Carepath Recruitment Limited

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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?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection took place on the 16 and 17 November 2017. The first day of the inspection was announced. As the service is a domiciliary care service the inspection was announced to ensure someone would be available in the office to support the inspection team.

Following the inspection in April 2017, the provider was issued with an enforcement notice, to restrict the service in supporting any new packages of care or increasing the hours of current people who use service's care packages. Prior to this inspection we understood the provider was supporting five people. During the inspection, information the commission had received, was confirmed and it was found the service were supporting six people We also found the provider had increased the hours of two care packages in contradiction of the notice issued following the last inspection.

At the last inspection in April 2017 there were 14 breaches identified to nine of the regulations. The provider should have submitted an action plan to the commission identifying how they intended to meet the requirements of the regulations for which a requirement notice was given. This had not been sent. This was requested again at this inspection but had not arrived to date of writing this report.

Following the last inspection, we asked the provider to complete a weekly action plan from the audits and risk assessments completed at the service. The action plan was to show us how the service intended to improve and meet the requirements of the regulations.

There was an initial delay whilst the provider recruited a suitably qualified individual to complete the action plan and audits. We had received four submissions prior to this inspection. The submissions were poor and did not identify the action the provider would take to meet the requirements of the regulations. The commission has supported the provider to better develop the action plans and weekly submissions have been received following this inspection and up to the date of writing this report. However, the action plans fall short of addressing the concerns noted within the previous inspection report and do not directly address the breaches to the regulations.

Since the last inspection our methodology and Key Lines of Enquiry have been updated under the new assessment framework October 2017. We described these changes to the provider at the start of the inspection.

None of the identified breaches from the last inspection have moved to a different key question. However, we now have more focused lines of enquiry for partnership working and working across organisations to provide person centred care. This has led to breaches in more than one key question for this area.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and disabled children.

This service is required to have a registered manager under the current regulations. 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.

The registered manager for Carepath recruitment is also the sole director for the provider. The provider has no other registered services.

Since the last inspection the provider was asked to recruit a suitably qualified person to support the office management and delivery of the regulated activity. This service provides the regulated activity personal care. We found that the recruitment to this role has led to some improvements in how the service addresses concerns. However, the changes have not gone far enough to sustain improvements and meet the requirements of the regulations. At this inspection we were informed of a package of care that was previously undeclared. The service has not been equipped to support this person. The poor support provided to this person has reinforced previous breaches and led to further breaches being identified.

At this inspection we found the service had again breached 10 of the regulations but three of the regulations namely regulation 9 around person centred care, Regulation 12 around safe care and treatment and regulation 17 around good governance have each been breached five times. This meant at this inspection we found the provider had breached the regulations 22 times. This was primarily as a consequence of the poor care provided to the package previously undeclared.

The impact of the breaches identified has been replicated in the support provided to other people who use the service but fortunately other people who use the service had greater support networks and required less support from the provider.

Since the last inspection we found the provider had developed a generic risk assessment which identified if a further risk assessment was required for moving and handling, medication or capacity. We found that each of the risk assessments was focused more on the risk to staff than on the risks to the people who use services. The capacity assessment had not been completed for any person using the service and the assessment was not seen. We also found the other assessments had not been completed in a way to ensure risks could be appropriately identified.

We found the provider has not effectively assessed the risk of people's health and safety through the poor assessment of action required in the event of a major incident and the impact of equipment not being professionally tested.

We again found staff at the service have been poorly recruited and are not suitably trained to complete the role they are employed to undertake. We have also found staff are not suitably trained or receive appropriate competency testing to perform clinical tasks including administering medication and supporting people with a PEG (Percutaneous endoscopic gastrostomy). This is a tube that goes directly into a person's stomach to allow nutrition, hydration and medicines to bypass the throat.

We found the service in continued breach of the regulation associated with the safe management of medicines and found the audit of both medicines and other service provision not to be adequate.

We found when the service identifies concerns they are not acted upon appropriately.

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

We found that the people using the service have not given formal or appropriate consent for the service they receive. This is especially prevalent when people lack capacity. No capacity assessments have been completed and there are no records to show decisions made for those lacking capacity have been made in their best interest or is the least restrictive option.

We have breached the service for the poor support provided to ensure people received enough nutrition and hydration.

Records the service completes for the delivery of the regulated activity are not appropriate. The service continues to record information that is incomplete, inconsistent and in unsuitable formats. This does not allow for the safe and consistent delivery of care, the accuracy of monitoring records do not identify concerns which in turn do not lead to the improvements required.

We found the provider had not provided enough guidance to staff on how to safeguard the people they support. This included restrictive practice that was not appropriately assessed and alerts not being made to the Local Authority or CQC. At the time of the inspection only three staff had received safeguarding training in the last 12 months.

The service was not delivering commissioned activities to one person who was completely dependent on the service for their social and emotional support.

The provider and service were not working with other professionals in the delivery of specialised care. Records and support tools that should be used to support people with complex needs were not used.

The provider had not displayed the ratings for the last two inspections. The provider had also recorded on their website that they were meeting the necessary standards. The service also advertised to support people who were the most vulnerable. We had asked the provider to remove this information and they had not at the time of writing this report.

The provider had misled the commission at the two previous inspections and not declared the most complex package they were supporting. They had also not acted in accordance of a formal notice from the commission and increased the hours of two packages of care.

We have made 10 recommendations. Recommendations are made around introducing exit strategies for the ever changing work force. At both this and the last inspection we were told all staff were new to post. However, the records and the staff we spoke with did not support this assumption.

We made two recommendations around the update of specific policies namely end of life and complaints. We have also included the outdated policies as part of a breach to regulation 17 which has also included the implementation of up to date best practice guidance.

We made further recommendations about sharing information with people who use services of the available support networks, specifically for those people living with learning disabilities. We have recommended that personalised care delivered, is included formally in care plans and that involvement of people who use services or their appointed representatives is formalised in care planning.

We have recommended the provider ensures information is available around how they are supporting people with protected characteristics under the equalities act. We have recommended the provider collates information from people who use services and their appointed representatives on their life stories to inform care planning. Specifically for those that lack capacity to engage in meaningful communication.

We have recommended daily records are person centred and include information that is relevant and the focus changed from tasks delivered. We also recommended the provider develops a formal route for timely and measured feedback upon which to drive improvements.

The provider has developed a performance review process which they use to gather feedback from the people who use services or their appointed representatives. This includes details of the service provided and if the people who use service are happy with how and with who delivers it. When concerns are noted the provider completes disciplinary supervisions with staff involved.

The service interacts positively with people around their cultural expectations of the service they receive.

We were told a recognition award was going to be developed for staff starting in January 2018.

We saw the provider used secure social media to deliver messages. This included reinforcing good practice.

The overall rating for this service is 'Inadequate' and the service is therefore 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. This is the third inspection which has found the service to be inadequate overall and the commission is taking action to rectify this.

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.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The service had not sufficiently trained its staff to safeguard the people they support. This had led to incidents which put the safety of people at risk. The commission raised a safeguarding alert following the inspection to ensure people were kept safe.

The service did not have staff that had been safely recruited or suitably trained to meet the needs of the people the service was supporting.

Staff at the service had not competently completed risk assessments for people being supported. We found risks to people that had not been identified by the service. We also found where risks were identified appropriate action had not been taken to mitigate risks.

Medication management remained a concern, medicines were not managed safely and staff were not suitably trained to administer medicines safely.

The provider had been in breach at previous inspections and had not made satisfactory improvements to improve the safety of the service provided.

Is the service effective?

Inadequate

The service was not effective.

Staff working at the service did not receive the required training and support to effectively support the people using the service.

We found limited information on how the service supported people with their nutrition and hydration. Where it was clear records were required they were not appropriately kept.

When partnership working was required to ensure people's needs were met the service was not proactive or responsive to other organisations requests to meet people's needs. Information supplied to support people with more complex needs was missing.

The service was not working within the principles of the Mental Capacity Act 2005. Consent was not appropriately acquired and capacity was not assessed to ensure appropriate decisions were made in people's best interest.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring.

The provider worked well, within the cultural expectations of the people they support.

There was little evidence of formal involvement of people who use services or their representatives in developing and reviewing their care plans. However, we saw the people who use services and family had recently become involved in performance reviews of the service they received.

We found the service did not respect the autonomy of all people who use services which resulted in a reduced quality of care.

Is the service responsive?

Inadequate

The service was not responsive.

Assessments were task focused and did not include a focus on the individual needs and support available, to improve their quality of life.

We saw organised activities were not delivered and in one person's case this would have had a detrimental effect on their quality of life.

The provider had a complaints policy which was in need of review. The complaints were not managed in line with the policy but some improvements had been made.

The provider had an End of Life policy but no procedures had been developed if the case arose where it required implementation.

Is the service well-led?

Inadequate

The service was not well led

The provider had not worked in accordance with the requirements of the Care Quality Commission. Notices given for action required to improve provision had not been followed.

The provider did not have a developed or effective system of quality audit and service improvement.

Policies and procedures were both out of date and not being followed.

The provider did not engage with local support forums and support networks to improve provision and support people who use services.

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Detailed findings

Background to this inspection

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

The provider has been found in breach of regulations in this and the two previous inspections the commission is taking action to ensure the provider meets the requirements of the regulations or their registration may be cancelled.

The inspection took place on the 16 and 17 November 2017. The first day of the inspection was announced. This meant the provider knew we were coming. We did this to ensure someone was available in the office to support the inspection team with the inspection.

We conducted this inspection in line with our guidance of returning to services dependent on their rating. We do this, to obtain a more up to date picture of the service to inform our judgements and any action we have considered in respect of previous inspections.

The inspection was undertaken by two adult social care inspectors.

Prior to the inspection a plan was developed from the information the commission held on the provider. This included notifications, information from the local authority and any enforcement action.

When we completed the inspection we were unable to speak with anyone that uses the service. However we spoke with a family member of one person who is supported by the service and the social worker of another. We knew three of the people who use the service's views as we had spoken with them at length two months prior to the inspection with an interpreter.

We spoke with three staff on the day of the inspection including the registered manager and care coordinator and two carers on the telephone. We attempted to call seven carers in total but were unable to make contact.

We looked at the care files for all six people who use the service, the audits completed, personnel files and other management information the service held.

We looked at the medication records for the one person supported with medicines and reviewed the audits undertaken on the medication systems.

Inadequate

Is the service safe?

Our findings

From the records we reviewed only three staff had received safeguarding training in the 12 months prior to the inspection. We found three staff were working with vulnerable people without any previous social care work experience or any training. They also did not have a complete recruitment file.

At the previous inspection in April 2017, we found the provider had not been reporting incidents to the commission or the Local Authority that were potential acts of abuse. Since the last inspection the provider had informed the commission of two alerts they have raised.

The provider had been supporting people by way of restrictive practice including lap belts on wheelchairs without appropriate assessment. We also saw an assessment which included staff were to physically restrain someone. There was not an appropriate assessment to support the need for this. We discussed this with the manager and were told staff no longer to do it but there was no assessment to determine it was lawfully done at the time.

Prior to the inspection we had been made aware of situations where the provider has recruited family to support a package of care for which the provider has been given specific instruction not to do so. We asked the provider about this and they denied it was the case. Yet when we reviewed the information within the plan and the rota it was found to be the case. We also found at least two alerts raised by external professionals which the provider has not notified us of or could evidence any action had been taken.

We were concerned about the safeguarding knowledge at the last inspection and recommended the provider sought to add staff to the local safeguarding champion's forums. We discussed this again at this inspection and it had still not been done. We continue to find the provider has limited knowledge in how to keep people safe and free from potential abuse. This includes the use of unlawful restraint. Where situations are bought to the providers attention limited action is taken to reduce identified risks.
We find the provider in continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the provider had developed a better system for recording and managing the information around safeguarding incidents. However, we noted actions which were not taken when identified as detailed further in this report.

The commission regulates services registered with us to ensure the service is provided within the requirements of the Health and Social Care Act (Regulated Activities) 2014. Everyone in receipt of a regulated activity is included within the inspection process. At the inspection in April 2017 we had concerns about how risks to people being supported were assessed and managed. This included risks of choking. At this inspection we reviewed the care plan of a previously undeclared person who was using the service and found them to have complex care needs. The risks associated with the care needs of this person had not been appropriately assessed and were not being met.

We reviewed what action had been taken following on from the concerns noted at the last inspection and reviewed the risk assessment completed for one person who was a risk of choking. We found the assessment was specific to their needs and mitigated the risk due them being sat in a certain position when being supported with their nutrition. However, we found the same risk assessment had been put in everybody's files that received support. This caused us concern. Firstly it was not clear if the people were at risk of choking and secondly the assessment was specific to one individual. This meant there was a risk of people getting support they either didn't require or was not specific to their individual needs.

We reviewed the care file for the package of care previously undeclared to us and found there were a number of risks that had not been assessed or mitigated. This included risks associated with support with nutrition via a PEG, a tube directly into the stomach, risks associated with cerebral palsy, risks associated with the administration of medications via the PEG, risks associated with moving and handling for someone who could not weight bare and risks associated with communication for someone who could not communicate verbally.

Since the last inspection the provider had reviewed the way they assessed and managed risk. A generic risk assessment form had been developed which was completed for each person who used the service. The form attempted to review the potential risks to a person and identified if more specific assessment was required. However, the assessment focused more on the risks to staff completing their role. For example, if pregnant women were working on a package or the risks associated with disposal of incontinence pads. Where specific risk assessments were noted as required they were of a similar standard. For example, the moving and handling risk assessment was very generic and did not include the specifics including the use of a hoist or ceiling track, it did not include the information to support the person from floor to chair or from a chair to bed. It focused on the manual handling risks for staff including the weight of the person using the service.

We found the service in breach of Regulation 12 (Safe care and treatment) at the last inspection and continued to find the available risk assessments inadequate. They did not appropriately identify the risks to people who use services and did not mitigate the potential risks. We found the service in continued breach of Regulation12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the service had not been collating the information around accidents and incidents. The information was previously held in people who use service's files and copies were not kept centrally to allow the service to identify themes and trends. This was noted as a breach in the last two inspections. At this inspection we found the provider had now developed a file within which copies of the accidents and incidents were kept. We saw the provider now recorded the detail of the accident/incident on a cover sheet and what action had been taken.

However, we noted the action agreed was not undertaken or appropriate action was not agreed. For example, one incident led to one person requiring a different staff member. The action agreed was that the person who used the service's wife would be involved in the interview. This had not happened. We saw of the seven records in the file, two of them involved staff members falling asleep on a night shift, when they should have been awake. The provider had not taken any pragmatic action to reduce the risk, including informing all staff who worked nights of the consequences of falling asleep whilst on shift. We saw actions for increased training that had not been completed and reviews of performance that had not been undertaken or signed off. We found one incident where the provider had concluded a staff member had been in breach of his contract though gross misconduct. Instead of following the provider's procedure to reduce the risk and dismiss the staff member, the staff member was moved to support another person.

When a provider agrees actions as a consequence of incidents to reduce the risks moving forward it is

important they are completed. If they are not there is a risk that the risk will re-represent. When providers do not manage or take all action required mitigating risk, as in this case, it is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Since the last inspection the provider had taken some steps to identify how the service would continue to be delivered in the event of a major incident. However, this information was limited and not completed. For example, levels of risk had been developed based on the current home circumstances of the people who use services. This included levels of need from; if they lived alone and were unable to cook for themselves or look after their own personal care, to living with family who could temporarily keep them safe and cared for. The level of risk for each person had not been determined or assessed and as a consequence the appropriate action was not identified. Consideration had not been given as to what action the service would undertake if there was a fire in any of the homes the service supported whilst people were in receipt of support

We are aware of people who use the service who have specialist electronic equipment that required regular maintenance checks. One person who used the service received 24 hour support. Equipment included a ceiling tracker hoist, a specialist bed and a specialist chair. Within the care plan from the previous provider for this 24 hour package there was information of the maintenance of the equipment. All equipment was due to be re-inspected between May and October 2016. There was no evidence in the file this had been done. We asked the provider about this and were told the records would be at the home. We asked for copies of the records and they have not been provided to date.

At the last inspection we found the service had not taken adequate steps to ensure the health and safety of people who use services, this included contingency planning and the testing of equipment. We found the situation remained the same at this inspection and found the service in continued breach regulation 12 (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have consistently raised concerns with the provider around the suitability of the staff working for the service. We have also raised concerns around the advertisement of the service that can be provided. The provider had previously assured us that when they had taken on a complex package they then sourced and recruited appropriate staff. We know this to not be the case. The provider's most complex package is a package which only recently came to the attention of the commission. The package had previously been funded by continuing health care meaning the package had an element of nursing or clinical support and health care needs.

The provider had not taken any steps to ensure appropriate staff were recruited to this package of care. When the provider first took over the package staff was tuped; (staff previously employed by another provider but working with a specific package, came to the provider to work as part of the transfer of the package) from the previous provider. This included nursing and clinical staff. When these staff began working for the provider their terms and conditions changed and in approximately six months all the previously tuped staff had left. Since that time the provider had not recruited any staff with specific clinical knowledge.

At the time of this inspection we found staff working to support a person with complex needs; had not been safely recruited, had no previous social care experience and had no training to enable them to safely and effectively meet the needs of the individual. The provider forwarded the commission information following the inspection showing us that of the 14 staff, we were told were recruited to the service only five of them had completed any training prior to November 2017. We could not qualify or validate the training and no information was available on the day of the inspection.

We found that of the staff supporting one person using the service with complex and clinical needs including support with a PEG, epilepsy, learning disabilities, multiple sclerosis and cerebral palsy. Three staff had completed unvalidated training in epilepsy in the 12 months prior to the inspection and no staff had received any other training in the clinical or complex needs of the person they were supporting.

We found of the 14 staff recorded on the training information only one of them had completed any medication training prior to November 2017, the time of the inspection. At the last inspection we found the service did not have suitably trained or competent staff supporting people using the service, we found this was still the case. We have found the service in continued breach of Regulation 12 (1) (2) (c) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

At the last inspection in April 2017 we found the service in breach of regulation 19 in relation to the safe recruitment of staff. We found this continued to be a concern at this inspection. We had previously found discrepancies in the references received for staff and the employment of staff prior to the receipt of suitable checks. We found that where concerns had been identified in the paperwork received; this had not been questioned or checked for the provider to assure themselves people they were employing were suitable to support vulnerable people. We found this was still the case at this inspection. We found recruitment files where there were no references or no interview records. We found six staff that had no previous care experience and had not completed an induction or training prior to working with vulnerable people.

As part of the last inspection we required the employment of a suitably qualified manager to assist with the managing of the office. The recruitment file for this individual had previously been requested. We found a number of concerns which had not been checked. This included gaps in employment, the receipt of only one reference which had not been validated. A Disclosure and Barring Service record was eventually received but it was dated for a year previously and was for employment at two employers which were not recorded as employing the applicant on their application form. We raised our concerns with the provider in August 2017. By the time of this inspection in November 2017 the provider had not taken any action to ensure the individual was suitable to work with vulnerable people. We asked the registered manager why this had not been done. We were told there had not been the time to check this information.

The provider's business had two sides; one a domiciliary care agency and the other a recruitment agency. We had raised concerns previously about staff working across both sides of the company without an appropriate contract of employment. At the last inspection we have made the provider aware that the recruitment of staff to the different sides of the company should be distinct. On this inspection we again found this not to be the case. When we spoke with a people who use service's representative we were told they have received staff that had no experience of the work to be completed as they usually worked in care homes for the provider. We found the provider in continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had identified concerns with how the service supported people with their medicines. We found staff were not appropriately trained in administering medicines, prescriptions were not followed and best practice guidance was not implemented at the service. Following the last inspection we had asked for specific action to be taken to better support people with their medicines. We did this to ensure the service was clearer in their obligations to people under the regulations and the NICE best practice guidelines. This had not been completed to date.

Following the last inspection a number of people who were supported with their medicines have moved providers and the commission were told no other people using the service were supported with medicines.

However, as noted above, during the inspection it was found not to be the case and the service were supporting one person with complex needs with their medicines. The person was nil by mouth so the medicines were also all administered via a PEG. The administration of medication is a clinical task and requires specific training and competency testing when completed by staff. When medicines are administered via a PEG and administered by non-clinical staff, this role should be formally delegated by someone with clinical knowledge and expertise. This had not happened.

We reviewed the available records used by the service to support the administration of medicines. We found the care plan contained medications that were not included on the Medicines Administration Record (MAR) and vice versa. The care plan had not been changed since February 2017 and each review to November 2017 stated no change. We found this to be the case with both medications to be administered through the PEG and for topical medicines (creams in this case).

We looked in more detail at the information used to record the management and administration of creams and their application. We found the prescription for two creams were not clearly defined on the MAR. This included detail of where and when to apply. We also found there were no records to show when and where the creams had been applied and it was not clear in the circumstances when PRN cream was applied why it had been applied. PRN medicines are applied as and when required.

A patch was also used to manage and support one person with epilepsy. The prescription stated the patch should be changed every 72 hours but there was no record on the MAR for a six day period in October 2017 to document if the change had taken place. There were no body maps to say where the patch had been applied and where it should be applied. Patches are routinely moved around the upper body to ensure their best application. There was no information available in the medication care plan to support staff in administering the patch.

We found the NICE best practice guidelines were still not available at the service and were still not being followed dispute specific reference to them at the last inspection. No steps had been taken to ensure consent was gained for the administration of medicines or staff were appropriately trained or competency tested to administer medication through a PEG.

We reviewed the available audit information for medicines administration. There was a copy of one MAR consisting of four pages. However page two was duplicated and there was no page one. The MAR was undated. Medicines had not been signed in on the MAR by two staff members validating the accuracy of the information against the prescription. The MAR had not been signed off by a senior member of staff as an accurate reflection of medicines administered in line with their own policy.

When we reviewed the audit MAR we saw there were a number of 'X', this showed a person had refused a medicine. When this is recorded it is good practice to record why and in what circumstances a medicine is refused. If a medicine is consistently refused the provider should contact the GP to ensure there is no adverse effect in refusing the medication. Also to ensure the medication is not wrongly prescribed if it is not needed. The GP had not been contacted.

Information in the audit file did not identify any of the concerns noted by the inspection team. The audit stated everyone was appropriately trained, they were not. The audit stated there was an authorised signatories list, there was not. The audit stated there were random stock checks which were recorded there were not.

We found the service continued to poorly manage and administer medications this put people in receipt of

medicines at risk of not receiving medicines in the required and prescribed way to support them. We found the service in continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The accident and incident file also included a safeguarding communications log. This log would benefit from more detail including names and the organisation of the person making contact. This could be a social worker from the local authority an inspector form the commission or a police officer. To ensure the provider had the details of who had made contact.

We recommend the provider updates the communications log to allow for better details around the person contacting them.

We asked the provider how they were developing the service to ensure it supported people with protected characteristics under the Equalities Act. This included, age, gender, disability, sexual orientation and race. We were told nothing particular was being done about this and it would be added to the action plan moving forward. The action plan has been submitted twice to the commission since the inspection and it does not identify any actions around supporting people with protected characteristics.

We recommend the provider considers action taken to support people's protected characteristics forms part of their action plan moving forward.

We asked the provider how they ensure lessons are learnt when concerns are identified. We were told information is shared with staff via text or a secure application the service uses on smart phones. We were shown a form staff must sign around the use of mobile phones, cameras and microphones. A recent news story had included the sharing of confidential information of vulnerable people via smart phones. The provider had seen this and implemented the form to be signed by all staff the next time they were in the office. We asked if the provider had an employee code of conduct and was told it was in the employee handbook which all staff should sign when they first join the organisation. The use of mobile phones, a confidentiality statement and expectations of staff conduct were in the handbook. We did not see any of the signed handbooks in the personnel files we looked at. The provider assured us these were signed and the new form was to be used to reiterate the importance of the situation.

We asked if the provider had shared information with staff around the previous report and the action required to meet the requirements of the regulations and were told, everyone was aware of the report and that the provider was working to address the concerns. One of the staff we spoke with did not know who the CQC were.

The two staff we spoke with told us there were adequate supplies of Personal Protective Equipment (PPE) including gloves and aprons.

Inadequate

Is the service effective?

Our findings

The provider did not have a current set of policies and procedures. The service were not following the basic principles of the Mental Capacity Act and had not ensured the most recent best practice guidance documents were available for staff to review and follow whilst delivering services. At the last inspection we found the service was in breach of nine of the regulations, with three of the regulations being breached on more than one occasion. During this inspection we found whilst some action had been taken to improve, it had not been successful and further breaches were noted during this inspection.

People who use services assessments and care plans continued to be poor and were not person centred or holistic in their approach to supporting people. We found in one package where the person was supported 24 hours a day this had a significant impact on their quality of life. Whilst the provider was assessing the needs of this person in receipt of 24 hour care they had not considered the Mental Capacity Act, had not considered fire regulations or health and safety regulations and had not considered best practice guidance. The commission was working with the Local Authority to ensure this person remained safe and suitable support was provided.

We found the service was not taking appropriate steps to ensure they delivered support to individuals that met all of their individual needs. We found the provider in breach of Regulation 9 (1) (3) (a) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We were unable to talk to as many staff as we would have liked. We attempted to contact nine staff but were only able to talk to two.

At the last inspection we found concerns around how staff were supported to deliver the service to people they were supporting. At this inspection we looked at the different information provided to us to show what training staff had received. We found records contradicted each other. For example we were provided with a document titled, 'training and recruitment matrix' which did not include 11 of the named people on the training record details sent to us following the inspection. On the initial record provided, two staff were recorded as their training was complete yet on the record sent to us following the inspection the training was completed the day after the inspection. We also found that only three of the current staff team were on the list provided to the inspection team in April 2017. Both staff we spoke with told us they had worked at the service for longer than 12 months. We were not confident the records provided were accurate.

Within the staff files we did not see any evidence of a formal induction other than a tick list. We did not see any evidence of competency testing for the clinical tasks some staff were undertaking. We saw three staff had received some training from the PEG nurse in 2016 but nothing was available following that. We spoke with the provider about this who assured us they would contact the PEG nurse to update the training. We made the provider aware that competencies of staff would be required to be tested to ensure staff were competent following the training.

None of the 11 staff whose file we had looked at, had any information about the completion of an annual

appraisal. Only three of the 11 had completed any safeguarding training and only seven of the 11 had completed any moving and handling training. Team meetings were not held for the staff and information was not shared with staff routinely about current practice or changes required. We did see that group supervisions had been held with the staff supporting one person but nothing further. We found the staff team were not supported effectively for them to confidently complete the role expected of them. We found staff were supporting people with complex health and social care needs without basic training and the service is in continued breach of Regulation 18 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

When we looked at care plans we saw there was limited information around the nutritional and hydration needs of people using the service.

One person supported by a PEG feed should have been weighed monthly. Following concerns raised by the commission a dietician team visited the person four days after the inspection on 20 November 2017. They found there was no recorded weight for the person since July 2017. The weight recorded in July 2017 showed a 3 KG weight loss from the previous three months. The dietician discussed this with staff who did not display any awareness or knowledge of any potential action to take. There were no further weight records and the dietician noted that the person visually appeared to have lost weight.

Staff had not received any training in supporting people with their nutrition and hydration and had not received any training in supporting and sustaining healthy weights for people who used the service.

Records kept for the feeding regime of the individual with the PEG were poor and the formal plan for staff to follow from the dietician could not be found.

We found the service had not taken steps to adequately support people with their nutrition and hydration and found the service in breach of Regulation 14 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had found the staff were not following the support care plan from an external diabetic nurses to ensure one person was kept safe and their condition managed appropriately. At this inspection we had the same concerns with another professional's plan of care not being available or followed by staff. One person was being supported with all nutrition, hydration and their medication through a PEG directly into their stomach. Following concerns noted by the commission the nursing team supporting people with PEG management visited the person. They found there were not any records of the PEG management including when to turn it, clean it and importantly what to do if the PEG dislodged or disengaged. When they discussed this with staff, they were unsure and did not know the person would require emergency medical attention within the hour. They did not have available transport to ensure emergency medical treatment could be accessed within the required time.

We also found specialist teams worked with this person to support their non-verbal communication. The Speech and Language Team (SALT) had contacted the service in January 2017 to advise a review and an update was required for the person's communication dictionary. The service did not respond to the SALT. The team sent a following letter which is undated advising the person would be discharged from the team if they did not respond by a certain date. The service did not respond and the person was discharged. This meant the person did not receive the updates to their communication dictionary and staff were not providing appropriate support to this person to better aid communication

We continued to have concerns with how the provider worked with other professionals involved with

people's care. We found the provider was not proactive in identifying shortfalls which resulted in people not receiving the care and support they needed to meet their specific identified needs. The service continued to be in breach of Regulation 9 (1) (3) (f) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The Learning Disabilities (LD) team had contacted the service on a number of occasions asking for them to engage to review and update support information for people. The service had not engaged. Letters had been sent from the team to the service offering the attendance of staff on specialised training to support the needs of people and staff had not attended. One staff member contacted the LD service after the allotted time to request the training. As the provider had not responded to a letter from the LD team the person was discharged. The LD team requested the provider re referred the person so the work could be completed to better support them and staff could access the specialised training. This was not done. When providers do not engage with specialist teams and do not make appropriate referrals as requested or required, people do not receive the support they need. When staff do not receive the specialised training they need to support people offered by specialised teams then they are not equipped to meet the needs to the people who use services. This is a breach of Regulation 12 (1) (2) (i) of the Health and Social Care Act (Regulated Activities) Regulations 2014

At the inspection in April 2017 we found the service in breach of Regulation 11. This regulation requires the provider acquires appropriate and lawful consent from people using the service or their appointed representative. Consent is required for agreement in receipt of a service and support provided. It is also required to manage someone's medicines and for the use of any restrictive practice to support someone from risk of harm. This could include lap belts on wheel chairs or special hoists. At the last inspection we found the provider did not have any consents in place and we found nothing had changed at this inspection.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found they were not. No assessments had been completed of people's capacity and where there was evidence people lacked the capacity to give informed consent the provider had not taken any formal steps to ensure decisions were made in their best interest.

We had been told in August 2017 that the provider had recruited a nurse to undertake mental capacity assessments for people using the service but there was not any evidence of this for the people the service currently supported. We were told one person's family had refused an assessment to be undertaken. We explained to the provider that this was not lawful and if that had been the case then the provider should have sought advice to ensure the person was supported appropriately. As the service had not taken any steps to ensure appropriate consent was acquired we found the service in continued breach of Regulation 11 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We saw a monthly performance review had begun from August 2017. Each month, between three to five of

the people who used the service, had received a review of this kind. The record was completed by either the registered manager or the care coordinator and included a brief synopsis of the care to be provided, if there were any current concerns and a reaffirmation of the aims of the package. Where concerns were identified the management would then undertake a disciplinary supervision with the staff member. It was noted on two occasions that this had happened. We reviewed the record and actions were set for improvement. However both staff had left prior to the actions being signed off.

At this inspection we were told by the registered manager and the care coordinator that all staff working for the service were new. The records we reviewed and the staff we spoke with did not confirm this to be the case. The provider had not gathered information to ascertain why staff were leaving the service.

We recommend the provider completes exit interviews with staff to ascertain why they are leaving the service.

Requires Improvement

Is the service caring?

Our findings

One person told us they had previously had staff that supported them that had been like part of the family. We saw in one of the performance reviews that a person in receipt of services had commented on how well a new staff member had learnt to follow the rules of the house.

One person in receipt of services who is non-verbal and has learning disabilities had received support from the Speech and Language Team (SALT). The service had not engaged with them as requested to update and review their communication dictionary. We have spoken with the SALT and discussed the requirement and use of the dictionary to support this person. The dictionary was used to support better communication and allow staff through the use of objects of reference and other tools to communicate with the person. When we spoke with staff that supported this person and we asked questions about why the person had presented in certain ways e.g. not sleeping, we were told they did not know because they could not talk to them. When speaking with the SALT it is clear the use of the communication dictionary would have supported the person with their sleep pattern.

The most complex package of care was for the person who was non-verbal. We reviewed their care plan and found the information held within it was mostly that developed by the previous provider. This included a form of communication using cues and objects of reference to denote activity or expectations. For example, an hour before bedtime a certain scented candle was lit and certain music was played. This was no longer done. When services do not use the information of experts to support people when this is required. People do not receive person centred care this is breach of Regulation 9 (1) (3) (a) (b) (c) (d) of the Health and Social Care Act (Regulated Activities) Regulations 2014

When we looked in the care files for the people using the service there was no formal involvement of the people who use services or their family. However we were told by one person that they were involved. We saw new forms for performance reviews had been developed which involved the people who use services or the people who use services representative. They gathered the thoughts of the service provided. These were then used to update the care plans if required. We were told this had improved greatly since the new care coordinator had come to post. We were told the service often phoned to ensure the staff had access to the care plan to read and update. Also to ensure that staff completed the daily log of what had been completed whilst support had been provided. The involvement of people who use services or their appointed representatives had not been included in their care plans.

We recommend the provider records more formally the involvement of people who use services or their appointed representative within their care files

We spoke with one person who was unaware of services available to them and had only used Carepath Recruitment since they required support. The provider had not informed them of where to go or how to find information to support them or their loved one.

We recommend the provider accesses and shares information with the people they support around the

support networks available. This is specifically relevant for those people living with a learning disability.

We were unable to visit anyone receiving a service as part of the inspection. Three people in receipt of support were all in one family and whilst we had visited them before it was difficult to communicate due to language barriers. Other people could not accommodate the inspection timetable.

We did speak to one person who told the staff member supporting them was respectful and treated the family home and the individual supported with respect. We were told as one person who used the service had grown older the family wanted them to become as independent as possible and had discussed this with the carer. As a consequence the carer changed the style in which they provided support, ensuring they were always on hand, but did not immediately provide support until it was clear it was needed. This was not formally recorded in the care plans.

We recommend the provider ensures person centred care is recorded in people's care plans.

The service supports mainly people from western Asia. Staff were employed from countries where English was not their first language. This has created a workforce able to effectively communicate and support the people who used the service. We had found during the last six months that this cultural connection with staff that support people who use services was a primary reason for people being and staying with the agency.

We saw people who used the service made specific requests around gender, religion and spoken language of the staff supporting them and the provider had been able to meet these requests.

Inadequate

Is the service responsive?

Our findings

We looked in the care plan of one person who was completely reliant on the support of the service 24 hours a day. We saw that there were no activities undertaken with this person and their activity daily consisted of watching television and playing with beads. The previous support provider had taken the person to the swimming baths which they had enjoyed and the person's social work team had questioned why Carepath had been unable to deliver this level of support. The provider had told us it was planned to take them swimming but this had not started by the time of the inspection or of writing this report. This person had been supported for over a year by the service and the activities programme was still to be developed. The social work team told the commission activities were accounted for in the commissioned budget for this person. When a service is not delivering activities for which it is commissioned to support a person, the person is not getting the personalised support they need. This is a breach of Regulation 9 (1) (3) (c) (f) of the Health and social Care Act (Regulated Activities) Regulations 2014

In the care plans we looked at we found the support provided was predominantly task focused with little support developed for emotional and social support. We saw one support plan which included better details but had been written by a provider who had been previously supporting the person and was no longer being followed but was the main information in their file. We found the documents added to it from Carepath were of a similar standard to previously viewed plans. We noted from the needs assessment completed by Carepath it was routinely recorded against support needs as 'no needs' this included medication and diet against which it said either family will support or staff will support. The assessment also stated there was no need for an MCA assessment. The person had support needs around medication and their diet and also required a capacity assessment under the MCA.

We found other care plans which had not been updated for 12 months with each review stating no change. When speaking with the family of this person it was clear that how support was delivered has changed in the last 12 months but the care plans did not reflect this.

When assessments are completed incorrectly or inconsistently there is a risk that support will not be provided in a way to meet people's needs. We found this to be a concern at the last inspection and again at this one. This is a continued breach of Regulation 9 (1) of the health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We found records kept for staff to communicate what had been completed at each support visit was limited. Daily records were task orientated and concerns were not noted. At best information was lists of what had been done at worst records were in broken English and ambiguous in their meaning. We spoke with the provider about this who acknowledged these should be reviewed.

We found the service did not appropriately assess the needs of the people they were supporting. We found when support was provided in a certain way it was not routinely recorded in the care plan information. When support was provided for extended periods of time the records did not reflect the use of the time. We also found handover information inconsistent. For example, at the end of a day shift the record would say,

supported [name] to bed and then the night record would say, supported ['s name] back to bed. But there would not be a record to say when they had got up from bed.

We found the service did not hold a contemporaneous record of the care and support required or the care and support provided. When records of this type are not kept there is a risk services users have not received the support required. Where people lack capacity records should be kept of decisions made on their behalf and we found this was not the case. We also found when monitoring had been completed it did not identify the shortfalls this is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in all the available care plans and did not find any life histories. This meant the service did not have detail of the life stories for people they were supporting. This information is important for staff to be able to understand how and why the people they are supporting have the needs they do. This level of empathy often helps staff develop more positive relationships with people. This is particularly important when people lack capacity to engage in meaningful activity or communication. Following the last inspection we had asked the provider to complete an audit of the care files for people and we noted information sent three months prior to the inspection identified this information was missing.

We recommend the completion of life stories is added to the provider's actions to complete.

We found a complaints policy was available but it had not been updated since 2015. The provider had set up a new folder so all complaints were now held centrally. We saw from the complaints received and held in the folder that they had been responded to and action had been taken. However, we were aware of other complaints which were not held in the folder. The provider assured us the action had been taken and we had been included in some emails that confirmed some had. At the last inspection we found the service in breach of this regulation. We can see some steps had been taken to meet the requirements of this regulation but work was required to ensure this remained the position.

We recommend the provider ensures the policy is updated and all complaints are managed, stored and responded to in line with the updated policy when available.

There was an End of Life policy available but it had not been reviewed since 2015. The provider had not supported anybody at the end of their life and told us they would seek support from the local specialist teams.

We recommend the provider develops a working policy and procedure in the event this support is required by the service.

We did see in one person's file the procedure for the Muslim preparation of a body for burial following death. This showed us the provider had taken some steps to ensure staff were aware of the cultural expectations of this person.

We spoke with the provider about the activities undertaken with people who used the service. Predominantly the service supported people in their own homes with day to day activities and supported them with their personal care needs. One person was regularly taken out to places of their choosing and they particularly liked to go to the market and Friday prayers. This was arranged and a staff member was organised from the same faith to support the individual.

Inadequate

Is the service well-led?

Our findings

At the last inspection in April 2017 a number of ongoing concerns were found from the inspection in October 2016. The commission had concerns about the standard of the service provided. The commission had worked with the provider and Local Authority to drive improvements. The Local Authority commissioned a number of packages from the provider and completed their own quality monitoring exercise which along with the commission's concerns led to the Local Authority cancelling their contract with the provider as of September 2017.

Since the inspections of October 2016 and April 2017 we have had ongoing dialogue with the provider. We have shared concerns and requested action was taken to drive improvements. At this inspection we asked if the provider had completed supervisions with staff to share concerns and involve them in driving improvements. We were told this had not happened. The commission continued to receive concerns from staff members in relation to a lack of training and the suitability of some of the staff working for the provider. These have been shared with the provider at both this and previous inspections.

We continue to have concerns about the knowledge of the management team at the service. As an example, newly developed risk assessments do not address risks associated with the people who use services. Moving and handling risk assessments are primarily manual handling risk assessments for staff.

At the previous inspection and through email prior to this inspection the commission have directly asked the provider, the provider's care coordinator and the newly appointed assessor of the details of all services users supported and we have not received the correct information.

The commission had informed the provider of our concerns and appropriate steps have not been taken to address the concerns. Systems and processes have not been effectively developed to ensure the provider meets the requirements of the regulations. We have found the service in breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Each sole director of a provider company is responsible for meeting the requirements of the regulations. The primary regulation for sole directors is Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This regulation is to assure the commission that those individuals in positions of managing the delivery of regulated activities to vulnerable people are; of good character, have the relevant skills and qualifications, have not been privy to, contributed to or facilitated any misconduct in the delivery of the regulated activity. The current Registered Manager is also the sole director for the provider company.

The position of registered manager was filled by the sole director in October 2015. As part of this inspection we gathered information on the provider's registration. As part of the registration process the commission required the provider to complete their level 5 management qualification in Health and Social Care. The provider informed the commission that this would be started in January 2016. The commission were also assured the provider would also complete training in the Mental Capacity Act and Deprivation of Liberty Safeguards in October 2015. The commission were lastly assured the provider would appoint a suitable

person to have oversight of service provision until the provider had gained appropriate experience and qualifications.

The provider had begun their level 5 diploma in July 2017, the first external consultant review was completed on the 15 November 2017 and at the time of the inspection the principles of the Mental Capacity Act had not been applied to the vulnerable people being supported by the service.

At this and the previous inspection the commission had, as a consequence of reports made of unsafe practice, been informed of two care packages which the provider had not declared to the commission. At this inspection we also found two care packages had increased in hours one by two hours and another by 10 hours. This was in direct conflict of a Notice from the commission for the provider to not support people other than those known to us and not to increase the hours of those currently supported. When provider's give the commission assurances on which to gain their registration and then do not fulfil them there is a risk the service will be unsafely managed. When provider's do not comply with Notices given by the commission to ensure current people who use the service are kept safe and other people are not placed at risk, this is a direct breach of Regulation 5 of the Health and Social Care Act (Regulated activities) regulations 2014

At the last inspection we found the provider was not displaying the ratings from the previous inspection in October 2016. The provider had not displayed the ratings for the inspection in April 2017 by the time of writing this report. We reminded the provider of the requirement to do this at this inspection. At the time of writing this report the provider's website stated they were a leading provider of home care and met all the current standards. This has not been the case for nearly two years and the website has not reflected this. We have found the provider in continued breach of Regulation 20a of the Health and Social Care Act (Regulated Activities) Regulations.

The information available to the public on the provider's website is misleading in that it states the provider is meeting all the standards for domiciliary care providers. This is not the case.

At this and previous inspections we have found the provider is not aware of key policies and procedures for delivering services to vulnerable people in line with both the regulations of the Health and Social Care Act and the best practice guidance as written by leading authorities in health and social care delivery including the National Institute for Health and Social Care Excellence (NICE). At the inspection in April 2017 we found the service in breach of a number of the regulations and noted the provider had not updated their policies and procedures with the latest guidance. We drew attention specifically to the medication guidance from NICE for the management and administration of medication in domiciliary care settings. We found the provider had not implemented this by the time of this inspection. We also found the policies and procedures remained out of date. When we discussed this with the provider we were told the subscription may have lapsed. When providers are not delivering services in line with best practice guidance and not following an up to date set of policies and procedures there is a risk the care and support they are delivering will not be to current standards. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in April 2017 we found the provider had not completed audits and monitoring of the service in an effective way. Following the last inspection and publication of the report the provider was required to supply the commission with action plans on how they intended to meet the requirements of the regulations in breach. This was not provided and has not been provided to date. Following the last inspection the commission enforced a condition on the provider to submit reports, audits and risk assessments to ensure us, both people using the service and staff were kept safe. Information received by the commission has not met the requirements of the requests made. We continue to have concerns around

the provider's ability to suitably monitor and audit service provision to identify gaps and rectify concerns.

The provider's own policies and procedures included information on the audits to complete and included audits of all functional areas. This included recruitment, care plans, medicines, personnel, complaints and more. These had not been completed at this inspection.

At this inspection we found the service were completing two audits. We were told these were to be completed monthly but found they were not. We found one medications audit as described above which was not fit for purpose. We also saw care plan audits which again were not fit for purpose. The audits clearly stated paperwork was available in files, which was not. This included a pre assessment which was to be completed prior to the service commencing and a commencement assessment which was also not available. This was usually completed within 72 hours of the service commencing and included any noted changes in the support required from the pre assessment.

The audits were scored from one to five with five indicating there was no action to take. Each item of the audits was either scored five or not applicable. We continue to have concerns around the provider's ability to suitably monitor and audit the service provided to ensure improvements are made and find the service in continued breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we discussed with the provider a formal way of gathering feedback on the service provided. The provider had developed a personalised performance review for each package of care. In the three months prior to this inspection we could see the reviews had been completed. This included talking with the people who use services or their appointed representative around the support provided. It included asking them if there were any concerns around the staff, the hours provided or the support provided. We saw these had been completed at least once for all the current people who used the service since August 2017.

However, the performance review did not allow for a focused and timely review of the service provided. At the last inspection we had discussed developing an annual survey or questionnaire which people who use services or their families could complete. We also discussed the need for staff to have this opportunity to feedback. The questions would all be the same so responses could be measured. The provider assured us this would be done but it has not.

We recommend the provider develops a consistent and timed route for feedback to be gathered on the service provided from both people who use services and the staff delivering the service.

The initial date for this inspection was delayed as the provider informed us they had an external consultant undertaking an inspection. We spoke with the consultant who shared their initial concerns. They reflected our findings around the poor understanding of the MCA, the staff competence and lack of suitable training and induction. We were advised further details could be sourced from the report once finalised and shared with the provider. We asked the provider for the report whilst writing this report and were told one was not provided. The consultant assured us one was. The provider has told us a further consultant is expected to undertake an inspection in the next couple of weeks and the report will be made available to us.

At the previous inspection we shared with the provider the available forums and networks available for staff to link in with other staff in the sector. The forums included sharing of knowledge and best practice and are used as a support network. We asked if the provider had utilised any of these forums at this inspection and they had not. Again we were assured they would do this.

The provider has developed an employee recognition system which was to be implemented early January 2018.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 5 HSCA RA Regulations 2014 Fit and proper persons: directors Regulation 5 (1) (3) (a) (b) (d) The provider did not fulfil assurances given by themselves to the commission to undertake relevant training and to ensure oversight of the service by a suitably qualified person until that training is completed. The provider has acted in direct contradiction of formal notice from the commission and supported people undeclared to the commission and therefore outside of regulation and has increased the hours of two further packages.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 (1) (3) (a) (b)(c) (d) (f) We found the service was not taking appropriate steps to ensure they delivered support to service users that met all of their individual needs. The provider was not enabling and supporting relevant persons to understand the available support and treatment options. Discussions were not held with relevant professionals about the risks and benefits of particular options and relevant people and professionals were not involved in making decisions around the support provided. People were not getting access to activities

commissioned to meet their needs
The provider was not involving other relevant professionals in decisions around how care and treatment should be provided to meet service user's needs

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) Consent was not gathered from service users or their appointed representatives for the service they received. The Provider did not assess the capacity of those who were unable to give consent and did not act within the principles of the Mental Capacity Act.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (c) (g) (i) The provider did not complete effective risk assessment to identify the risks to service users, where risks were identified appropriate risk management plans were not developed. The provider did not employ suitably competent and skilled staff to meet service user's needs The provider and its staff did not safely manage, administer, record and audit the use of medicines. The provider did not work with relevant other persons to ensure services provided were safe and care planning was relevant to meet service user's needs

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 (1) (2) (3) (4) (b) (d) (5) The provider and the staff employed at the service had little understanding of safeguarding procedures and how to keep people safe. When concerns were raised they were not appropriately managed or referred as required to keep people safe.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Regulation 14 (1) (2) (b) The provider had not kept appropriate records when supporting service users with complex nutritional needs. Staff did not understand the significance of the support required and what to do if difficulties arose.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) The provider did not have an effective system to assess, monitor and evaluate the service provided.

The provider did not have an effective system to develop processes to of quality audit and quality assurance
The provider had identified risks as part of their incident recording and had either agreed action or not taken it or had not agreed action to mitigate risks identified.
The provider did not record or hold a set of contemporaneous records for the delivery of the regulated activity or for each service user's care and support.
The provider had been aware of concerns as identified at the last two CQC inspections and had not taken appropriate action to meet the requirements of the regulations.
The provider was not supported with the knowledge of up to date policies and procedures and was not working within the guidelines of current best practice.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (1) (b) (2) (5) The provider did not effective and safe recruitment practices in place. Staff were not suitably qualified and skilled to be recruited into the roles they were fulfilling. Where staff did not meet the expected standards suitable action was not taken.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments Regulation 20a

The provider was not displaying the performance assessment from their previous inspection

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 (1) (2) (a) (b) The provider was not suitably supporting the staff to fulfil their role. Suitably qualified staff were not effectively deployed to meet people's needs.

The enforcement action we took:

The commission proposed to cancel the managers registration following inspection in August 2016. In April 2017 the commission proposed to cancel the providers registration and imposed an urgent restriction to any further admissions to the service. The provider appealed both the decisions of cancellation and restriction but was unsuccessful. The registration is therefore cancelled as of March 2018.