when asked that the provider and former registered manager were approachable, but referred to the supervisor when discussing leadership in the service. They told us the provider was available to speak with if they could not contact the supervisor or if they needed administrative assistance, for example booking time off. One member of staff told us, "I would only really have contact with them in an emergency." Another member of staff said, "It's usually [name of supervisor] I speak to. I don't see that much of [names of provider and former registered manager], but we occasionally speak on the phone. I think the company is very supportive."

We reviewed the policies and procedures in use at the service. The provider told us they had purchased the policies and procedures as a package. We saw these were up to date, however they were not bespoke to Elderly Care Services and had not been personalised in a way which demonstrated good governance. For example we saw the staff appraisal policy stated in 'Procedures', paragraph 2, 'Appraisal interviews after that take place on a three monthly/twice yearly/annual basis (specify how often).' This had not been amended to show what frequency the provider intended to hold appraisals. The 'safeguarding service users from abuse or harm: in depth policy' referred to care home settings. Policies were often large and complex documents, for example the medication policies, procedures and supporting documentation were 62 pages long.

Staff files contained copies of emails from the former registered manager to which large numbers of procedural documentation had been attached, with a request to confirm by email these had been read. Where there were no replies in files we did not see evidence the provider had followed these requests up. The provider had no evidence these staff had seen and read this documentation. One member of staff told us, "I did get an email. Some of the documents were very large. I read them when I could and replied to say I had read them." They were uncertain what policies and procedures they had read. Another member of staff said, "We were sent quite big documents, one after another. I did send confirmation back that I'd read them but I didn't really like doing it this way."

In the PIR the provider told us, 'Frequent audits and client satisfaction questionnaire helps us to improve the service we provide. We are aware of the importance of having rigorous monitoring and auditing procedures to cover all of the relevant regulations. In such ways the service shows its commitment to quality and to continuous improvement. Feedback from service users being essential to the process. We are aware of the importance of keeping our quality assurance process under review to ensure, ensuring it is fit for purpose so that we have all necessary information we need to identify if any part of the service is losing quality and service users are being put at risk. This enables us to take prompt action. The CQC inspection process and subsequent report resulted in a significant review of all aspects of the care and systems and processes we use.'

We spoke with the provider about the governance systems they had in place. Although there were audits in place to cover medicines administration and care plans, we did not see evidence the provider was undertaking governance as described in their PIR return. We saw issues identified in more than one MAR audit that were not followed up with any action and saw the MAR audit did not include all people receiving support with their medication. Care plan audits lacked evidence of a controlled process and we saw issues identified, for example a lack of signatures on documents, but did not see evidence of any action taken as a result. We asked the provider what other audit or quality monitoring processes they had in place. They told us there were none.

At our last inspection we found the registered manager did not use feedback from people who used the service in a meaningful way. At this inspection we found there was still no structured approach to gathering, analysing and learning from feedback activities. Surveys were sent out to different people at different times. The provider told us they did not update people as to the outcome of the surveys and had not produced an action plan to show how feedback was being used to improve quality in the service. One person had raised a concern about some staff which the provider had not followed up.

We concluded there was a lack of adequate leadership and oversight in the service, and the above evidence contributed to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of staff meetings taking place. The former registered manager showed us notes that had made at the last meeting in April 2016, and said they had not yet had time to type these up. At our last inspection we were also told meeting minutes had not been circulated due to a lack of time.

Staff told us meetings took place, but they could not always attend due to their shift patterns. One member of staff told us, "If I can't go they send out a sheet to say what has been spoken about, or I would ask the supervisor what was discussed." They could not recall when the last staff meeting had been.