

Ability 2 Achieve Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of Ability to Achieve on 07 October and 14 October 2016. Ability to Achieve is a provider of domiciliary care, supported living services and homecare. They provide individualised home and community based support to adults with a variety of needs, enabling them to remain independent within their home and local community.

This was the first inspection since the service was registered on 7 February 2014.

During this inspection we found the service to be in breach of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014 in relation to, seeking consent, safeguarding people from abuse and improper treatment, good governance, and staff training. You can see what action we told the registered provider to take at the back of the full version of the report.

The registered manager was present throughout our inspection. 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 and associated regulations about how the service is run.

At the time of this inspection four people were using the service. We were unable to speak to people for their views about the services and facilities provided due to communication difficulties. We saw copies of satisfaction surveys that had been completed by the people. These demonstrated people were satisfied with their care and the staff who supported them. We received some comments and views on the service from three relatives we spoke with.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that staff had not received up to date training in safeguarding adults. However, they showed awareness of signs of abuse and what actions to take.

Accidents and incidents had been documented showing the support people were getting after incidents. Staff had sought advice from health professionals where necessary. There were risk assessments which had been undertaken before people started using the service. Plans to minimise or remove risks had been drawn and reviewed in line with the organisation's policy. However, we found a lack of management oversight on the accident and incident records.

We found people's medicines had not been managed safely. This was because the service had not assessed whether people were able to manage their own medicines safely. No checks had been carried out on people who managed their own medicines to ensure they used their medicines as prescribed. Staff had not received regular training and competence checks in safe management of medicines.

Building fire risk assessments were in place to enable safe evacuation in case of emergency however, care staff had not received fire safety training.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely. However, systems for checking whether staff continued to be safe after recruitment were not robust.

Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met. Two relatives told us they were happy with the level of staff.

We found three care plans had not been written in line with the Mental Capacity Act, 2005 (MCA). People's consent to receiving care was not consistently recorded in their care files. Staff had not received mental capacity training. This was evident when speaking with staff. Knowledge of mental capacity among staff needed some improvement and the registered manager had limited awareness of the principles of the Mental Capacity Act and how to apply them in practice. Appropriate applications for Deprivation of Liberty Safeguards had not been made for two people who were deprived of their liberties.

There was a significant shortfall in the provider's mandatory staff training. Staff competences were not checked regularly in various areas of practice including moving and handling.

People using the service had access to healthcare professionals as required to meet their needs. We found that people's health care needs were assessed before they started using the service to ensure the service was able to meet their assessed needs.

Care plans showed how people and their relatives were involved in discussion around their care. Two of the relatives told us that they were consulted about their family members' care. However one relative felt they needed to be involved more than they were.

People were encouraged to share their opinions on the quality of care and service being provided. We saw surveys had been carried out to seek people's views and opinions about the care they received.

People's nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People were supported with meaningful daytime activities. We saw evidence to show people had a choice of activities and staff supported them to exercise their choices. People had been supported to have social involvement in the community.

Management systems at the service were not robust. There was a lack of robust management oversight on the service. Staff had not received regular training to support them in their role. Care staff had not received supervision regularly.

The quality assurance systems were in place however, they were not robust enough as some areas of people's care had not been audited regularly to identify areas that needed improvement. We found audits had been undertaken for the premises and health and safety however; these were not consistently carried out. We were told the locality manager who used to do them had been away so they had not been completed. We found care records that required signing off to show they had been seen by locality managers or the registered manager had not been signed.

There was a business contingency plan to demonstrate how the provider had planned for unplanned eventualities which may have an impact on the delivery of regulated activities.

We found three instances where the service had not worked in line with its own organisational policies. This included staff supervision, care planning, mental capacity, medicines administration and undertaking criminal record checks on care staff.

Surveys we saw showed people felt they received a good service and spoke highly of their staff. Relatives told us the staff were kind, caring and respectful. Relatives told us the registered manager visited the services regularly and was pleasant and supportive.

We found the service had a policy on how people could raise complaints about care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was consistently safe.

Relatives felt their family members were safe.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place.

People's medicines had not been safely managed because staff did not have up to date training and had not been competence tested for safe administration of medicines.

Staff had not received fire safety awareness training.

Requires Improvement ●

Is the service effective?

This service was not effective.

The rights of people who did not have capacity to consent to their care were not consistently protected because the provider did not always follow the MCA and associated guidance in practice.

Arrangements for staff training, and supervision were not consistent and were not adequate to ensure all staff had the necessary skills and knowledge to carry out their roles safely.

People's health needs were met and specialist professionals were involved appropriately.

Requires Improvement ●

Is the service caring?

The service was caring.

Relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

Good ●

Is the service responsive?

The service responsive.

People's independence was promoted and people who could go out were supported to do so.

Initial assessments were carried out before people were admitted to the service. Important information about people's needs was included in their care plans.

The provider had gained the views of people who used the service and their representatives.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment.

Good 

Is the service well-led?

The service was not well led.

We found a number of breaches relating to people's safety, governance, mental capacity, and consent.

There was a lack of robust governance systems within the service. Management oversight on the service was not sufficient and consistent.

Processes to assess safety and quality assurance were not effective to cover all areas of care practice. Audits had not been carried out regularly in line with the organisation's policies.

Staff told us there was a good culture in the service.

Requires Improvement 

Ability 2 Achieve Limited

Detailed findings

Background to this inspection

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

This inspection took place on 07 October and 14 October 2016 and was announced. We gave the service 24 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by one adult social care inspector, who is the lead inspector for the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we gained feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We reviewed records and management systems used by the service for care delivery. Due to communication difficulties and complexity of people's needs we were unable to speak or visit people's homes. We spoke with three relatives, the registered manager, two professionals who had visited the service and six staff. We looked at four people's care records, staff duty rosters, five recruitment files, the accident and incident records, service policies and procedures, records and service maintenance records.

Is the service safe?

Our findings

Relatives of people who used the service told us they felt their family members were safe. Comments included, "Oh yes, I feel at ease and know he is safe and they keep me informed about what is happening." And; "They seek expert advice from professionals sooner and guidance."

We looked at the way the service supported people with their medicines. Records we saw showed people had received their medicines daily. The registered manager told us that all people they supported administered their own medicines independently. However, we found three people's records did not show how the service had assessed people to ensure they were safe to self-manage their medicines. We also found inconsistencies in one person's records. The person was assessed as being able to manage their own medicines independently however; their daily records showed staff had administered medicines on behalf of this person on a regular basis.

Systems to check aspects of medicine management practices on an on-going basis were not robust. Care staff had not been trained or competence tested to ensure they were able to safely manage people's medicines. The organisation's medicines policy states that 'All staff members who administer medication first undertake appropriate training in accordance with Medication Training Policy'.

People's medicines had not been audited regularly to ensure they had received their medicines safely. People who managed their own medicines had not been assessed to ensure they continued to take their medicines safely and as prescribed.

The provider did not have adequate medicine management and administration systems in place at the service. This is a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We looked at how people were protected against risk such as fire. We found fire safety checks had been completed in line with related regulations. However, we found staff had not received fire safety awareness training which meant they may not be able to effectively support people in the event of a fire in the properties they worked.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of four members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. The four recruitment files we looked at had appropriate information in line with current regulations. We saw required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

However, systems for checking whether staff continued to be safe to work with vulnerable adults were not

robust. We found no evidence of how the provider assured themselves that staff continued to be safe to work with people once they had been employed. We found DBS checks for two care staff were last undertaken four years ago. The provider's policy stated that, 'DBS checks will be renewed on a rolling three year basis' and 'All current employees must report any criminal conviction or caution prior to, or during, their working with us'. However, they did not follow this policy. This meant the provider had not followed their own policies on safe recruitment procedures consistently to help to protect vulnerable adults.

We recommend that the registered provider follows best practice and the organisation's own policies for the updating of DBS information for staff employed to work in the service.

We looked at how the service protected people from abuse and the risk of abuse. There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults' procedures provided staff with guidance to help them protect vulnerable people from abuse and the risk of abuse.

We discussed safeguarding procedures with staff and the registered manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. However, staff told us they had not received training and guidance on safeguarding and protecting adults. The registered manager informed us training had been a challenge for the service and that they had now booked training to ensure all staff were trained.

We looked at how accidents, falls and near misses were managed. We found processes for the reporting and recording of accidents /incidents had been implemented and staff had recorded the support they had provided people after the incidents. We saw that support had been sought from emergency services and health professionals after incidents. However, records of accidents and incidents had not been overseen by the registered manager to check staff had supported people adequately and to see if there is a need to review risk management plans.

We looked at how the service managed risk. We looked at four people's care documents. We saw a range of risk assessments in use including choking (pressure ulcer risk assessment), Malnutrition Universal Screening Tool (MUST), falls, moving and handling, and environmental risk assessments. Risk assessments were reviewed and updated regularly to demonstrate the changes in risks and the measures that were required to minimise the risks to this person's personal safety plan or risk assessments.

We looked at staff rotas. These indicated that processes were in place which aimed to maintain consistent staffing arrangements. Each individual person supported by the service had their own core staff team. We looked at rotas from four weeks prior to the inspection date and the week of the inspection. We noted that staffing levels were adequate to meet the needs of the people using the service. Staff told us they felt all the tenancies they worked in were adequately staffed. Relatives of people using the service and visiting professionals told us that staff were responsive to people's needs and responded timely and appropriately.

We found the service had policies and procedures for the management of risks associated with infections. However, this required some improvement as care staff had not received training in infection control awareness.

We found people's care plans contained important information they needed if they were being transferred to hospital or other services. These are also known as hospital passports. Regulations state that when people move between services of providers, appropriate risk assessments must be undertaken to make sure

their safety is not compromised. This meant people were assured they could be effectively supported if they moved between or with other bodies.

Is the service effective?

Our findings

We looked at feedback comments from the relatives of people using the service. Comments from two relatives about the care and support people received were positive. Comments included, "I think they are absolutely outstanding." And: "The support they give to staff is individualised in line with the care of the person they look after."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The application procedures for this in community services such as supported living are called the Court of Protection Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was not working in line with the key principles of the MCA. Three people supported by the service were unable to access the community without constant supervision including having restrictions on when they could go out in the community, eating in their own rooms or eating certain foods of their choice. Some of these restrictions had been put in place to protect the people however; the registered provider had not requested the Local Authority to consider DoLS applications to the Court of Protection to ensure the restrictions imposed on these three individuals were the least restrictive and were legal. We directed the registered manager to speak to the Local Authority DoLS Team to initiate the authorisation process.

We found that people's capacity to make their own decisions and choices was not consistently considered within the care planning process. Two of the four people whose files we looked at showed they had not been considered whether they could make their own decisions around the care and treatment they received.

The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The organisation's policy on mental capacity also stated that, 'we assess people's capacity to make decisions as part of their initial care planning assessment, and on an ongoing basis'. We found the organisation had not followed this policy. We asked the registered manager to ensure this was done as soon as possible.

We looked at seven training records and found four care staff had not completed training to help them understand the principles of the MCA. Some staff however, showed awareness of mental capacity and Deprivation of Liberties legislation and requirements and informed us they had received training in their previous roles. However, the registered manager lacked knowledge of MCA principles to support and guide their care staff.

The registered provider had not taken necessary steps to ensure that peoples' rights had been protected. This was a breach of Regulation 11 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We noted that there was no regular or ongoing training to offer staff to enable them to competently and safely care and support people who used the service. For example, all staff did not have up to date training in all areas such as safeguarding adults, dignity/respect/person centred care ,equality, diversity and human rights training ,fire safety ,first aid, food hygiene/handling health and safety, malnutrition care and assistance with eating, and Mental Capacity Act and Deprivation of Liberty Safeguards. Although staff had received ongoing guidance from visiting professionals such as nurses and psychologists we found people had been placed at risk as they could not be assured that they could be supported by staff who had the appropriate skills and knowledge.

Staff had received supervision and appraisal in accordance with the organisation's own policy. We spoke to care staff who informed us they had received supervision. All the staff files we looked at showed staff had received supervision. However, in some instances it was overdue by a few months. We also found senior care staff had been who had been responsible for supervising other care staff had not been trained on how to carryout supervision for other care staff. This had an impact on the quality of supervision provided as demonstrated by the supervision records we saw.

There were shortfalls in staff training and supervision. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. People's records showed they were given choice to choose what they wanted to eat. People who had been found at risk had been referred to specialist professionals. We saw evidence of how the service had supported one person who had chosen to lose weight, exercise and maintain a healthy life style. Staff actively supported this person to ensure they achieved their goal by helping them attend training sessions and providing them with advice and guidance.

Concerns were raised regarding maintenance of one of the properties where one person lived. We spoke to the registered manager who informed us they were working with the landlord to ensure they maintained and carried out repairs as required. They also informed us they had approached the local authority to facilitate a transfer to another property.

We looked at how people were supported to maintain good health, access health care services and receive on going health care support. There were links with the local primary health services and professionals such as the local learning disabilities teams. Health professionals we spoke with were complimentary of the care staff's responsiveness with referrals. One health professional told us how the care staff cared for and knew one person using the service extremely well.

Is the service caring?

Our findings

We received numerous positive comments about the care staff and the service delivered. One relative said, "They are by far the best and they are outstanding in comparison with other services we have used." Another relative said, "They are very good and are doing a fantastic job." Visitors and health professionals spoke very positively about the caring nature of the staff. One health professional said, "Staff have been very person centred and get involved very well."

Staff spoken with and the registered manager had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service and how they felt it was like, Comments from staff included, "It's great, they are a good employer." And; "I'm really happy here and enjoy working with the person I support."

We spoke to professionals who visited the service and they informed us they felt staff were caring and witnessed warm relationships between carers and people when they visited.

We considered how people's dignity was maintained and promoted. We noted people's daily records and care plans had been written in way that took consideration of their choices and preferences. People had been asked about their likes and dislikes and this had been included in their daily support. However, this needed consistence especially around consideration for consent to care.

Staff we spoke with talked about people in a respectful, confidential and friendly way. Daily records were completed by care staff and written with compassion and respect. All staff had been instructed on maintaining confidentiality of information and gave us examples to demonstrate that they understood the procedural guidance. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples. They told us they understand that their place of work was someone else's home and had to be respectful.

There was information about advocacy and Independent Mental Capacity Advocates (IMCA) services available in people's records. Advocates support people to access information and make informed choices about various areas in their lives. IMCA services are a legal safeguard for people who lack the capacity to make specific important decisions. One relative we spoke to informed us they would like to be more involved in the care of their family member and that they are not involved adequately at the moment. We spoke to the registered manager who informed us that they had involved them in the past and will ensure they receive invitations to reviews and best interests meetings.

The care staff we spoke with and registered manager displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

People using the service had end of life care plans which stated how they wanted to be cared for towards the end of their life or in the event of being critically ill. Funeral plans had also been considered and recorded. This meant that people could be assured they would receive end of life care in accordance with their wishes.

Is the service responsive?

Our findings

We received mixed views from relatives that we spoke with. Comments included, "Staff always go the extra mile to help my son." Two relatives confirmed that they were confident and issues would be addressed; however another relative told us they would want to be more involved in their family member's care more than they were at the moment, all the visiting professionals spoken with had never had cause to raise any concerns. Comments included, "I have raised issues and they took them seriously.", "The care plans are great however, staff don't always follow them."

We looked at how the service provided person centred care. We found assessments had been undertaken before people were admitted to the service to ensure the provider could safely meet their needs. A care plan had then been developed outlining how these needs were to be met.

We found the care plans were organised and clearly written. We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at four people's care files. All four files contained initial assessments. It was evident that a full assessment of need had been completed before a decision had been made about whether the service could meet the person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments done by the Local Authority. This helped provide a more detailed and holistic initial assessment.

We looked at other completed assessments and noted these were reflective of people's current needs. Assessments included, what was important to people, goals they wanted to achieve, social planning and daily activities, physical abilities, communication and nutritional requirements. Staff had also recorded significant achievements that people had made and helped them celebrate and encourage them to do more. Assessments we saw were in date and reviewed annually or more often depending on the needs of individual people.

The care plans had been written in an easy to read format to ensure that people could read information about their care if they wish to do so. We also noted people had been involved in their assessment and where appropriate the service sought support from their family members. One family member said, "They go above and beyond and the one area they are exceptional is involving me as a parent." Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms.

We also found charts were completed as necessary for people who required any aspect of their care monitoring, for example, weight and falls monitoring. However, some instances staff had over recorded people's daily personal activities without a reason to do so. We spoke to the registered manager and they advised that staff had felt they needed to record everything about individuals.

Recording of people's personal care activities should be person centred and should be done when there is a reason to do so such as an identified risk or a recommendation from a professional to monitor and record.

We noted procedures in place for the monitoring and review of care plans. Care plan reviews were carried out on an annual basis and wherever possible people using the service and their families if appropriate were involved. One family member told us that they had recently been part of a review meeting which involved other health and social care professionals. A health and social care professional also informed us they felt the service ensured all people with vested interests in people's wellbeing are involved appropriately.

We looked at how people were supported to maintain local connections and take part in social activities. We found people were supported and encouraged to maintain local community links. People who were able to go out independently in the community were encouraged and supported to do so and those who required support were accompanied by staff to access the local community. This ensured that people continued to make a positive contribution to the local community. People's independence was promoted. For example we saw how two people had chosen to manage their own personal finances including banking. In another example, one person was assisted to attend fitness classes by care staff to ensure they achieved their goal. Another person had been supported to join a local support group and with volunteering. These activities were tailored for each individual and people had been treated as individuals in the planning of their care.

People were facilitated to maintain contact with their families. Relatives told us they could visit their family whenever they wanted. This ensured that people could visit and spend time with their family members and maintain family links.

People were encouraged to share their opinions on the quality of care and service being provided. We saw surveys had been carried out to seek people's views and opinions about the care they received. Feedback from the surveys was positive.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments forms were easily accessible. Staff we spoke with confirmed they knew what action to take should someone in their care or a relative approached them with a complaint.

Relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

Is the service well-led?

Our findings

Relatives spoken with spoke highly of the manager. They told us: "They are by far the best." There was a positive staff culture within the service. This was reported by all the staff members that we spoke with. Comments included, "It's a great place to work", "Management are supportive they listen and act."

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by the locality managers and the service provider. Throughout all our discussions it was evident the registered manager had knowledge of people's current needs and circumstances and was committed to the principles of person centred care. These observations supported the positive comments made by relatives we spoke with.

Governance and leadership within the service was not robust. We found a lack of robust management oversight from registered manager on the service. For example, delegated tasks had not been followed up to ensure they had been completed. Staff supervisions had been delegated to senior support workers however, the registered manager had not checked to see whether this was happening as planned. We also found care records had not been audited and signed off by the registered manager or the locality manager to show that they had audited the documents and that action plans had been set and completed for any identified issues or concerns.

We found some management tasks had not been undertaken due to the absence of one locality manager. A locality manager within this organisation is responsible for managing the day to day delivery of care and provide managerial support to care staff. They are responsible for checking the quality of the services delivered and report to the registered manager. For example the quality audits delegated to the locality manager had stopped and no one had been delegated to ensure the tasks were completed to ensure the service quality continue to be monitored effectively.

Care staff had not been supported to ensure they received regular training and development. We found the staff had expressed concerns regarding lack of training since November 2015 however, by the time of our inspection training had not been delivered.

The service did not have effective audit systems in place. We found an audit system was in place and the registered manager and the locality managers had undertook some audits. However, the audits were not consistent and had not been completed on a regular basis. Audits had not been completed in two of the four properties for two months and some audits had stopped completely due to the absence of a manager who was on leave. We saw examples of the audits that had been completed. These were thorough and covered a number of areas of care delivery to include the environment, staff feedback, supervision repairs and communication book. However, the audit systems and processes had not been effective due to lack of consistency of management cover. The organisations' policy states that audits should be completed monthly however, in two people's properties the audits had not been completed for three months.

We found in some instances audits had highlighted concerns however, the concerns had not been

addressed in a timely manner and in some instances there had been no action plans to show who was responsible for the completion of the tasks.

We found care files; staff recruitment files and daily had not been audited. We found issues that could have been picked if regular audits had been completed. For example accident and incident reports were not signed off by locality managers and staff files with unsigned supervision records.

We identified a number of breaches of regulations during this inspection, several of which related to areas of safety such as safeguarding people, assessing people's mental capacity and ensuring any restrictions on people are lawful, staff recruitment, We also found breaches relating to good governance such as quality assurance systems, training and supervision. Some of these issues had not been identified by the provider. For example lack of systems and processes to check whether staff continue to be safe to work with people, shortfalls in training and supervision and appraisals, and shortcomings with the quality assurance systems. This demonstrated that the arrangements for assessing quality and safety were not effective.

We found the registered manager lacked awareness of mental capacity principles and people's records had no mental capacity assessments where that was necessary. There were people whose care was restrictive and the provider had not sought relevant authorisations from the Local Authority to ensure they did not unlawfully restrict people.

The provider failed to maintain good governance. This was a breach of Regulation 17 (1) (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Staff had been kept informed through team meetings and speaking to their line managers also known in the organisation as Locality managers.

A whistleblowing policy was in place and staff told us they felt confident to use it to report concerns about the actions of another member of staff. This demonstrated the staff and the registered manager's commitment to ensuring the standard of care provided at the service remained high.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water or disruption due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

We checked to see if the provider was meeting Care Quality Commission (CQC) registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. A notification is information about important events which the service is required to send us by law. Although no notifications had been made, we saw there was a policy that all staff had been made aware of regarding making notifications.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and 'Local commissioning groups, pharmacies, and local doctors. We found the registered provider receptive to feedback. They worked with us in a positive manner and provided all the information we requested. Following the inspection, the registered manager sent us an action plan showing how they had responded to the concerns that we raised during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service.-Regulation 11 HSCA RA Regulations 2014 Need for consent</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have adequate medicine management and administration systems in place at the service.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have sufficient systems in place to ensure management oversight on issues that affected the quality of the service people received or the risks they were exposed to. There was lack of leadership and oversight on the registered services. Staff had not been trained and supervised adequately to ensure they deliver safe care and treatment. Quality assurance systems were not robust and consistent. Regulation 17 (1) (2)-Good governance</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

The provider had failed to operate robust systems that ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.