

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Bromley

Inspection report

Sutherland Court
Thesiger Road
Penge
SE20 7NN

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13 December 2016
14 December 2016

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 12, 13 and 14 December 2016. It was the first comprehensive rating inspection of this service.

Sanctuary Home Care Limited – Bromley, provides personal care at two extra care housing sites in the Bromley area in which people live independently in their own tenancies. The personal care service is managed from the registered office at one site. Not everyone at these sites received personal care from Sanctuary Home Care - Bromley. During the inspection the registered manager told us there were approximately 110 people who used the personal care service.

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

The timing of this inspection was prompted by concerning information we had received about people's care. Some of this information was the subject of a safeguarding investigation taking place at the time of the inspection. CQC will monitor the outcome of the investigation.

We found serious breaches of regulations in respect of people's safe care and treatment, the management of medicines and the management of the service. Risks to people were not always identified or assessed; medicines were not safely administered or managed. We had concerns about the poor systems of communication between organisations operating at both sites which did not assure us of people's safety. Systems to monitor the quality and safety of the services provided, to reduce risks to people's safety and welfare and to ensure that records relating to service users were always accurate and complete were not effectively operated. Issues we identified had not been identified through the provider's auditing system. Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We also found breaches in respect of staff training and dignity and respect. Staff training was not always provided to support care workers to meet the full range of people's needs. We received mixed feedback about the care provided. People at both sites told us a small number of staff were rude and uncaring. Half the people spoke positively about all the care workers and the other half told us some care workers treated them with kindness and consideration but a small number of other care workers did not. You can see the action we have asked the provider to take in respect of these breaches at the back of the full version of this report.

People told us they felt safe at the service but some people at one site told us they did not feel their possessions were always safe. We found that there were sufficient numbers of staff on duty, during the

inspection although there had been problems in the previous few months at one site. People told us that fluctuations in their care needs were not always promptly responded to.

Staff received some training and supervision in support of their roles. They were aware of the importance of seeking consent from people when offering them support and told us people had capacity to make decisions about their care. They were aware of their responsibilities under the Mental Capacity Act 2005

People were supported to have enough to eat and drink where this was part of their assessed needs. They were also supported to access healthcare services where required. People were involved in day to day decisions about their care.

People's needs were assessed and care provided in line with their individual needs and preferences. People were supported to attend the activities provided by another service or to attend day centres where this was part of their support needs. The provider had a complaints procedure in place and written complaints were responded in line with the policy. Some people told us they knew how to raise concerns and had confidence that any issues they raised would be dealt with. Other people told us that when they complained some individual care workers had reacted badly.

There was mixed feedback about the running of the service. Some people said the service worked well and was responsive to their needs. Other people told us it was not well run and that any problems were not effectively managed. There were systems to gather people's views about the service to improve quality but some aspects of this system made it difficult to establish learning for individual sites or services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely and people did not always receive their medicines as prescribed.

There were risk assessments in place to reduce risks but some risks to people were not always identified or assessed and guidance was not always in place to reduce these risks.

Staff had safeguarding training and knew how to report any concerns. People told us they felt safe from abuse and discrimination but some people told us they did not feel their possession were always safe.

Recruitment processes were effectively operated to ensure suitability of staff was checked prior to employment.

There were enough staff to meet people's assessed needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training required some improvements to ensure that all staff had the necessary skills to safely met people's needs.

People told us staff asked their consent before they provided care. Staff worked in the spirit of the MCA.

Where it was part of the plan of their care people were supported to have enough to eat.

People told us they had access to a range of appropriate healthcare services.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People had mixed views about the way they were cared for and supported. Some people told us care workers were kind and

caring for others there were a small minority of care workers they described as rude. Some people told us they were treated with dignity and respect. Other people told us they were not.

People and their relatives if appropriate were involved in decisions about their care.

Is the service responsive?

The service was not always responsive.

People's care records were personalised and had detailed guidance about people's needs. However they were not always available in suitable formats for people to reference and eating and drinking care plans were not always completed where people were supported with their eating and drinking needs.

People were supported to attend the activities provided by another service or to attend day centres where this was part of their support needs.

The complaints procedure was accessible. People knew how to complain and some people told us they were confident their concerns would be addressed. However, other people were less confident and told us where they had raised a concern they had not always been treated kindly by staff.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There were mixed views about the management of the service.

Systems to monitor the quality and safety of the services provided, to reduce risks to people's safety and welfare and to ensure that records relating to service users were always accurate and complete were not effectively operated. Issues we identified had not been identified through the auditing system. There was not always effective communication with other providers at the sites.

There were systems to gather people's views about the service to improve quality but some aspects of this system made it difficult to establish learning for individual sites.

Inadequate ●

Sanctuary Home Care Ltd - Bromley

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 unannounced inspection took place on 12, 13 and 14 December 2016. A single inspector visited the service on the first day and there were two inspectors on the second and third days of the inspection.

Before the inspection we looked at the information we held about the service including information from any notifications. A notification is information about important events that the provider is required to send us by law. The timing of this inspection was brought forward due to the concerns raised and we had not yet requested a PIR from the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning and safeguarding teams for their views about the service.

During the inspection we spoke with 24 people and three relatives who used the service either in communal areas or in their homes. We spoke with five care workers, three team leaders, the head of care at one location, the registered manager and the regional manager and a health professional. We looked at nine care records and tracked four people's care to check that they received their care as planned. We looked at eight staff records and records related to the running of the service such as staff training records, accident reports and audits of the service.

Is the service safe?

Our findings

Medicines were not safely managed. Risks in relation to medicines management were not always assessed or guidance provided for care workers to reduce risks. At one site we found a medicines error of missed warfarin had occurred due to a missed call. For another person, we found one medicine had not been administered for over three weeks and another medicine had been administered for longer than prescribed. It was not possible to track some people's medicines to check they had received them as prescribed because there was no stock count made when new medicines supplies arrived. At another site one person medicines risk assessment was not up to date to reflect changes in risk levels. At both sites there were no warfarin administration risk assessments completed, in line with the provider's policy, to reduce possible risks in relation to the administration of warfarin. One person's prescribed medicines were not all accounted for on their Medicine Administration Records (MAR), so, there was no record to show if or when care workers administered these medicines. At one location the arrangements for the safe delivery of medicines had not been followed during the inspection and there were gaps in MAR records identified over successive months. The registered manager told us these gaps in records were due to care workers forgetting to sign the MAR record when they administered medicines.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about the issues we had found and they took action to seek medical advice about the missed and additional medicines administered.

People's feedback about their medicines was mixed at both sites. Most people at one site told us they received their medicines as prescribed. However, there were three people who told us that their medicines were sometimes forgotten by care workers and they had to call them back on occasions. People's care plans contained information about the level of support they required with their medicines and included a list of their prescribed medicines, as well as details of any known allergies. Staff told us, and records confirmed that they had received training in medicines administration, which included an assessment of their competency, to check they were able to safely support people with their medicines.

Risks to people's health and safety were not always identified, assessed or action taken to reduce the likelihood of them occurring. There were no epilepsy risk assessments for two people with epilepsy, or guidance for care workers on how to reduce possible risks. For another person a change in their risk levels related to their epilepsy had not been identified. Risk assessments were not always completed where people smoked in their own home to ensure possible risks were identified. Where smoking risk assessments had been completed they did not identify or assess the risks clearly or provide adequate guidance for staff. Nutritional risk assessments were not always completed to assess the level of any risks or to guide staff to identify and reduce possible risks.

People's health risks were not always recorded on their hospital transfer records to alert health professionals of any health risks. For example for one person with diabetes and another person with

epilepsy this information was not recorded on their transfer documents. We found, for one person with diabetes and a possible choking risk, information about changes in their nutritional risks or dietary needs was not always communicated to the kitchen to reduce the risk of an unsafe diet. Neither was the information recorded in their care plan to ensure that where care workers supported people with their meals they were aware of any risks.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For other people we found risks were identified, for example risks in relation to mobility were assessed and plans were in place to reduce the likelihood of risks occurring.

There were arrangements to deal with emergencies. The provider had a business contingency plan to deal with a variety of emergencies which provided the contact details to manage a range of emergency situations.

Most people told us at both locations told us they felt safe from abuse and neglect. One person told us, "I feel very safe here. Much safer than when I was at home." Another person remarked, "I feel very safe here. The girls (care workers) are lovely. There is always someone around if you need them. It's quite safe." However, five people at one location told us they did not feel their possessions were always safe as things had gone missing from their homes. These issues were subject to a safeguarding investigation at the time of the inspection. The provider was cooperating fully with the investigation. CQC will monitor the outcome of this investigation.

The service had procedures in place to safeguard adults from abuse. Staff told us they had received training on safeguarding vulnerable adults and knew the signs to look for and what they should do. The registered manager confirmed they knew to report any concerns to the local safeguarding team and CQC. One staff member told us, "I would report any concerns I had to the manager or team leaders and if they did not respond, then, I would contact the local authority safeguarding team." Staff were also aware of the provider's whistleblowing procedure and told us they would use it if necessary.

At the time of this inspection we found there were enough staff to meet people's assessed care needs; but daily fluctuations in people's need could be difficult to manage. At one site the full complement of care workers was not available on the first day of our inspection; they were one care worker short. The team leader told us one care worker had been moved to cover the night shift. However people and care workers we spoke with about this said there were enough care workers to meet people's needs as some people were in hospital which reduced the calls being made. At this site people told us they thought there were enough care workers to meet their needs and they were usually on time to provide their care. They told us care workers answered the call bell promptly during the day and at night. One person commented, "There is always someone about to help. They do come when you ring the button. They are usually quite quick."

Care workers at this site told us they thought there were enough of them to carry out their roles but it could be difficult if people needed support outside of their regular times for care. One care worker said, "There are usually enough of us but days can vary a sometimes people need more help than usual."

At the other site two people told us there were enough care workers and three people told us they did not think there were enough care workers to meet their needs as they were often late to provide care and rushing to get things done. One person commented "I don't think there's enough staff for them to handle what they need to do. I feel there needs to be more staff. If anyone calls in sick they're down." Another

person told us, "They need more night staff." A third person said "Sometimes I don't know when they're coming. I know when they're meant to come but that doesn't always happen." Some people told us if they needed additional help outside of their call times to respond to fluctuation in their needs, they may have to wait some time for a response.

We spoke with the registered manager about this feedback and they showed us the care workers rota which showed the assessed requirement of care workers were available. They told us that there were enough care workers to provide the assessed levels of care agreed with commissioners and that there was a process to monitor if people required an increase in the level of care and to then increase the numbers of care workers.

Recruitment checks including police, character, identity and right to work checks were completed before staff started to work at the service to ensure their suitability was checked prior to their employment.

The registered manager advised that they had experienced a sudden reduction in staff due to staff turnover in the summer and it had been difficult to meet people's needs promptly. They had recruited new care workers and more recently things had improved. However, short notice staff sickness was difficult to manage as they did not use agency care workers and it could be difficult to find a bank care worker available at short notice. On these occasions the care workers may run late but they would prioritise people according to their needs and let people know about the problem. Care workers said that if there were the right number of them then it was possible to meet people's planned care needs but staff sickness did make it difficult. However they said staff sickness levels had improved in recent months.

Is the service effective?

Our findings

People and their relatives told us they thought staff received enough training to support them adequately. However, we found that while staff received training across a range of areas the provider considered mandatory such as safeguarding and first aid, there were aspects of care worker's roles where appropriate support and training had not been provided. Records of fire training carried out by the housing association did not show that night staff had received fire training at either locations or been involved in a fire drill this year. We asked the registered manager if care workers were provided with fire training by the provider and we were advised they were but the information to support this was not produced. Care workers told us they did not have training on epilepsy and there were people at both locations that had epilepsy and were prone to seizures. We asked three care workers what they would do in response to a seizure and two care workers were unable to provide a clear response.

New care workers told us they received an induction at the service which included a period of shadowing experienced staff to learn about the job. One new care worker told us they had not been shown how to change a catheter bag before they started to provide care and had needed to some people at the service in this way. They had therefore asked more experienced staff to help them.

This meant that care workers did not always have the qualifications, competence, skills and experience to carry out their roles. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Other records showed care workers received regular training on topics the provider considered mandatory. Care workers also told us they received training and this was refreshed regularly. One care worker told us "You get lots of training with Sanctuary." Care workers new to health and social care completed the care certificate, a nationally recognised programme for new employees.

Staff told us they received regular supervision and an annual appraisal to support them in their roles and development. Records confirmed that care workers had received supervision at least twice during the year. However it required some improvement as the frequency of supervision provided was not always in line with the provider's requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

At this inspection people told us they were asked for their consent before any care or support was provided. One person they replied "Staff do check I am happy with what they are doing first." Care workers told us they

had received training on MCA and understood their roles and responsibilities in relation to MCA. We saw where there was any concern that a person may lack the capacity to make a separate decision the service worked in consultation with their family and other professionals in their best interests.

People were supported to have enough to eat and drink where this as part of their care plan. People at both locations were provided with a meal in the dining room which was organised by the housing association. Care workers supported people to come to the dining room for their meal where needed and if people required additional support to eat this was included in their care plan. Care workers also supported people to prepare meals in their own homes.

Relatives told us that the care workers kept them informed of any changes to their family member's health. Care workers told us they would notify the office if they noticed people's health needs changed and we saw this evidenced in people's daily notes. The registered manager told us they would contact the relevant family member or health professional if a need or concern was identified. Where appropriate the service worked with health professionals to address people's health needs. Contact details for relevant healthcare professionals were available on people's support plan records. We saw referrals were made to the GP, district nurses and occupational therapists when a concern arose.

Is the service caring?

Our findings

People and their relatives at both locations had mixed views about their relationship with some care workers. Of the 26 people we spoke with about half the people told us they felt the care workers were kind and helpful. Some people spoke highly of particular care workers and appreciated the support offered to them. One person commented; "I can't fault the staff. They are kind. I get on with them all." Another person told us, "The staff treat me well. We have a laugh." A third person said, "Everyone is helpful. I can't complain." The other half of the people told us there were some very good care workers but there were a minority at both the locations that were not always caring or kind. One person remarked, "There are inconsistencies, there are some nice ones and some are difficult." Another person told us, "Some staff have an attitude, when you ask them to do something they say 'do it yourself'." A third person commented, "Some staff are just not pleasant at all." One person told us that the night staff had refused to help them go to the toilet on one occasion recently. They told us the night care worker said "No I'm going home." They then had to wait sometime for a care worker to attend to them. They told us "I was in so much pain and they made me wait until 9.30am." We raised these issues with the registered manager who agreed they would look into the matter as a priority.

About half the people we spoke with told us they felt staff treated them with dignity and respect. One person remarked "The staff respect my privacy and cover me up when they are helping me wash." Another person commented, "The staff are good, kind and respectful." However, the other half of people told us that they did not feel respected by a minority of staff at both locations. One person remarked, "I don't like the way some staff treat people with dementia here. They are not respectful or kind." Another person told us; "A few staff are rude generally." They're reluctant to do what they've got to do. Nobody introduces themselves. A lot of them- I don't know their names." Another person remarked; "Sometimes there is a lack of respect. Night care staff they don't talk to you. A bit of encouragement would help."

These issues were in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Some aspects of care delivery required improvement People told us they received care from a number of different care workers. One person commented, "I never know whose coming. It always changes." Another person remarked, "There are lots of different staff coming in and out. It's hard to keep track." We looked at the time sheets for three care workers and saw that they supported between 10 to 14 different people during the course of their working day. The provider told us that it was not possible to manage the support calls needed by grouping them into smaller groups of care workers who delivered care for each person to help with familiarity due to the way the service was commissioned.

We were not able to observe the care provided in people's homes at this inspection. Care workers gave us examples of how they protected people's dignity by knocking and calling out before they entered someone's home and that they treated information about people's needs confidentially.

People and their relatives told us they were involved in decision making and planning for their care and

support. Relatives told us they were generally updated about any changes to their family member's care where this was appropriate. Care plan records showed reviews of the care plan recorded and people were consulted about their views. One person told us, "They do ask me what I think about things." People were provided with information about the service when they joined the scheme in the form of a service user guide and there was a suggestions box available for people to provide any individual ideas or general comments.

People's individualised needs with regard to their disability, race, religion and gender were identified and plans put in place to meet their needs where this was appropriate to the care being provided. People's preferences with respect to their personal care were recorded in their care plan and care workers told us any cultural needs would be included in the care and support plan. For one person whose first language was not English contact had been made with the family to provide the care workers with some phrases to aid communication and understand their needs and wishes.

Is the service responsive?

Our findings

People showed us they had a plan of their assessed care and support needs available in their homes. The registered manager told us that a joint pre-admission assessments were completed by Sanctuary Care and the housing association together to ensure they could meet people's needs safely.

Care plans were personalised to reflect people's individualised needs and preferences. They included information about people's needs including people's health, medicines, personal care needs, mobility and safety and eating and drinking needs where relevant. Care plans were detailed and gave clear guidance to care workers over a range of areas to help them meet people's needs. However, there was some room for improvement as some people who were supported with their eating and drinking by care workers for example helping them prepare meals did not always have guidance in their care plan to inform care workers about their role. We raised one person's needs in this area with the registered manager who told us they were not supported with this aspect of their care although the care plan stated that they required support for their own safety. The registered manager agreed to look into this issue. Care plans were also not available in different formats, such as easy read format for people with learning disabilities, to help them understand the plan of support more easily.

People told us their independence was encouraged as far as possible and that care workers encouraged them to undertake aspects of their care they could safely manage. Care plans reflected what aspects of personal care people could or wanted to manage for themselves and where they required support. People were supported to take part in the opportunities for social interaction and stimulation organised by the housing association at the service. Care workers helped support people get ready to attend day centres or access community transport.

Some improvement was needed in respect of the way complaints were responded to. People told us they were aware of the complaints policy and knew how to make a complaint but there were mixed views about how issues were responded to. Some people told us they had not needed to raise any complaints but felt any issues would be responded to appropriately. One person remarked, "It's all been fine here. I've not needed to make any complaints." However another person told us that when they had complained a care worker had told them they would not respond to them if they called at night for help. A third person told us they had raised concerns previously and a care worker had "reacted badly, they keep spite against you." A third person commented, "Staff can be defensive when you complain." We looked at the complaints records and saw where written complaints had been received actions in relation to the complaints had been recorded and the complaint had been acted on in line with the policy timescales. However, the responses given to people did not always acknowledge the issues involved. We saw the letter of response to an occasion where a person's medicines had been missed and an apology for the missed call had been made but there was no reference to the missed medicines made. This did not reassure us that the seriousness of the issue had been recognised. We discussed these issues with the registered manager during the inspection and they told us they would look into these concerns.

Is the service well-led?

Our findings

We found considerable concerns about aspects of the management of the service. There were internal audits carried out across all aspects of the care provided by the manager. The provider also carried out their own audits. However we saw that some issues were either not identified, or, if they were, they were not acted on. Systems to monitor and manage risk and to monitor the quality and safety of the service were not effective.

For example systems to monitor risks in relation to emergencies were not always maintained. We found no records at either location to show that night care workers had been involved in a fire drill or fire training. This posed a risk to people as night care workers were in charge of responding to any emergencies at night. At one location there were no records of night staff completing fire panel training or health and safety induction checks. The last fire drill completed at one location during the day in February 2016 showed that care workers had not responded appropriately during the drill. No action had been taken to address the problems. The registered manager was unaware of these risks until we raised them at the inspection.

Daily health and safety checks were completed by night care workers at both locations to ensure service users safety and security. At one location we found that there were no records of any checks carried out between 31 July and 29 November 2016 and the last recorded check completed was on 4 December 2016. This posed a possible security and safety risk. However this had not been identified by internal audits completed by the registered manager or other staff. The registered manager's audit for August 2016 for this location recorded 'Yes' against the question of whether health and safety checks were completed. The systems to monitor risk were therefore ineffective.

Systems to monitor risk and monitor and improve the quality and safety of the service failed to identify the lack of a robust system to inform catering staff about changes to people's dietary needs which raised possible risks to service user's health. We found a failure to identify the need to inform catering staff about changes to someone's health and dietary needs or protect them from a possible risk of choking by ensuring that the catering staff received the advice from a health professional.

Audits of care plans failed to identify that some people's care plans were not always accurate and up to date to ensure care workers were fully informed of risks and how to manage them. For six people care plans and risk assessments were not always up dated with new risks or changes to risks. Audits of records failed to identify the need to update the hospital transfer records when changes in people's health occurred.

There were systems to communicate between the managers of the different aspects of the service, who worked for the different organisations, through monthly meetings but these systems were not always effective. At both locations these had not been running at monthly intervals due to staff sickness for both organisations. Communication books were used to convey practical information about service users' whereabouts or maintenance issues. However inspectors found that issues were not always reported or communicated. For example water had leaked onto one person's home electrical supply and although care workers had been aware of the problem and assisted to resolve it the risk with the electrical equipment had

not been identified to the housing association by them. A care worker told inspectors that they thought the call response handsets did not pick up the call bell signal at one site on one side of the building. This meant people could be calling for assistance but care workers may not receive the call if they were in that area. However this issue had not been reported to the housing association to be investigated and resolved.

Inspectors found the same concerns arose repeatedly in relation to the personal care service provided by Sanctuary Home Care -Bromley. We were shown a number of complaints raised in August 2016 by the housing association and kitchen about service users not receiving their meals on occasions or not being supported with personal care in time ready for the day centre transport. The registered manager showed us their response to the concerns but we saw an email dated 31 October 2016 when problems with concerns that three people had not received their meals at a weekend were raised again. When we asked the head of care for a record of what action was taken in respect of this none could be provided.

Medicines audits failed to identify the issues inspectors found with the safe management of medicines. At one location there had been no monthly audit for November 2016. At both locations there were multiple gaps in people's MAR found during completed audits. At one location an audit for September showed that there were identified gaps in records for seven service users. For three service users no care workers were identified as responsible for the gaps in records, so there was no mechanism to hold them accountable, or, to ensure learning to reduce the likelihood of the problem reoccurring. For one audit there were seven care workers identified as responsible for gaps in the MAR. However we were only shown records of competency checks for two care workers when this action had been identified in respect of all seven care workers. We saw three of these care workers were identified as making the same errors in October 2016. For the other location the registered manager had signed audit forms that stated he would have a formal conversation with care workers about the identified gaps in MAR records. When we asked to see evidence of this the registered manager told us the head of care had dealt with this. However, the head of care told us they had not seen this particular audit form before and therefore had not held any formal conversations to explore the gaps in MAR chart with care workers.

There was no monitoring conducted of the response times to people's emergency pendants in the day or at night to identify any possible concerns. The registered manger told inspectors they did not audit or check the response to the call system. There were no checks on the quality of the care during the night. No spot checks were carried out on staff at night to monitor the overall support provided in the night.

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

Following the inspection CQC passed information to the fire service in relation to the concerns identified in relation to fire safety.

Some audits were completed that did identify areas for improvement. For example we saw a staff records audit had recently been completed and action had been taken to address the issues raised in relation to a small number of missing documents. Spot checks were regularly completed by team leaders on the care workers during the day to monitor that care was provided as planned. We saw people's views about their care were requested as part of this check and the recorded views were positive. The manger also had completed some visits to some people at one site to seek their views about the service.

People gave us mixed feedback about the management of the service. Three people told us they thought it was well managed. One person told us, "It works fine for me. I think it is run well." Some people, however, were unsure who the manager of the service was and referred to team leaders or the head of care. Three

people at one site and two people at another told us they never saw the manager and did not feel the service was well run.

Care workers and team leaders told us they felt well supported by the registered manager. They said they thought they were approachable if they had a problem. We saw minutes of staff meetings that often addressed the same issues such as medicines records. The registered manager did provide positive feedback to individual care workers and to the staff group when it was received.

We saw the provider carried out an annual survey to seek people's views about the service. However, we were told by the registered manager that the feedback was only divided into regions and so it was difficult for individual locations to identify and understand the relevant learning for their service in order that improvements could be made.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People who use services were not always treated with dignity and respect. (Regulation 10 (1))
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive such appropriate, training, as is necessary to enable them to carry out the duties they are employed to perform, Regulation 18 (1)(2)(a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe care or treatment and the unsafe management of medicines. Regulation 12 (1)(2)(a)(b)(g)(i)

The enforcement action we took:

We served a Warning Notice in respect of this breach of fundamental standards on the provider and registered manager.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not always in place or effectively operated to assess and monitor the quality and safety of the services provided, to mitigate against the risks to the health, safety and welfare of people using the service and to ensure that records relating to service users were always accurate and complete. Regulation 17 (1)(2)(a)(b)(c)

The enforcement action we took:

We served a Warning Notice in respect of this breach of fundamental standards on both the provider and registered manager.