

Greenwich Association of Disabled Peoples Centre for Independent Living

Greenwich Association of Disabled People

Inspection report

The Forum at Greenwich, Trafalgar Road
Greenwich SE10 9EQ
Tel: 0208 305 2221
Website: www.gad.org.uk

Date of inspection visit: 8 and 9 October 2015
Date of publication: 23/11/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This comprehensive inspection was carried out on 8 and 9 October 2015. We gave the provider two days notice of the inspection as we wanted to be sure staff could be available at the office without disrupting the service.

Breaches of regulations had been found at the last comprehensive inspection on 11 March 2015. A warning notice was served for the more serious breaches in

respect of monitoring the quality at the service. We had asked the provider for an action plan in respect of the other breaches for assessing risks, recruitment, consent and staff training.

We carried out a focused inspection on 14 July 2015 to check on the more serious breaches from the March inspection. We found that these breaches had not been addressed. We took action to impose a condition to stop

Summary of findings

the service taking any more referrals and are considering any further appropriate regulatory response to the concerns we found. The provider was also asked to supply written information to us following this inspection. We carried out this inspection of 8 and 9 October to check that action had been taken to address the breaches found at both inspections and to provide a rating for the service.

Greenwich Association of Disabled People (GAD) specialises in providing personal care and support for people with a range of needs including physical and learning disabilities, mental health, sensory needs and people living with dementia. It was originally set up as a centre offering a range of service to enable deaf and disabled people to be more independent through a range of

services and support programmes. It has a strong culture of empowerment for people using its service. There were approximately 33 people supported with personal care in their own homes at the time of the inspection.

There was a registered manager who no longer worked at the service and who had not voluntarily deregistered when they stopped work. CQC is working to ensure these registration issues are resolved. 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. There had been two interim managers since the last comprehensive inspection and a third manager had started at the service in August 2015.

At this inspection on 8 and 9 October 2015 we found some action had been taken to try to address the issues we had found previously. Adequate recruitment checks were now being made. People told us that they felt safe and well cared for by the service. However our findings were in contrast to these views. We found further breaches of regulations in respect of identifying risks to people, managing medicines, staff training and quality assurance.

Individual risks identified from people's records were not always identified in people's support plans or guidance provided for staff to reduce risks. New systems had been

drawn up to manage medicines safely however we found these were not being used by staff. The staff could not fully access their call monitoring system to check people had received their care as planned. There were insufficient arrangements to deal with emergencies.

Staff had not all received adequate training and support to meet people's needs. Some staff had not received refresher safeguarding adults training or food hygiene training. Medicines training and training on the Mental Capacity Act 2005 had not been completed although further dates had been arranged. People's support plans had not always been reviewed with them and may not therefore reflect their current needs. There was not always sufficient guidance for staff in support plans about how to provide care and support. There were inadequate arrangements to monitor the quality of the service and where issues were identified they were not addressed to improve the quality of people's care and support.

CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of these breaches when it is complete.

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, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will consider taking appropriate action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. 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.

Summary of findings

People told us they felt involved in their care and the service involved people at different levels such as on the board of trustees or in interviews for staff. They told us they received their calls on time and could contact the office in an emergency. Staff treated them with respect and dignity and supported them to be as independent as possible. There were enough staff to provide care and

support to people. People were supported to have access to health care where needed. People told us their views were sought about the service through a questionnaire and they knew how to raise a complaint if they needed. Staff told us they felt supported to do their work and that the office communicated with them regularly through text messages.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Current risks to people were not always identified or assessed. Plans were not always in place to reduce these risks. Medicines were not recorded safely and people did not always receive their medicines as prescribed. Systems to ensure people received care at the right time were not safe.

People told us they felt safe from abuse and discrimination and staff knew how to report any concerns.

There were enough staff to meet people's needs and recruitment processes had been improved to ensure people were protected from the risks of unsuitable staff.

Inadequate



Is the service effective?

The service was not always effective. Staff did not receive adequate training and support to safely meet people's needs.

People were supported to have enough to eat but possible risks in relation to their dietary requirements and needs were not always clearly identified in their support plans.

People told us staff asked their consent before they provided care but records did not always document this. People were supported to access health professionals where this was appropriate.

Requires improvement



Is the service caring?

The service was caring. People and their relatives spoke positively about the care and support their regular personal assistants (PA's) provided. Some people had used the service for several years and told us the staff were caring and kind. People said they were treated with dignity and respect.

People told us they had been involved in making their support plan when they started using the service. They said their PA's asked for their views about any changes to the care provided.

Good



Is the service responsive?

The service was not always responsive. Support plans had not always been regularly reviewed and did not always reflect people's needs and preferences. People told us that their PA's were able to meet their needs and respected their preferences. However there was insufficient guidance for unfamiliar staff to know how to support people safely. People did not always have a record of their support plan at home.

People knew how to make a complaint and they were dealt with appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well led. Most people told us they felt the service was well run although two people told us the office communication was poor. The system to monitor the quality of the service was inadequate and did not identify risks or ensure action was taken where needed.

The chief executive and manager were open about the difficulties they had encountered in managing the service and the succession of staff in key roles. Staff felt supported by the office staff.

Inadequate



Greenwich Association of Disabled People

Detailed findings

Background to this inspection

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

The inspection took place on 8 and 9 October 2015, we gave the provider two days notice because the location provides a domiciliary care service and we needed to be sure staff were available.

The inspection team was made up of three inspectors on both days. Before the inspection we looked at the

information we held about the service including information from any notifications and updates on their action plan. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioning the service for their views.

During the inspection we visited two people in their homes. We spoke with seven personal assistants (PA's), the office manager, a trustee, the chief executive officer, office staff including field supervisors and office administrators. Following the inspection two experts by experience made telephone contact with ten people using the service and five relatives of people using the service to obtain their views. An expert-by-experience is a person who has similar needs or personal experience of using or caring for someone who uses this type of care service.

Is the service safe?

Our findings

At the last comprehensive inspection on 11 March 2015 we had found breaches of regulation, as the provider had not ensured care was provided to people safely, by assessing the risks to their health and safety when they provided care and support. The provider had sent us an action plan telling us how they would meet the requirements of the legislation. At the focused inspection on 14 July 2015 we found people's support plans and risk assessments had not been reviewed to ensure they were up to date and meeting their current needs. We took urgent action to impose a condition to limit the service from taking on additional people to the service. CQC is also considering further appropriate responses to the issues identified at the March 2015 and July 2015 inspections. We wrote to the provider under Section 64 of the Health and Social Care Act 2008 asking them to tell us how they would make sure that all care plans and risk assessments were up to date and ensure people were receiving safe care and treatment. The provider sent us an action plan telling us this work would be completed by 5 October 2015.

At this inspection on 8 and 9 October 2015 people told us they felt safe and that risks were identified. One person told us "I feel totally safe with them. I've not had any accidents." A relative remarked, "They keep my family member safe and they will alert us of any possible medical problems and we can then nip things in the bud." However we found that risks to people had not always been identified or assessed and adequate steps had not always been taken to reduce risk and protect people from harm. We looked at 12 support plans and risk assessments and found that standardised risk assessments had been placed in people's support plans for some risks such as risk of financial abuse. These had all been electronically signed by the manager and did not always correspond with other information in people's support plans. The manager confirmed that these risk assessments had not been completed with each person concerned to assess their current level of risk but through using the existing information on record. Risks were not assessed with people using the service and therefore risk assessments may not reflect current risks to people.

We also found other possible risks to people in their records for which no risk assessment had been completed. For example two people were identified as at high risk of

falls, but there was no risk assessment carried out by the service to identify the risks and provide guidance to staff to reduce risk when they provided support. Another person was at high risk of infection but this risk had not been identified or assessed. For people with epilepsy there was no risk assessment in place or guidance for staff with regard to possible risk of seizures. One person, whom office staff advised us that a recent assessment of their needs and risks had been completed, we found there was no risk assessment in relation to their skin integrity. Other risks to people such as skin integrity and visual impairment had not been assessed. For another person who required support from a hoist and wheelchair to mobilise no manual handling risk assessment had been completed since 4 June 2014. Risks to people were not identified within their support plan or, where they were, they had not been recently reviewed. There was also insufficient guidance for staff to protect people from risk of harm.

There were inadequate arrangements in place to deal with some risks arising from emergencies. People told us that their PA's usually arrived on time, stayed for the correct length of time and contacted them if they were running late. One person told us "The PA's have not been late very often over the past year, though now I can call the PA's direct if they are getting a bit late. They are generally on time." Another person commented, "The regular PA is on time and she will even wait in her car if she is early. She will stay all the allocated time." However we found that the service did not have a list of people who received personal care and office staff were unable to operate the call monitoring systems to check that people received their care as planned.

None of the staff at the office during the inspection could operate the computerised system to check for any missed calls. The manager told us there were only two people who had received training to fully operate the call monitoring systems; one of them had left and the other was off sick. An office staff member said the only way to know if a staff member had not turned up to a call was when staff or the service user called the office. There was no robust system in place to identify issues where staff were unable to attend the person's home. This meant that people may be at risk because they may not receive their care as planned.

Risks to people were not always identified or planned for. The office staff had no means to identify those people who may be most vulnerable in any emergency situation. A field

Is the service safe?

supervisor confirmed that they could not identify from their systems who might be most vulnerable if their support was not delivered as planned. For example if they were diabetic and needed meals at specific times or people who required their medicines at specific times.

A risk assessment in relation to possible risks at the person's home premises had been carried out for people using the service although these had not all been reviewed. One risk assessment dated 26 March 2015 recorded poor lighting as a concern but there was no record of any action taken. Another risk assessment dated, 19 December 2014, for one person who lived alone had failed to locate the whereabouts of the utilities cut off for any emergency and recorded "not checked client unable to locate". No action was recorded to show this had been subsequently resolved.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

At the inspection on 11 March 2015 we identified a breach in regulations as medicines were not safely managed. Records did not evidence that people received their medicines as prescribed. Auditing processes were insufficient in identifying when mistakes were made so they could be investigated. At the inspection on 14 July 2015 we found no changes or improvements had been made and processes for checking people received their medicines as prescribed were still inadequate.

At this inspection on 8 and 9 October 2015 people told us they received their medicines when they needed to. One person told us "They [staff] remind me of my tablets and they put them out for me. They are careful and make a note of everything they have done." However we found medicines were still unsafely managed. New forms had been created by the manager to record that people received their medicines correctly. However there was no evidence staff were using these to record that people received their medicines as prescribed. Auditing systems had not identified the forms used to record the administration of medicines were not being promptly returned for checking for any omissions or errors. We found two records in the returned daily records for people using

the service, neither of which were recorded on the new form and one of which did not confirm that medicines had been safely administered. There was a risk that omissions and errors would not be identified.

Medicines were provided in monitored dosage packs from the pharmacist, but, support plans did not always include a list of medicines specific to each service user to guide staff on any changes to people's medicines or to confirm what medicines and dosage were prescribed. In the afternoon of the first inspection day we visited one person who received support with their medicines and found their morning medicines were still beside them. The PA had recorded the morning medicines as 'given' on the old style form. There were blank copies of the new medicines record in the person's home which were not being used. The person had not received their medicines as prescribed.

These issues were a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People using the service told us they felt safe from abuse and discrimination. One person said "My family member shows that they feel safe with them. ...They are relaxed and at ease with them [staff]." Another person told us "They [staff] check me for things like bruises or any other things which might be made worse with my diabetes and they help me go to the doctors if it's needed in good time." Staff showed a good knowledge of the various signs of abuse and what to do if they had any concerns. The manager knew how to raise a safeguarding alert with the local authority if needed. Our records showed there had been no safeguarding alerts raised since the last inspection. Staff told us they had an identification badge so that people would know they were from the service.

There were enough personal assistants to meet people's needs. The chief executive and manager of the service told us that there were enough permanent staff to meet people's needs adequately and that they did not need to use agency staff. People told us their regular PA's were reliable and they received care from other PA's when their regular PA's were away. Staff confirmed that they had adequate travel time between their calls. The service provided on call cover for PA's in the evenings and weekends and staff told us this system worked well and

Is the service safe?

they could contact people for advice when needed. However we found a record of an on call report that evidenced that the on call staff member had not followed the 'no response procedure', to establish any potential risks to people, when a PA had reported they had not had a response at a person's home. The person rang in several hours later to confirm they were well and explain where they had been but no action had been taken meanwhile. However two people complained about the reliability of office staff. One person told us "Their PA's are brilliant but some things in the office are now not as reliable and they are not as easy to contact as they once were. The staff who used to help me have resigned and the person who now deals with me is not as reliable."

People were not protected from the risks of unsuitable staff. At the inspection on 11 March 2015 we had found a breach of regulations as risks to people from unsafe recruitment systems had not been identified. While identity and criminal checks were carried out adequate checks on people's employment history and right to work had not been completed. At this inspection of 8 and 9 October 2015 we found the provider had addressed these issues and a robust system of checks was operated.

Is the service effective?

Our findings

At the inspection of 11 March 2015 we found a breach of regulation as staff were not adequately trained and supported to carry out their roles. At this inspection people told us they thought staff were suitably trained. One person told us their personal assistant “Is well trained, and they understand me and my needs very well.” Another person said “They are very well trained. They are always going on courses.” Staff told us there was an induction for new staff and a period of work shadowing. They told us they received regular training and felt supported in their roles. One staff member said, “Training here is enough and informative, it’s all up to date and the best training was medication.”

However we found although some improvements had been made there were still gaps in training and support for staff which meant they did not always have adequate training to meet people’s needs. We saw evidence some staff had attended training on medicines and mental capacity assessment; there were booked dates for other staff to complete this training later in the month. However the staff training matrix was not up to date and showed gaps in training for safeguarding and food hygiene. Five staff files we looked at showed no evidence of food hygiene training or safeguarding adults training.

We saw one staff member had requested training on behaviour that required a response in April 2014 but records showed this training had not been provided and we confirmed that this staff member worked with a service user with these needs but had not received this training they requested. There was no specialist training currently provided to meet people’s individualised needs. For example there was no training provided on epilepsy or catheter care for staff who were engaged in supporting people with these needs. The manager had organised a schedule of supervision dates for staff to be provided with regular support and stated in their action plan that staff would receive supervision every 6 weeks. The staff records showed that only two staff members of the five records we looked at had received supervision in 2015.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

At the inspection on 11 March 2015 we had found a breach in regulations as arrangements to record people’s consent, where they may lack capacity to make a decision, did not meet legal requirements. At this inspection we found records regarding people’s consent required improvement. People told us their PA’s asked for their consent before they provided care and staff confirmed this was the case. One staff member said “I always ask before I do anything. I always check they have understood me.” Ten of the support plans were not signed and risk assessments had also not been signed with one exception to confirm people had consented to the plan. The manager told us they were currently not supporting anyone who required a mental capacity assessment for any specific decision. This was confirmed in the records we looked at. The manager understood that specific capacity assessments were needed in respect of each separate decision.

People were supported to have enough to eat and drink; however risks around their nutritional needs were not always identified. People told us that staff supported them well with their needs when eating and drinking. One person commented “The meals are well done and they have learned how to do that. I make the choices.” A relative said their family member “Now needs help with meals and they [staff] help them by cutting up their food. They look after them well.” However guidance for staff to reduce risk on people’s dietary needs was not always available in people’s support plans. For example we saw one person required support with gluten free meals but there was no assessment of people’s needs or guidance for staff on how to support them to maintain a balanced diet. Another support plan stated “support with feeding” but there was no guidance for staff on how to do this and what aspects the person could manage independently. Another person was diabetic but risks in relation to their support were not identified.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People told us that staff would support them access a health professional such as their GP if needed. A relative

Is the service effective?

told us “They [staff] will comment or alert me on any medical issues and they did this once and detected their temperature was high.” PAs told us how they supported some

people to attend their health appointments. However office staff appeared unaware of people’s health needs and

during the inspection needed to consult with the PA’s about people’s support needs as they were unclear from the records available at the office. In the absence of the PA’s who knew people well there was a lack of accurate up to date records of people’s needs.

Is the service caring?

Our findings

People and their relatives were all consistent in their positive descriptions of the care provided directly from their PA's. People told us they would recommend their PA's as reliable and caring.

Some people had used the service for a number of years and told us they had always found the staff caring and kind. One person told us "Now I'm like a friend with the best carer....but they know the boundaries." Another person said "The carer is wonderful, my family have met her, and she's the best one I've ever had. I love the company and I can talk about anything. (Greenwich Association for the Disabled) GAD is super, a really lovely service."

People told us their dignity and privacy was respected. One person said "The staff make me always feel at ease and they make me relaxed and they respect me and are not gossipy so they stay confidential about things we talk about. I feel I can trust them." Another person told us "They [staff] respect my privacy with post and stuff. They check I'm ok and agree with how they help me....and they always ask if they need to go about my place. They respect my house as well." A relative commented "Yes, the PA's are very respectful of us both and of my needs and space in the house." Staff explained how they protected people's dignity when they provided personal care. A person using the service commented "They [staff] take the time to shower me properly and they know what is needed." People commented that their PA did not rush them but allowed them to go at their pace to encourage their independence wherever possible. One person told us "I always feel at ease and relaxed with them. They do not rush around."

People said they were provided with information about the service when they joined and they recalled their views were asked for when their support plan had been drawn up. We saw the Service User Handbook was undated and in need of review, as details in it were not always correct; such as the names and addresses of organisations that had changed but had not been updated in the handbook. The manager confirmed this was given to people when they joined the service although there had been no new admissions because of the condition to prevent new people using the service made to their registration following the July inspection.

People told us they felt involved in planning their care with their PA's and that their views were listened to. The agency tried to match people with particular PA's that they felt may be suitable and arranged a meeting between identified PA's and the person joining the service prior to care being delivered. People told us they could ask for different PA's if they felt they would not get on well with the PA's they were introduced to.

People were involved throughout the service. GAD is managed through a subcommittee of a board of trustees some of whom are service users. The service has a strong culture of empowerment for people with disabilities. People were included on interview panels for PA's and office staff. PA's we spoke with supported this culture of empowerment. One staff member told us "This service really helps people to do as much as they want to in lots of ways." GAD provided a range of other services including advocacy service to help people using the service access their rights, promote their inclusion or represent their views to other organisations where people identified this need for support.

Is the service responsive?

Our findings

At the inspection on 11 March 2015 we found a breach of regulations, as people's needs were not identified in the support plan and guidance was not available to PA's to meet these needs.

At this inspection people told us their needs were met. One person told us "Staff know how to meet my needs." Another person said "The care staff remember what I need. Generally it's the same staff. Replacements are OK as well and some have also been before." A third person commented "My experience is excellent. The PA I have now understands when I'm in pain. She stops and doesn't continue anything until I'm okay, relaxed and in a comfortable position, then I feel safe again. She's very good."

However while PA's may have been knowledgeable about people's individual needs we were not assured that the records were up to date and that this information was included in people's support plans to guide unfamiliar staff. A relative told us "I'm not sure how much we were involved at the time the care plan was set up but, I can usually sort things with the care staff (PA's) and they are polite and they listen."

In nine of the 12 care records we looked at we found identified needs in other information in the record which was not included in the care plan. In some cases information on people's needs was identified in the care plan record, but there was a lack of adequate guidance for staff on how to meet this need. For one person their pre-assessment identified they were of a particular faith and fully observed the customs of this faith. There was no guidance for staff on how they needed to conduct themselves while they provided care and how this person's spiritual needs were met. We saw from the daily log returns that some PA's described how they helped the person maintain their customs but these details were not included in the support plan to guide unfamiliar staff. Another person had sensory deprivation but there was no guidance for staff on how to communicate with this person or provide care to meet their needs and preferences. Another person's support plan stated their midday meal was prepared and they were taken to the local pub once a week to meet their needs for stimulation. However we saw from the daily log returns, which describe the support provided at each visit, that their support was always provided at 8am

in the morning and there was no record of a lunchtime call or visit to the pub. Where the pre-assessment had included people's preferences for type of carers this had not been included in the support plan.

We found that one person we visited during the inspection did not have a support plan at their home to guide unfamiliar staff about their care or provide regular staff with updates and changes to the support provided. Daily log returns were not recorded at the time of providing care and so may be an inaccurate record of the support provided.

People's needs were not regularly reviewed to ensure an accurate record was maintained. Five people told us their support needs were reviewed. One person said "I've used them for over 15 years. They do a review every six months." Another person told us "I have had things reviewed....About once or more a year....they came out....No changes were needed." A third person commented, "They did a review and sent me the review notes and it was full of mistakes." Three people told us they had not been involved in regular reviews. One person said "They have not really done annual reviews for a few years. The other agency I use do a lot more or they call. GAD have had to catch up...." Records we looked at did not include any review records to confirm people's support plans were reviewed regularly to make sure they were up to date and reflected people's current needs.

People's records were inaccurate and there was a risk of inappropriate care and treatment.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CQC is considering the appropriate regulatory response to resolve the problems we found in respect of this regulation. We will report on action we have taken in respect of this breach when it is complete.

People told us they knew how to make a complaint if they needed to. Where they had needed to raise a complaint people felt that action had been taken to address the issue. One person told us "Yes they [staff] took it and me very seriously when I did complain....They take note." People were given the details of how to make a complaint when they joined the service in the service user pack. However we noted some of this information was no longer accurate. We looked at the providers' complaint log and saw one

Is the service responsive?

written complaint had been received. This had been responded to promptly and was being investigated by the manager. The manager told us they would analyse complaints to look for any learning needs.

Is the service well-led?

Our findings

At the inspections of 11 March 2015 and 14 July 2015 we had found a breach of regulations because of an absence of effective quality monitoring for the service. The new manager had sent us an action plan to address the issues we had identified prior to this inspection.

Most people told us they had no problems with the running of the service and said they would recommend it. One person told us ‘I’ve never had a problem with the agency and have used them about four years.’ Another person said “I would recommend the care staff and probably the office now as well. It’s on the up since new managers took over.” Two people told us they had problems with the office staff and communication but the support provided by the PA’s was good. One person said “I would not recommend them at present.....but I would recommend the care staff (PA’s).”

However we found systems for checking people’s care and support were inadequate. There had been no improvements to quality monitoring put into action since our previous inspections. The manager and chief executive were unable to provide us with an accurate list of people who received personal care despite being asked during both days of the inspection. The service had failed to identify and act on the concerns we found at this inspection about the call monitoring service. Despite a paper review of people’s support plans, risks identified in other records had not been included in the support plan.

The registered manager had left the service in May 2015 but had not completed the deregistration process. CQC was in the process of resolving this matter with the provider. There had been two interim agency managers since then who had each managed the service for about two months. The current agency manager was the third new manager and had only been in post since the middle of August 2015. At the time of this inspection there was only one part time field supervisor in post. We were told another agency employee was being trained in this role and the provider had recruited and was due to hold interviews on the day of the inspection. Office administrative staff had been assisting with the spot checks but the manager told us they had needed to stop some office staff completing these as they did not have the necessary experience or skills.

The manager told us the support plans would be checked by field supervisors when they carried out spot checks as

they had not had time to do these themselves. We were shown a list of people that had been visited by the field supervisors and found nine of the support plans did not include risks that were identified in other records available within the person’s care file or adequate guidance for staff. We saw the daily log returns were signed and checked by field supervisors. However there were no entries detailing the support provided in the records for one person who received care five days each week between 17 August 2015 and 28 August 2015 and 4 September 2015 and 11 September 2015. They lived alone and there was a risk they may not have received their care as planned. Office staff could give no reason for these gaps when we asked them to check. These records had been signed off by the field supervisor who told us they had never thought to look at dates when they checked the daily notes to ensure people got their care as planned. Possible risks to people were not being identified though these quality checks. One person’s support plan had been mistakenly identified for archiving by office staff when the inspection team located daily notes returned by PA’s to show that care and support was being provided. There was a risk therefore that calls to this person would not be monitored.

Existing systems to monitor quality did not ensure action was taken when risks were identified. Spot checks on PA’s were conducted however the field supervisor told us they had not been able to carry these out regularly because they had needed to provide cover in the office. We saw that some of the spot checks had identified issues that required action. For example one spot check dated 21 August 2015 identified a potential risk as it stated that some staff did not know how to operate a particular piece of equipment needed to provide support and care to the person using the service. We looked at the staff records for the PA’s concerned and found that this had not been addressed in supervision or through training. The staff member who had completed the spot check was unable to confirm what action had been taken. We found a message from the on call staff member that identified this problem with staff training previously about this equipment on 4 August 2015 and there was no evidence this was addressed either. Processes to assess monitor and mitigate the risks relating to the health, safety and welfare of people using the service were not being operated effectively.

New processes established were not effective in monitoring quality. We were told that the new medicines records were to be returned to the office by PA’s on a 28 day cycle. The

Is the service well-led?

manager acknowledged that this could mean that incidents of maladministration of medicines might not get picked up quickly and told us the field supervisor carried out weekly spot checks which would include a check on the medicines record. There were no weekly spot checks in any of the support plans we looked at. The medicines policy had no guidance for staff on medicines errors or omissions and was not in the staff handbook for staff to refer to. Systems for checking people received their medicines as prescribed remained inadequate. While checks had been set up to monitor financial transactions for risks of financial abuse; these were not being monitored properly as there was no evidence that spot checks that identified issues with following the process were followed up.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The chief executive and manager were open about the difficulties they had encountered in managing the service since March 2015. Along with the trustees they had been working to address the problems identified. Progress had not been assisted by difficulties in maintaining key office staff. This included a consistent manager and field supervisors.

People were consulted about the running of the service. People told us they were asked for their views in an annual survey. PA's were also asked for their views about the service through a questionnaire and told us that they felt listened to and their views respected. They told us they had not had a staff meeting for some time but the manager communicated with them by text and they could raise any issues when they called into the office.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People were not always protected from the risk of unsafe care and treatment as risks were not identified or assessed or plans made to reduce risk.</p> <p>Medicines were not managed safely.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>

The enforcement action we took:

We have taken urgent action to suspend the provider from carrying out the regulated activity for a period of 6 weeks and to consider other appropriate regulatory action in the meantime.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure the service: assessed, monitored and improved the quality and safety of the services and risks relating to the health, safety and welfare of people, including mitigating these risks. The registered person did not maintain an accurate, complete and contemporaneous record in respect of each person and the management of the service.</p> <p>Regulation 17(a)(b)(c)(d)</p>

The enforcement action we took:

We have taken urgent action to suspend the provider from carrying out the regulated activity for a period of 6 weeks and to consider other appropriate regulatory action in the meantime.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staffing</p> <p>Staff did not receive appropriate training, supervision and support to enable them to carry out their duties.</p>

This section is primarily information for the provider

Enforcement actions

Regulation 18(2)(a)

The enforcement action we took:

We have taken urgent action to suspend the provider from carrying out the regulated activity for a period of 6 weeks and to consider other appropriate regulatory action in the meantime.