

Enable Care And Support Service Ltd

Enable Care Services - Stockton

Inspection report

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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 

Summary of findings

Overall summary

The inspection began on the 10 November 2016 and was announced. The provider was given short notice because the location provides domiciliary care services and we need to be sure that someone would be in. We made telephone calls to people who used the service, relatives and staff on 11, 14 and 15 November 2016 and reviewed additional information submitted by the registered provider on 23 November and 7 December 2016.

Enable Support Services - Stockton is a domiciliary care service which provides personal care to people within their own homes. It is based in Stockton and provides care and support to people in Redcar, East Cleveland, Middlesbrough, Stockton and Darlington. At the time of inspection the registered manager told us three people were receiving personal care.

Prior to this announced inspection concerns had been raised by the local authority regarding the number of safeguarding incidents that had been reported and investigated and the registered provider's poor response to requested improvements. As a result of these concerns the local authority had made the decision to terminate their contract with the registered provider. The registered provider had been requested to submitted information prior to the inspection but not all the requested information was received.

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 will be inspected again within six months.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes were insufficient to protect people from the risk of harm. Safeguarding concerns were not accurately recorded and did not document outcomes of strategy meetings that had been held. The registered manager had failed to attend safeguarding strategy meetings when safeguarding alerts had been raised. Staff were able to tell us about the different types of abuse and what actions they would take if they suspected abuse was taking place but safeguarding alerts had not always been made when needed.

Risk assessments were not always in place for people who needed them. Associated risks had not been identified or recorded in areas such as medication and moving and handling. Risk assessments that were in place did not always correspond with information provided in the persons care plan or the information we were given by relatives and staff.

Robust recruitment procedures were not always in place. Appropriate checks of the suitability of staff transferring to the service from other providers had not been made. Recruitment documents such as application forms and references were not always available in staff files.

The service had policies and procedures in place to ensure medicines were managed safely but these were not always followed. People who were supported with medication administration did not always have the appropriate documents in place. The level of assistance required did not correspond with information in people's care plans. Medicine records we looked at were not accurate and records we requested during the inspection were not available. The registered provider was given the opportunity to submit these documents following the inspection but failed to do so.

Supervisions had been completed for some staff but these were inconsistent and not completed for all staff. Appraisals had not been completed for any of the staff whose files we looked at during the inspection. Training records were inaccurate as the dates recorded did not always match training certificates in staff files. Some mandatory training was overdue and specialist training was not up to date.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us they were supported to maintain good health and had access to healthcare professionals and services when needed but this was not recorded in people's care records. People told us they were able to make regular visits to their own GP and staff would assist with making appointments when required.

Evidence of people and relatives being actively involved in care planning and decision making was not always documented. People had not always consented to care and treatment and care plans and care reviews were not signed by people. Information on advocacy services was available should this be required.

People and relatives spoke highly of the staff but told us that communication within the office and management required improvement and often information would not be passed on to the care staff by office staff. People said they were treated with dignity and respect.

Care plans were not always in place. Care plans that were in place did not detail people's needs, wishes and preferences and were generic and very basic. Care plans had not been reviewed and updated when required.

The service had a clear process for handling complaints which we could see had been followed.

Staff felt supported by the management of the service but, due to recent changes, they were not sure who the manager of the service was. Staff told us that office staff were approachable and they felt confident that they would deal with any issues raised.

Staff were kept informed about the operation of the service through regular staff meetings and these were generally well attended. Staff were given the opportunity to recognise and suggest areas for improvement. Staff confirmed they had attended staff meetings recently.

Quality assurance processes were not sufficient and many audits were incomplete. The audits did not always identify issues and when issued had been identified, action had not been taken.

During the inspection the registered manager was unable to locate requested documentation. Requests were made following the inspection for the information to be submitted to CQC. The requests were responded to but the information submitted did not correspond with the information requested.

Accidents and incidents were not monitored to identify any patterns or trends. Only three accidents had been recorded in 2016.

The registered manager understood their role and responsibilities but did not always take appropriate action to address concerns and issues or make appropriate referrals to other professionals. Notifications had not been submitted to CQC in a timely manner. Notifications are changes, events or incidents the registered provider is legally obliged to send us within the required timescales.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been conducted.

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

Safeguarding concerns were not fully recorded and the registered manager had failed to attend safeguarding strategy meetings. .

Risk assessments were not in place for people who needed them and associated risks had not been identified and recorded.

Medicine administration records were not in place when required and medication risk assessments did not correspond with the support being provided.

Safe recruitment checks were not in place. Recruitment records did not always contain information on whether staff were suitable for their role.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training records were not up to date and staff had not received training updates within the specified timescales.

Staff supervisions had not taken place consistently. Staff had not received and annual appraisal.

Consent was not always sought from people. Care documents had not been signed by people.

Staff displayed good knowledge of the Mental Capacity Act 2005.

People told us they were supported with nutrition and hydration.

Is the service caring?

Good ●

The service was not always caring

People and relatives told us that staff treated them with dignity and respect.

People told us they were involved in making decision around their care, however this was not recorded.

People were supported by a regular team of staff

Is the service responsive?

The service was not always responsive.

Care plans were not person centred and lacked detail. Some people did not have any care plans in place.

There was no evidence of people's choices and wishes in care records. Some care records contained contradictory information.

Complaints had been made and dealt with appropriately.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Quality assurance processes were applied inconsistently and had not identified the concerns we found during inspection.

Accurate and complete records of people's care and the running of the service were not kept.

The registered manager did not always carry out the duties and responsibilities expected of them.

Inadequate ●

Enable Care Services - Stockton

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 10 November and was announced. The provider was given 15 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two Adult Social Care Inspectors.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the responsible commissioning office from the local authority commissioning team and the safeguarding team about the service.

Prior to our inspection, the local authority had terminated their contract with the registered provider due to a number of safeguarding concerns and the registered provider's poor response to requested improvements. CQC had also made a request for information to the registered provider which was responded to prior to the inspection.

The registered provider was not asked to complete 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.

During this inspection we spoke with three people and one relative. We also spoke with the registered manager, care coordinator, administrator and four staff. We looked at three care records and a variety of supplementary records including daily visit reports and management audits. We looked at the medical administration records (MAR) for one person. We looked at four staff files, including recruitment and training records.

Is the service safe?

Our findings

Before this inspection took place we received concerns raised by the local authority. The concerns included a high number of safeguarding alerts which had been raised by other professionals and relatives of people who used the service regarding the care people were receiving. These included missed calls, medication errors and financial abuse. The safeguarding team at the local authority upheld some allegations of abuse. This meant that they had the evidence they needed to determine that abuse had taken place. The number of safeguarding alerts received into the local authority had led to the service being asked to complete a weekly Service Improvement Plan so the local authority could monitor the improvements made.

During our inspection we looked at records relating to safeguarding. Copies of some of the safeguarding alerts raised were located in a file but these contained very little information. It was not clear from the records what action had been taken as a result of the alerts or the outcome of any strategy meetings. The local authority informed CQC that the registered manager had failed to attend some strategy meetings that had been arranged following safeguarding concerns and had also failed to provide documentation when requested.

We spoke with office staff during the inspection about safeguarding. The staff we spoke with did not know who was responsible for submitting safeguarding alerts and notifications to CQC. We looked at training records in relation to safeguarding and could see this training was not up to date. The registered manager told us that they had just introduced a new training program and plans were in place to ensure all staff attended this training.

Several concerns had been raised in March 2016 relating to financial abuse. The provider had not notified CQC of these concerns until August 2016 and the records we looked at during inspection showed that not all the concerns raised were investigated and the local authority had not always been informed.

We asked the registered manager for a log of all missed calls and action that had been taken as a result. We were told that missed calls were not recorded and the provider had no way of monitoring missed visits. The registered manager had also failed to report missed visits to the local authority through the safeguarding procedure. These concerns had been raised by other professionals. This meant systems and processes to protect people from possible abuse were not effective.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Risk assessments were not always in place when they were needed and care plans did not always contain information on how people should be supported safely. We looked at one person's care records and saw that they did not have a completed care plan in place. Their care records consisted of a 'service user support plan' that listed their physical health conditions and then two 'weekly task sheets' dated 2 January 2014 and 14 February 2016. These contained contradictory information on the person's support needs, with the 2014 plan stating they needed support with showering and medicines and the 2016 plan saying they needed

prompts only. The person did not have any risk assessments or plans of how they should be supported in place.

We asked the registered manager about this, who said the person had limited records as they did not like documentation in their home and that they were not receiving personal care and never had been. The registered manager could not tell us how staff recorded or were made aware of any changes in the person's support needs. When we spoke with the person's relatives they said the person was receiving personal care that included support with bathing and time sensitive medicines and that there was no issue with the person having records at home. The registered manager had no record of the person receiving support with time sensitive medicines, no medicine administration records, no daily notes and no evidence of any reviews undertaken of the person's care.

Another person required morning assistance from two care staff to assist with mobility. A mobility aid was used by the care staff to transfer the person but a mobility risk assessment had not been completed.

Risk assessments had not always been updated when changes to people's support needs occurred. A relative we spoke with told us, "My [relative] had a fall a couple of months ago and I knew the risk assessment and other documents needed updating but his was never done. I requested it to be done three times but still nothing."

This meant the registered provider and registered manager did not assess the risks to people receiving care, or do all that was reasonably practical to mitigate them.

Medicines were not managed safely. A medication policy gave guidance to staff on their roles and responsibilities, 'when required' medicines and reporting but this was not always followed by staff and management. Some people's care files did not contain a list of their current medication or the level of support they needed to administer them. Other care files detailed the type of support that was needed but this was not accurate. For example, one person was assessed as needing level 3 assistance (staff to administer medicines) but when we spoke with the registered manager they told us that staff did not administer medication and this was managed by relatives.

People's use of medicines was not always recorded using a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and the recording of when they have been administered.

We asked to view the MARs people receiving support with medication. The registered manager was only able to locate MARs for one person. These were dated April 2016 and September 2016. The MAR dated April 2016 stated that staff were required to 'prompt only' medication which did not correspond with information contained in the care plan. There were also several gaps in recordings which meant it was not possible to see whether the person had received their medicines when they needed them. The MAR dated September 2016 contained no personal details such as name, address or GP and pharmacy contact details. We had no way of identifying which person the MAR related to. Both these MARs had been audited by office staff but the errors we found had not been identified.

One person who required medication to be administered by staff had no MARs in place. This meant that staff were not recording when medication had been administered and had no documentation available to indicate what prescribed medication the person was taking. Staff could not be sure they were administering the correct medication at the correct times.

We requested that the registered manager located and sent us the 'missing' MARs following the inspection but these were not received.

Records of recruitment did not always contain information on whether staff were suitable for their role. The registered manager told us four care assistants provided personal care. We reviewed their staff files. All four had undergone checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. However, none of the four had completed application forms or employment histories on file. Only one of the four members of staff had a written reference on file. Only one of the files contained evidence of completed induction training and evidence of a probationary review.

The registered manager told us the four members of staff providing personal care had transferred into the service when another service closed, and that the manager of that service had not forwarded across recruitment records. We were shown a letter to one of the members of staff setting out the details of the employment transfer. However, the letter was dated October 2014 but they had started working at Enable in January 2013. We were not shown any evidence that the registered provider or registered manager had carried out checks on the suitability of the transferring staff except for DBS checks and obtaining a reference for one member of staff. We were also not shown any evidence that the transferring staff had completed any of the registered provider's induction training, which included introducing them to the service's policies and procedures.

Following the inspection we gave the registered manager the opportunity to submit evidence with regards to staff who had transferred into the service when the other service closed. The registered manager was only able to submit copies of letters which set out the details of the employment transfer, dated October 2014, which again, did not correspond with the dates staff had started employment.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff told us they would not hesitate to whistle-blow (tell someone) regarding any concerns they had. One staff member said, "I would and always do report any concerns I have." The staff member was unable to name a person they would contact but told us, "I would speak to the office about it." Another staff member was able to give an example of when they had whistle blown saying, "I reported a concern when I first started here, it was dealt with appropriately."

People we spoke with told us they were supported by a regular team of staff but were not always told about any changes that needed to be made. One person told us, "I usually have the same carer, if they are off I get different ones but it is usually people I have seen before." Another person told us, "They are not very good in that office, I never know when or who is coming to be honest." A relative we spoke with told us, "It is usually the same carers and they come at around the same times every day." The registered manager told us there was now only "a handful of staff who provided person care to people" and that there was other staff employed by the service who provided support via a direct payment and these staff could be used to cover any shortfalls during busy periods such as holidays.

Is the service effective?

Our findings

Staff received mandatory training in a wide range of areas, including medication, the Mental Capacity Act 2005 (MCA), moving and positioning, health and safety and fire safety. Mandatory training is training the registered provider thinks is necessary to support people safely. However, training records were not always up-to-date or consistent which meant it was difficult to see when staff had last had training.

The registered manager used a chart to monitor and plan staff training. This recorded the date staff had last received training and the 'next training date'. This showed that all staff had completed mandatory training, but we saw from the dates on certificates in staff files that the dates recorded did not always match those logged on the training chart. For example, one member of staff was shown as having last completed MCA training in 2013 but they had a certificate of completion on their staff file from 2016. Another member of staff was logged on the chart as having completed dignity and respect training in March 2016 but the certificate in their file was dated October 2016. Not all staff files contained training certificates to confirm the courses logged on the training chart had been completed. The training chart also showed that some training dates were overdue. For example, one member of staff's 'next training date' for moving and positioning was April 2015. Another member of staff's fire safety training was overdue from September 2015.

The administrator told us the registered manager had recently given them responsibility for staff training, and that an "upskilling" session had recently been held. This involved staff attending the office to review their training needs and training on care planning delivered by the registered manager. Some of the staff we spoke with confirmed they had attended recent 'upskilling' training. We were shown a copy of a document that had been produce to record the 'upskilling' sessions.

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. Staff told us, "I remember doing an induction but I am not sure how long it was for. I then did shadowing which was for three days. I know there is training planned and some staff have already done it." Another staff member told us, "I have just done a week's training where it covered most things, medication, safeguarding, nutrition, first aid. I think I have the training I need."

People we spoke with told us they thought staff were suitably trained to look after them. One person said, "They know what they are doing I suppose." Our judgment was that the staff were receiving training but that the registered provider and registered manager were not operating effective systems for recording staff training.

We saw some evidence that staff received supervisions and appraisals, but this was not always consistent or easy to follow. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We looked at the staff files of the four members of staff providing personal care. One staff file contained evidence of two supervisions in 2016, at which the staff member's support and training needs were discussed. Another member of staff had two supervision forms in their staff file, one from 2013 and the other undated. We did not see evidence of supervisions for the other two members of staff providing personal care. We did not see any evidence of appraisals for any of the four members of staff delivering

personal care. Staff we spoke with told us they were invited to meetings with office staff but none could recall when the last meeting had taken place.

The registered manager told us supervisions and appraisals took place, but they had recently been focusing on staff working in another part of the service so were behind with other staff. We were also told that supervision and appraisal records were stored electronically. We asked to see the electronic records but were not shown any evidence of this.

From the records we looked at we could see that consent had not always been sought. Care plans had not always been signed by the person receiving care, or where appropriate, their relatives. When reviews of people's care had taken place, documents recorded who was present at the review but this was not signed by the person to evidence their consent. Staff we spoke with told us they always obtain consent, by asking the person if they wanted them to do a specific task or explaining what they were doing. People we spoke with confirmed that staff asked permission before proceeding with tasks. One person told us, "They always ask, I always know what they are doing. If I say no they don't do it."

Care plans did not document visit from other professionals or when other professionals, such as GPs, dentists, social workers, had been contacted on behalf of the person using the service. The registered manager told us this would be recorded by staff in daily visit reports but this could not be evidenced. People we spoke with confirmed they were able to see their own GP when they needed to and that staff would often contact them on their behalf. One person said, "My regular carers knows when I am not myself and she will usually ask me if I want the doctor calling."

The registered manager was unable to provide any recent 'daily visit reports' for any of the people we requested to see. During the inspection we were provided with daily visit reports for one person dated August 2016 and no others could be located. We asked the registered manager why they were not available and were told this was due to a recent office move and documents still being 'in boxes'. We asked the registered manager to locate these documents and submit them following the inspection. Some daily visit reports were submitted but again were not recent, dating March 2016, April 2016 and October 2016 and did not relate to the people we had initially requested.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some people received support with food and nutrition as part of their care package. One person said, "The staff make my meals, I choose what I want and I sometimes help them. They know what I like." When people required support with meal preparation staff record this in the 'daily visit reports'. One person only received a morning and tea time visit so a sandwich was prepared and left in the fridge on a morning so the person could access this at lunch time.

The Mental Capacity Act 2005 (MCA) provides legal framework for making 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the Mental Capacity Act

2005. At the time of the inspection the provider was not supporting anyone who lacked capacity. We could see that training in Mental Capacity had not been completed by all staff. The registered manager told us plans that were in place to ensure all staff had training in this area.

The staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 and were able to explain what action they would take if they suspected a person lacked capacity, such as reporting it to management.

Is the service caring?

Our findings

People who used the service told us they were happy and staff were caring. One person said, "The carers are lovely and caring. They do a good job." Another person told us, "I like the staff. They look after me well." A relative told us, "The care staff are fine, usually the same ones who know [relatives] needs well. They do provide good care."

Staff were able to explain to us how they respected a person's privacy and dignity, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choice and decisions they made. One staff member told us, "I never just walk into a person's home. I always knock, wait a second and then open the door and announce who I am. I always wait for them to say come in before I go any further." A relative told us, "Staff always treat [relative] respectfully when helping with showering and other personal tasks. [Relative] has never complained."

Staff explained how they promoted people's independence. "I encourage them [people who used the service] to get involved with their care as much as they can." Another staff member said, "I encourage and support service users to do as much as possible, we are not there to take over."

Care plans did not always detail people's preferences around the care and treatment provided. Evidence that relatives had been involved in care planning was not recorded in care plans. The relatives we spoke with told us that they had been involved in the initial care plan assessment and that staff kept them updated. We saw evidence in care plans that some relatives were invited to care plan review meetings, although these had not taken place for everyone and were inconsistent.

It was evident from discussions with staff that they knew people well, including their personal history, preferences and likes and dislikes and staff had supported the same people over a long period of time which had helped to build relationships. People were, initially, able to choose a time for staff to visit and the staff told us they tried to accommodate everyone's preferences where possible. People we spoke with told us they usually had a regular carer at a regular time, however, one person expressed that they would often not know who was coming or what time.

We looked at rotas which showed that people were supported by a regular team of staff.

At the time of inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Is the service responsive?

Our findings

When people began to use the service an 'essential information' document was completed. This contained details such as Next of Kin, GP contact details, other professionals involved in care and treatment, medical history and details of medication requirements. We could see this had been completed for two people. However, one other care file we looked at did not contain this information. The registered manager told us this was because it had been uploaded electronically to the system. We checked the system during the inspection and could not find the essential information document.

Care plans were produced to meet individual's support needs in areas such as personal care, mobility, nutrition and maintain personal relationships. However, care plans were not personalised which meant they did not contain the information needed to provide care and support according to people's individual wishes. For example, a personal hygiene care plan detailed that the person required 'full assistance' but provided no other information. Another person did not have any completed care plans in place despite being supported with personal care and medication. This person had been with the provider since 2014. We spoke to the registered manager about this who told us that this person has a regular team of staff who are aware of the persons needs and how best to support them.

We found the information contained in risk assessments and care plans did not always match. For example a medication care plan detailed that a person required medication to be administered but the medication risk assessment detailed that relative's managed this. This meant that staff had no clear guidance on how to support the person with their medicines

We spoke with staff about the people that they supported and asked how they knew what support was to be provided. They told us that they visit the same people and "get to know their needs". Staff we spoke with were knowledgeable about the people they supported and were able to provide detailed explanations about what each person likes, dislikes and what their preferences were and people we spoke with confirmed this. One person told us, "The girls know what they are doing, they have been coming here a long time now. I see them every day. They know what I like." Another person told us, "I usually get the same carer and they know what they are doing. I would soon tell them anyway."

We asked staff how they were informed if there had been any changes to a person's care needs. One staff member told us, "To be honest it would be me that would report the change. I come here almost every day and know what is going on. I ring the office to keep them updated."

We saw evidence of a review of care that had taken place for one person which detailed that, 'the care package was to remain the same' and there was 'no changes'. The other two care files we looked at did not contain evidence of any reviews that had taken place or any checks to ensure the current care package was still meeting the person's needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Procedures were in place to respond to complaints. People received information on the complaints procedure in the service user guide they were sent when they started using the service. This contained guidance on how a complaint could be submitted and the details of external organisations that could be contacted if people were dissatisfied with the outcome. No complaints had been received from people receiving personal care since our last inspection, but we saw that procedures were in place to investigate and respond issues when these were raised.

Is the service well-led?

Our findings

The registered manager understood their role and responsibilities but did not always take appropriate action to address concerns and issues or make appropriate referrals to other professionals. Notifications had not been submitted to CQC in a timely manner. For example, allegation of abuse had been reported to the registered manager in March and April 2016. CQC had not been notified of these allegation until August 2016.

We asked the registered manager to tell us what quality assurance checks were made of the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager said care managers completed a 'manager audit report' of care plans at least twice a year, using a form that had been introduced around two months ago. The registered manager said they then checked the manager audit reports for any remedial action being taken, and that they were currently working through the care plans of the three people receiving personal care. We asked to see the registered manager's checks but these checks were not recorded.

We saw manager audit reports on two of the care plans we looked at, and saw they consisted of a tick box checklist of whether required documentation was in place. One person's audit in October 2016 had identified that risk assessments were missing in moving and handling, personal care and the person's environment. The audit then stated, 'visits to home to be completed' but there was no date that this should be done by or evidence that remedial action had been completed. For another person, we saw an audit had been started on 1 November 2016 but was not completed. The registered manager said the member of staff responsible had left the service before completing the audit. The registered manager said they were using the incomplete audit as a "learning tool" but it was not clear how – or whether – the audit of the person's care plan had been completed. For another person's care plan we were not shown any evidence that quality assurance checks or audits had taken place.

The registered manager said care managers carried out checks on people's medicine administration records before they were sent to people's homes to ensure they were correct. They said the service was also involved with, "quality checks with GPs." These checks had been carried out by a care manager who had recently left the service. The registered manager said they – the registered manager – had just introduced their own checks of MARs but there was no evidence of this taking place. The MAR audits that we looked at had not identified the concerns we found.

Audits on daily visit reports had been completed for some people but these were not consistent. For example, one person's care file contained daily visit reports from July 2016 which had not been audited. Another person had no visit report sheets in their care file despite the package of care starting before November 2015. The registered manager did not record when daily visit reports had been returned to the office for auditing. Often up to six months had passed without any checks being made and this was not identified. Some of the daily visit reports requested were unavailable during the inspection and the registered manager was unable to locate these. This meant the registered manager would not be aware if

appropriate care was being provided to people who used the service or if staff were adhering to care plans.

There were limited quality assurance measures in place. This meant the service had failed to identify the concerns which we had during this inspection. Throughout the inspection management were unable to locate requested documents and provided conflicting information both during the inspection and information submitted following this.

The registered manager provided conflicting information during the inspection. We were initially told three people were receiving personal care. The registered manager explained that two of the three people had been served notice on their package of care meaning there would only be one person receiving a regulated activity. Discussions with staff and relatives and information requested following the inspection identified that this information was not correct.

Safeguarding concerns had not been recorded or responded to appropriately by the registered manager. The registered manager had failed to record outcomes of strategy meetings or any actions that had been taken to reduce the risks of reoccurrence. Training records were not accurate. Although we could see that staff had received some training, the records did not correspond with the dates on certificates and some recording information suggested staff had received training but there were no certificates to evidence this.

Due to the large number of concerns raised by other professionals and relatives, the local authority had terminated their contract with the provider in September 2016. The provider had failed to take appropriate action when requested to do so by the local authority, which contributed in the contract being terminated. As a result, people who were funded by the local authority were transferred to other providers. Following the termination of the contract the local authority raised concerns that the provider had not cooperated with this transfer process, often withholding information, which could have had a negative impact on people.

Staff did not receive regular support from management. Supervisions and appraisals were not consistent and staff did not know who the manager of the service was due to on-going changes. Staff felt there was a lack of leadership. Staff we spoke with told us that although they did not have regular meetings with their manager they did feel they had enough support. One staff member told us, "I call the office when I need to and I am always able to get advice."

A relative we spoke with told us, "The care staff have been lovely but the communication from the office is poor. It needs improvement. My [relative] has a key safe and the amount of times staff did not know the number was unbelievable. Information just doesn't get passed over to the carers."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service sought feedback from people through a survey, which had most recently been completed in November 2016. Five responses had been received. These were anonymous so it was not possible for us to see if people receiving personal care had participated. However, it meant that procedures were in place for people to give their feedback on the care and support they received.

We spoke with the registered manager regarding the concerns we had found during inspection including lack of documentation and incomplete audits. They told us that they were aware of the concerns and that actions were in the process of being put in place to correct this. Following the inspection the registered manager submitted example forms that were to be introduced to try and improve the quality of the service.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding concerns were not fully recorded and the registered manager had failed to attend strategy meeting. CQC had not been notified of concerns in a timely manner and safeguarding concerns had not always been reported to the local authority.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance processes were applied inconsistently and did not identify concerns. Accurate and complete records of people's care and the running of the service were not kept. Staff were not supported with regular and consistent supervision.</p>

The enforcement action we took:

a warning notice was issued.