

Access Community Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Access Community Services Limited is based in Southport, Merseyside and provides personal care and support to people who live in their own homes. Support packages are also provided to people with learning disabilities or mental health conditions, to enable them to live in the community and lead full and active lives. The service covers people requiring support in Sefton, Liverpool and Lancashire.

The service supported 94 people living in the community including 19 supported living accommodations.

This was an unannounced inspection which took place over three days between 27 June and 5 July 2017. The inspection was carried out by an adult social care inspector.

The service had a registered manager in post. 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.

At the last inspection in May 2016 the service had been in breach of one regulation with respect to gaining peoples consent to care and treatment; on this inspection we found improvement and the breach had now been met. We found, however, on this inspection, three further breaches of regulations.

We visited two of the supported living houses which were staffed by the service. We found, in one house, medicines were not administered safely. Medication administration records [MARs] were not completed in line with the services policies and good practice guidance. It was unclear whether some medicines were given correctly.

The registered manager and deputy were able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the service. We found, however, there had been failings to properly assess a person's personal care needs and preferences and this had resulted in the person not receiving individualised care.

We found there was a lack of arrangements in place for checking the care environment. We found there were inadequate arrangements to safely monitor and ensure the health and safety of people living in one of the supported living houses. We gave urgent feedback to the registered manager who put remedial measures in place and updated us of the action taken to ensure people were safe.

We found the services governance [management] arrangements needed to ensure effective monitoring of safe standards of care at the supported living establishments. Some overarching governance systems had failed to effectively monitor standards and required review. We identified management audits and checks that required further development and regular and consistent implementation as well as the services

admission assessment tool.

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

At the inspection in May 2016 we found the service in breach of regulation concerning the need for consent to care and treatment. This was because the service did not always work in accordance with the Mental Capacity Act 2005. At this inspection we found improvements had been made and peoples consent to care was recorded.

Prior to the inspection we received some concerns regarding the consistency of staffing at the service. People we spoke with said they felt safe with the staff and the support they received. The registered manager reported there had been issues with staffing in some areas of the service but these were being addressed. We found there were sufficient staff available to support people.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at staff files and found that appropriate applications, references and security [police] checks had been carried out. This meant that there was thorough processes to help ensure staff employed were 'fit' to work with vulnerable people.

The staff we spoke with clearly described how they recognised abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report any concerns they had. We reviewed safeguarding investigations during the inspection and the agency had followed procedures and liaised well with safeguarding authorities. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This helped ensure people were kept safe and their rights upheld.

There was a good level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they were safe.

Feedback from people told us that staff seemed well trained and competent. Staff were supported by on-going training, supervision, appraisal and staff meetings. Training for formal qualifications in care was offered to staff as part of their on-going development.

Local health care professionals, such as the peoples GP and the Community Mental Health Team (CMHT) were involved with people and staff from Access Community Services liaised when they needed to support people. This helped ensure people received good health care support. Staff were able to explain each person's care needs and how they communicated those needs. We saw that staff respected people's right to privacy and to be treated with dignity.

All family members and people spoken with felt confident to express concerns and complaints. Issues were dealt with and the service was responsive to any concerns raised.

There was a clear management hierarchy. People using the service, relatives, stakeholders such as health care professionals and staff told us they felt the culture of the organisation was fair and open. The registered manager was aware of their responsibility to notify us [The CQC] of any notifiable incidents in the home.

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 administered safely. Medication administration records [MARs] were not completed in line with the services policies and good practice guidance. We were not clear whether some medicines were given correctly.

The health and safety monitoring of the environment in one supported living house was not adequate and left people at potential risk of harm.

There was a good level of understanding regarding how safe clinical care was managed and staff had a good knowledge of safeguarding. Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst helping ensure they were safe.

There were enough staff employed to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed. This was an improvement from the last inspection.

Systems were in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

People's care documents showed details about people's medical conditions and also appointments with health care professionals such as, GPs and the local mental health services to help support people in their own home.

Is the service caring?

Good ●

The service was caring.

The feedback we received evidenced a caring service. People being supported and other stakeholders commented positively on how the staff approached care.

Staff treated people with respect and dignity. They had a good understanding of people's needs and preferences.

People we spoke with and relatives told us the manager's and staff communicated with them effectively and involved them in any plans and decisions.

Is the service responsive?

The service was not always responsive.

People's care was not always assessed and planned so it was personalised and reflected their current and on-going care needs.

A process for managing complaints was in place and people we spoke with were confident they could approach staff and make a complaint if they needed.

Requires Improvement ●

Is the service well-led?

The service was not fully well led.

There were a series of on-going audits and checks to help ensure standards were being monitored effectively, however, these were not consistent or robust. This had exposed some people to potential risk of harm.

The registered manager provided a lead in the service and was supported by other service managers in a clear management structure.

We found an open and person-centred culture. This was evidenced through the interviews conducted and through care observed and records reviewed.

There were systems in place to gather feedback from people so that the service was developed with respect to their needs.

Requires Improvement ●

Access Community Services Limited

Detailed findings

Background to this inspection

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

This was an unannounced inspection which took place over three days between 27 June and 5 July 2017. The inspection was comprehensive and was carried out by an adult social care inspector. The inspection was brought forward in response to a number of concerns we had received about the service.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR 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 reviewed other information we held about the service. We received feedback from local health care organisations who commission with the service as well as two health care professionals.

During the inspection we were able to see and interact with five of the people who received care from Access Community Services. We visited the central offices for the service.

We spoke with 11 staff including care/support staff, two senior managers for the service, the registered manager and the Chief Executive officer for Access Community Services.

We looked at the care records for five of the people being supported, including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

Is the service safe?

Our findings

People we spoke with told us they were happy with the way they were supported with their medications. One person told us when care staff administered medicines these were on time and staff were competent. The person said, "Yes staff never forget and are very good."

We reviewed medication management and were concerned that the medication administration records (MAR's) in one supported living accommodation was poorly completed and the information confusing. For example, there was no record of dates or quantities of medicines received from the pharmacy or any medicines which may have been 'carried over' from the previous month. When we tried to audit the amount of one person's medicines in stock it was difficult to establish a correct amount of medicines in stock; we eventually did complete the audit with reference to a medicines checking in book held separately.

There were some handwritten entries on MAR's that had not been signed by staff and the quantity or date of receipt of medicines was not recorded. Best practice would be for two staff to sign any handwritten entry as a check and confirmation the entry was correct.

One person had been prescribed a cream as a treatment for a medical condition; this was listed on the MAR as being required daily but it was only being occasionally administered and so may have been ineffective. We were told the person had been experiencing pain from this condition and that this may have affected their behaviour; pain was listed as a possible 'trigger' to their behaviour on the person's care plan. The GP had prescribed regular dose of paracetamol for pain relief; but again this was not being given regularly. A MAR dated February 2017 stated the paracetamol was to be given PRN (as required) but staff were not clear why or when this had changed.

We raised this concern to the registered manager; we were later reassured that action had been taken to ensure the person was receiving the right amount of medicines.

People on medicines to be given PRN did not always have a support plan in place or it had not been updated to help ensure consistent administration of these medicines. For example, a person had medication for pain relief and we were told this was for a 'pain in hip'. This was not recorded as part of a care plan. The risk would be that staff, not familiar with the person may be unaware of the use of the medication.

A PRN support plan had not been updated following a review of medication protocol by a visiting health care professional. The care plan was dated February 2017 and there had been a recent review in May 2017. It was unclear as to the timing of the PRN medication which was to alleviate anxiety and disturbed behaviour.

We discussed the lack of accurate and confusing records with the house manager, registered manager and deputy manager for the supported living service. We asked what auditing mechanisms were in place to check if medication was being administered safely. We were shown an audit carried out in house on 16 May 2017 which had identified a number of issues to address but had not identified any of the issues we had

seen. Another medication audit carried out by another 'house manager' on 6 June 2017 had also not identified any issues.

These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

We were told that all medicines were administered by designated staff members who had received the required training. Competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the manager or a senior carer following initial training; we saw records confirming this. One house manager told us, "Access has their own training for medicines – the training officer has some pharmacy background. We are all observed by a senior manager to make sure are competent to give out medicines." We saw one staff administering medicines to a person in one of the houses we visited and this was completed with care and there was good communication with the person.

Prior to our inspection we received information that, in one of the supported living houses there were issues with health and safety of the living accommodation, especially concerning on going repairs. On our inspection we found there were arrangements in place for assessing any risks associated with the care environment but these were not consistent. We visited two of the supported living houses. The house manager at one of these was able to show us how they audited and checked areas such as basic health and safety of the environment including fire safety. However, we found these checks had not been implemented at the second property. There were no routine checks by staff on safety in the kitchen, hot water or fire safety checks. We found a cupboard in the hallway full with cardboard and paper debris which was a potential fire risk. The smoke alarms in the home had not been subject to any regular testing. The house manager told us they were in the process of updating personal evacuation plans (PEEPS) for one person people in the house who had moved in months earlier.

We saw a health and safety audit carried out on 13 June 2017 which highlighted some of these issues but at the time of our inspection there had been no action taken to address them. We spoke with the registered manager who reinstated the safety checks and cleared the cupboard identified.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Those people we visited felt safe with the support they received. One person said they felt very relaxed in the company of the care staff and they "Are very good – I was a bit unsettled but I know all the staff now." All of the people who could give an opinion said they would approach the staff or house manager if they had a concern. We were shown comments from surveys carried out by Access Community Services on 34 people who used the service. There were no concerns expressed regarding peoples safety and comments included "I feel safe and happy."

All of the staff clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. The agencies policies were up to date, clear and inclusive taking into account local authority safeguarding protocols.

During the inspection we discussed some safeguarding issues that had arisen and how these had been managed by the service. We saw there had been good liaison with the Local Authority safeguarding team to progress any investigation. The Care Quality Commission were kept up to date with the investigation and

notified accordingly. In these examples the service worked well with the Local Authority and police if needed. Agreed protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were available in the agency office. A local commissioner for the service told us "Where there have been any Safeguarding concerns relating to individual staff members they have disciplined and dismissed them immediately."

Staff input was agreed depending on assessment of people's individual care needs and funding. People living in the supported living accommodation had staff present 24 hours. Prior to the inspection we had received some concerns that staffing was, at times compromised and staff were left unsupported. The registered manager reported that there had been issues in one of the supported living houses as staff had left and there had been a wider use of staff from another agency; staffing was now more settled however.

We found sufficient staff to care for people in both houses we visited. All of the staff interviewed told us they were well supported by the service and staffing was stable for most of the time. In the one house that had experienced staffing difficulties, we found that staff on duty knew the care needs of the people living there and had worked in the house previously. There was a new house manager who was addressing the staffing issue by ensuring greater consistency; they felt they had achieved this. A commissioner for the service told us, "They (Access) do not encounter the problems recruiting staff, that most other Providers in the North of Sefton tend to face, and most staff have been with them for a long time."

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at three staff files and found that appropriate applications, references and security [Disclosure and Barring] checks had been carried out. These checks had been made so that staff employed were of suitable character to work with people who might be vulnerable. We spoke with staff who told us they felt the agency had been thorough in their recruitment.

Accidents and incidents were recorded and monitored by the service. We saw that each accident or incident had been followed through individually and analysed so that any lessons could be learnt.

Is the service effective?

Our findings

The people we spoke with on the inspection who were able to comment, spoke positively about the support they received and the competency of the staff. One person said, "The staff know what they are doing."

At our last inspection in May 2016 we found the service in breach of regulation¹¹ of the Health and Social Care Act (Regulated Activities) Regulations 2014 regarding how consent was gained for people's care and treatment. The service did not always work in accordance with the Mental Capacity Act 2005 (MCA).

We received an action plan from the provider telling us how the service would address the breach and meet compliance. The PIR for the service also stated, 'We will continue with MCA and DOL's (deprivation of liberty safeguards) training as some staff still struggle with the processes of the MCA. We will continue with the work that we're doing to ensure people we support make and communicate their own decisions'.

We found that improvements had been made to meet the requirements of the regulation. However, there remained some examples of inconsistent recording.

At the inspection we looked to see if the service was working within the legal framework of the MCA. The 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.

We saw that staff had received training on the principles of the MCA and this was included as part of new staff induction. One house manager told us there had been 'extended' training in the use of the two-stage mental capacity assessment tool used by the service. Staff we spoke with demonstrated they understood these principles. The service managers understood that the legal process involving decisions to do with people's mental capacity were managed through the Court of Protection and gave examples of this.

The people we spoke with on the inspection had varying levels of capacity to make decisions for themselves. One person commented, "The staff help me every day to make a choice; I gave them permission to manage my medicines as I can't do that."

We saw care files where people had been assessed in some detail regarding their mental capacity and how staff would help them make decisions for themselves. For example we saw one care plan which detailed how staff would assist a person in making daily decisions around care and choice of activity. This was personalised and described how staff should communicate and offer choice. There were also support plans for 'key' decisions such as management of finances, health and medication.

There was an assessment made for each which showed staff's understanding of the assessment criteria for mental capacity and made reference to the recommended 'two stage' mental capacity assessment. For instance we saw an assessment and care plan for a 'restrictive' practice regarding a person's diet plan.

This included the use of the standard two stage assessment tool and very clearly showed in what respect the person lacked capacity to make this particular decision which was therefore made in the person's 'best interest'. Another example was the use of bedrails for one person where care had been taken to assess the person's capacity to consent to these using the two-stage assessment tool with good rationale as to why the decision was made in the person's best interest.

At the last inspection we looked at people's tenancy agreements and their involvement with these. We saw that new admissions for care had tenancy agreements. Those people lacking capacity had been assessed by the commissioning authority and we saw assessments by social workers who had placed people in the accommodation which were on file.

Some examples were not as clear. This was because some care files had not been updated. One person had input into choosing their holiday each year and this was facilitated by staff. The assessment and records were unclear however with regard to the person's capacity regarding this. The care file had not been updated however since 2016. The house manager showed they understood the concepts involved but was new to managing the house and had not updated the person's care file.

We looked at the training and support in place for staff. The PIR for the service submitted by the registered manager gave a full update on training for staff in all areas of care. We were also advised about staff who have current qualifications in care such as NVQ [National Vocational Qualification] or Diploma under the QCF (Qualifications Credits Framework). We were sent the updated and current training matrix showing training for all staff. This showed all staff undergo regular training and are supported by the service.

We had positive feedback from staff who said the training provided and support offered by the service was good. A house manager told us, "I've been very well supported in my role and the training I've attended has been really good." Another staff member said, "Training is very good and there's a lot of it."

The company had a training manager who gave us an overview of the training for staff. The training matrix was able to track all staff and when they were due any training. Planned updates for staff over the next few months included fluids and nutrition. Most staff had also undertaken the 'Care Certificate' which is the government's blue print for induction standards to staff working in care settings. The training manager explained that all staff undergo this as revision. The service benefited from a training room.

Staff told us there were support systems in place such as supervision sessions and staff meetings. All staff we spoke with told us they were supported well. Managers were described as very accessible if staff needed any support.

We saw, from the care records that local health care professionals, such as the person's GP were liaised with when necessary. We saw that one person was under regular review for both physical and medical reasons as well as undergoing regular review by the Community Mental Health Team (CMHT). A local commissioning officer for health care told us, "We have recently reviewed all of the 'Access' services in Sefton as part of a Supported Living Review and have no major concerns around the support they provide."

People were supported individually with their meals. We saw one person was engaged in an active dietary plan to support healthy eating. Another person was being supported by a staff member to choose their breakfast and eat with as minimal intervention as possible so the person was encouraged to be as independent as possible.

Is the service caring?

Our findings

We received positive feedback from all areas of the service regarding the caring nature of the staff. We visited two of the supporting living houses during our inspection and met with five people being supported. We saw there was an obvious rapport and understanding when we observed staff interacting with people they supported.

People varied in their level of care need and communication. This meant people needed support interventions aimed at planning their day and future activity on an individual basis. Communication was seen as a priority to carrying out care. Care files referenced individual ways that people communicated and made their needs known. We also saw examples where people had been included in the care planning, so they could see and play an active role in their progress.

We met with one person who presented with some challenging behaviours and needed full monitoring and support with all care needs. Staff were confident in their interactions and support for the person and understood the best way to react when the person became distressed or agitated. This support reassured the person concerned and maintained their dignity. We saw another person who had been supported to go out for the day. When they returned they had appropriate and positive 'banter' with staff and staff took care to settle them down with a routine that they enjoyed and which relaxed them. Staff seemed very confident in their interactions. We saw staff respond in a timely and flexible way depending on how each person communicated. Staff had taken time with one person to use pictures to help communicate daily choices.

We heard staff taking time to explain things clearly to people in a way they understood. When we spoke with staff they were able to tell us why people needed different approaches at certain times and how this had been agreed and was consistent.

The staff we spoke with had a good knowledge of people's needs and were able to explain in detail each person's preferences and daily routine, likes and dislikes. These were also recorded in care files we reviewed.

One person able to voice an opinion was positive about the staff providing support and saw them as their 'friends'.

We asked about advocacy service available for people. We saw that local advocacy service was advertised in the drop in facility operated at the services offices. There was full information available including contact numbers. We were told about a recent case where a person had accessed the local advocacy service with respect to issues around funding for care.

We saw some people who were attending the drop in facility at the services offices and they looked relaxed and were socialising with each other. There were two large display boards which evidenced various events and organised activities for people that Access Community Services had supported. This further evidenced people's level of inclusion with the service and their on-going care.

Is the service responsive?

Our findings

Prior to our inspection we received some concerns that a person not been assessed appropriately with respect to their personal care needs. This had meant the person not having their preferred choice around support with personal care respected.

We found there had been a lack of adequate assessment by the service when the person had been admitted to the accommodation. The lack of assessment centred around the person's personal care needs. Failure to assess and identify these care needs meant that the person had not been supported in their preferred choice around personal care since their placement at the house. Staff could not the support the person to wash as they would wish because suitable facilities had not been identified.

We reviewed the admission assessment by the service for the person concerned. The assessment was detailed in many aspects of care need such as mental health needs and challenging behaviour; there was no assessment of the person's personal care needs however. This omission to the assessment tool by the agency meant that other people may not have their personal care needs fully assessed prior to admission to the service. We discussed the fact that the service provides personal care to people and this is the basis of their on-going registration.

We also reviewed the care of people to see if they were included in their care planning and reviews. We found evidence for this with three of the people we reviewed. We saw that care files contained up to date reviews of the care and these included evidence of input from the person concerned or their relative or supporter. However, in two cases there was no evidence of recent review of care and care plans had not been reviewed since 2016. Other assessments such as those concerning decision making had, similarly, not been reviewed. One care file, for example, had a 'personal care' plan but it was not dated. There was an entry to say it had been reviewed in January 2017 and it said 'new form completed'; we could not find the revised plan and the staff said they did not know where it was. The house manager in these instances accepted these care plans needed updating to reflect current care needs. The lack of formal involvement by people in the care review process meant there was potential for any changing care needs and personal preferences may not be identified.

These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care.

Although inconsistencies were evident we found the intention of the service was to meet people's needs as individuals. We saw some feedback from a commissioner for care services, who had funded placement with Access Community Services, which said, 'The care is very person centred and staff have good knowledge of the person [being supported]'.

We looked at five examples of care files for people. Care records contained individual life histories and events as well as recording the way any personal care should be delivered. We found that three of the five care plans we saw were generally individualised to people's preferences and reflected their identified needs

but not all were updated.

We received some comments from visiting health care professionals; one stated, "The staff do their best to support people in a positive way."

The people we spoke with new how to raise a concern if they needed to. One person told us, "I can speak to staff – they will help." The complaints procedure was accessible in the information supplied. The service kept a log of all complaints received and how these were responded to. The service had a complaints manager who we spoke with. We saw a recent complaint by a person being supported. It had been received on an 'easy read' form which was made available to the person. The complaints manager had given full feedback, in person, to the complainant.

We reviewed another complaint by a member of the public and the situation remained on-going at the time of the inspection. We saw there had been on-going dialogue recorded and regular review. We saw that the complaint had been handled with joint liaison with social services.

Is the service well-led?

Our findings

Prior to our inspection of the service we had received some concerns regarding aspects of the management of the service. On this inspection we found evidence to support these concerns. Our findings supported a failure in the arrangements for health and safety issues, medication safety, the auditing of care documentation and overall governance.

We looked at the quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence a series of internal quality assurance processes to help monitor standards with the service. Some of these were effective and continued to be further developed to meet service demands. We were, however, concerned that key checks and audits had not always been carried out or had failed to monitor standards. For example, A 'mock CQC Audit' had been carried out in May 2016 but had not been repeated since. It had failed to identify the concerns highlighted on this inspection. Some audits [medicines and health and safety] required to be more detailed to be effective.

Health and safety audits had failed to identify issues arising at one of the supported living houses. Issues had been identified in March 2017 and again in June 2017, but there had been inadequate action taken to address the issues. This left people living at the house at risk of possible harm.

Similarly medication audits undertaken in May and June 2017 had not identified the issues we found when reviewing medicines management for three people being supported.

Care files and documentation were subject to an audit to ensure standards of recording and updates of reviews were being maintained. This had not been carried out for over 12 months. An audit conducted in January 2017 by a service manager looked at care files and identified poor standards of paper work and reviews, but this had not been followed up or remedial actions taken.

The quality assurance process did not ensure key audits were 'scheduled' to be carried out with regular timescales in order to provide consistent and regular feedback.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Immediately following the inspection we received updates from the registered manager and deputy manager informing us that further action had been taken to ensure basic safe standards regarding the environment and medicines management..

We saw that survey forms were used to collect feedback from people using the service, relatives and stakeholders who placed people with the service or supported them with their health and social care needs. The importance of this is that it helps evidence the culture of the organisation which we found to be open and positive. The feedback from these was seen to be positive with positive comments recorded. Managers had not, however, formatted responses into any kind of analysis for feedback to people using the service.

There was one negative comment regarding the 'accessibility of the managers' which, had not been followed up. The registered manager said they would look at the format of the survey as currently they did not identify people who had returned them and this could be an option they might want.

Staff interviews helped to confirm this. One staff said, "It's very good here – the managers are very supportive and we have meetings where we can raise any issues. Another staff member said, "It's a breath of fresh air after the last company I worked for."

The registered manager and deputy were able to understand how good quality assurance process's contributed to service development. We had contacted the service a month prior to our inspection because of some of the issues of concern we had. We received a full response from the registered manager which was open, reflective and had an honest analysis of the need to improve in some areas. We were told, 'During our discussions we identified that there have been additional pressures to the day to day running of the business that have to some degree taken our focus away from the people that we support. We do recognise the important of and the benefits to the service users, the staff, and the organisation of management having more presence within the supported tenancy houses'. This showed open communication and a willingness to learn from events and incidents.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitor key elements of the service. We discussed how more detail with notifications helped with this process.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the service was displayed for people to see at the service offices and on the registered provider website.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care was not always assessed and planned so it was personalised and reflected their current and on-going care needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not administered safely. Medication administration records [MARs] were not completed in line with the services policies and good practice guidance. We were not clear whether some medicines were given correctly.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found routine health and safety monitoring of the environment in one supported living house was not adequate and left people at possible risk.</p> <p>There were a series of on-going audits and checks to help ensure standards were being monitored effectively, however, these had not been carried out in one area exposing some people to potential risk. The issues we identified on the inspection had not been, in some instances, identified by the service or effectively managed.</p>

