

AIK Care Limited

Good Companions (Manchester)

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inadequate ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

This inspection visit took place on 5 and 6 February 2019 and was announced, which meant we gave the provider 24 hours' notice of our visit.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection the service was supporting two people and was delivering 112 hours of personal care each week, with each visit undertaken by two care workers.

Good Companions (Manchester) is part of a franchise organisation, providing domiciliary care and support to people within their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

We last inspected Good Companions (Manchester) in August 2018. At that inspection, we found multiple breaches of regulations, the service was rated Inadequate and placed in special measures. We also served two warning notices against the registered provider for Regulations 17 and 18. Shortly after this inspection the provider agreed to impose a voluntary embargo, which meant they would not take on new packages of care until CQC were satisfied the service had made the necessary improvements. This voluntary embargo remains in place.

At this inspection we identified five continuing breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. People were placed at risk because there was a lack of leadership, governance and managerial oversight of the service.

The service had a manager who had been registered with CQC since July 2016. 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 provider had continued to fail to ensure that robust governance systems were in place to monitor the quality and safety of care people received. Due to these poor systems, the provider could not be assured that people had received their medicines correctly.

The provider had not ensured there were enough care staff working for the service to cover the care visits required. This has resulted in the registered manager and provider consistently covering these visits which impacted on their ability to co-ordinate, structure and monitor the quality of care being given to people.

Not all staff had received the appropriate training or supervision before they performed certain tasks such as giving people their medicines which put people at risk of unsafe care.

Recruitment processes continued to be inadequate. Staff were being employed before all pre-employment checks were undertaken. This meant people were at risk of harm because staff recruited may not be suitable for the role.

We were not assured from discussions with staff, our observations and a review of care records that staff and the registered manager and provider fully understood their roles and responsibilities in relation to the Mental Capacity Act 2005.

Although we found staff were knowledgeable in safeguarding, training had still not been made available from the provider.

At the time of our inspection, no person was receiving end of life care. We noted that staff had not received training in this area, and care plans did not consider people's preferred priorities.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'Special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Required recruitment checks continued to be inadequate. For one recently recruited staff member we found no references had been requested and full employment history had not been sought.

There were not enough care staff to cover the care visits that were required.

We were not assured that medication management was effective or that people received their medication as prescribed.

Inadequate ●

Is the service effective?

The service was not effective.

Not all staff had received appropriate training which placed people at risk of receiving unsafe care.

The service did not effectively implement the requirements of the Mental Capacity Act 2005.

People benefited from staff who supported them to manage their healthcare needs by contacting healthcare professionals.

Inadequate ●

Is the service caring?

The service was not always caring.

Overall, people were complimentary about the care being delivered, however people who used the service did not always benefit from a caring culture because of the wider concerns found during the inspection.

Care workers were kind, caring and respectful and encouraged people's independence.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Requires Improvement ●

Care plans at the service had improved, however we continued to find no information within care plans about people's end of life care wishes.

There was a clear complaints procedure in place. The provider has not received any complaints.

Is the service well-led?

The service was not well-led.

There continued to be a lack of good governance systems in place at registered manager and provider level to monitor the quality and safety of care provided had not been effective leaving people at risk of receiving poor and unsafe care.

The provider had failed to ensure that actions they said they would take following the last inspection to improve the service had been implemented.

Inadequate ●

Good Companions (Manchester)

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 5 and 6 February 2019 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to facilitate the inspection. The inspection was carried out by one inspector and on the first day an inspection manager.

Due to the timeframe in which this inspection was completed, a Provider Information Return (PIR) was not requested to support us with our inspection planning. A 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. However, we reviewed information we already held in the form of previous inspection reports.

We contacted Trafford local authority commissioning team, to obtain their views about the quality of this service. Feedback received was limited, due to the service supporting two people.

During the inspection we visited two people using the service with their permission. We spoke with four staff members, including the registered manager, the director and two care staff. We reviewed records relating to the care people were receiving, including contemporaneous notes (daily records), two care plans and two people's medication administration records (MARs) for January and February 2019. Information and records that underpin the running of the domiciliary care service was limited, due to records not being available such as audits, policies and procedures and supervision records. We reviewed individual training profiles and one recently recruited staff personnel file/recruitment record.

Is the service safe?

Our findings

Following our last inspection of this area in August 2018, we rated the safe domain as inadequate. At this inspection we have continued to rate the safe domain as inadequate.

At the last inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to demonstrate effective systems were in place to reduce risks to people receiving their prescribed medicines. At this inspection we found the provider had not made the necessary improvements and were still in breach of this regulation.

Medicines systems at the service continued to be ineffective and put people's health and safety at risk. Staff had not received training in medicine administration and competence checks were still not undertaken. This meant the service could not be confident staff had sufficient knowledge and skills to be able to administer medicines safely.

At the last inspection we were advised by the provider that the medication policy was under review, to ensure it reflected the service. During the inspection we asked on several occasions for the medication policy, but the registered manager could not locate the policy. With no medication policy in place we were not assured the service could accurately demonstrate their understanding and how they would support people with their medicines, in line with the National Institute for Health and Care Excellence (NICE) guidance 'Managing medicines for adults receiving social care in the community'.

We viewed two people's Medication Administration Records (MARs) for January and February 2019 which were not always signed by staff members. There were a number of gaps on the MAR where we would expect to see a staff signature or a reason for non-administration. When speaking to both of the people we visited, we were told they always received their medicines correctly by the care staff and this appeared to be a recording issue.

Handwritten entries on the MAR continued to not be signed or dated. We found many handwritten notes on the MAR indicating that medicines had been stopped, changed or started. Staff had not dated the entries, or signed them. We were concerned that entries on the MAR was illegible, which the registered manager agreed and said they had completed the MAR in a rush. When staff write handwritten entries on people's MAR, best practice is to sign each entry and date it to confirm the information recorded. NICE guidelines state that changes to MAR should only be made and checked by staff who are trained and assessed as competent. This practice reduces the risks of transcribing errors.

Furthermore, we were concerned to see medication that was no longer prescribed for one person was still recorded on the MAR, which potentially could cause confusion when staff were administering this person's medicines. We were told by the registered manager that the medication was put on the MAR in error, but staff continued to add a line across the date on the MAR, which caused confusion and did not correctly follow the MAR's key. We found a similar occurrence for three other medicines that were no longer prescribed. The registered manager told us they had not had time to update the MAR fully, but accepted

these medicines should have been recorded on the MAR.

We continued to find boxed medicines were still not being accounted for in daily checks. The NICE guidelines 'Managing medicines for adults receiving social care in the community' state, "Poor record keeping can put people receiving medicines support and care workers at risk. Social care providers are required by law (The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014) to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support." For example, one person was prescribed pain relief patches that was administered by community nurses. The registered manager told us the service received this medication from the persons pharmacy and they entered this on the MAR, but the service failed to keep running totals, to confirm this pain relief medication was being managed correctly. Furthermore, entering this medication on MAR potentially could cause confusion, with the likelihood a staff member could incorrectly administer this medication due to the poor recording systems.

The level of support that people had with their medicines was not clearly documented. Staff had recorded the level of support that individual people needed in their care plan, however for one person we visited, this had changed, and the care plan had not been updated. For example, their care plan stated they needed no support with their medicines, however we found the service provided full administration of their medicines, due to a change in the person's needs. This meant we could not be sure that staff were supporting people to look after their own medicines safely.

The above issues demonstrated effective systems were not in place to reduce risks to people. We concluded this was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the past two inspections in July 2017 and more recently August 2018 we found a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure information required to demonstrate staff employed were of suitable character was in place. At this inspection we found the provider had not made the necessary improvements and were still in breach of this regulation.

People were not protected from being cared for by unsuitable staff because robust recruitment procedures were not in place. Staff had not been employed in line with the providers own policy and procedure and systems in place were not sufficiently robust. Since our last inspection of the service one staff member had been recruited. We found this staff member did not have any written references in place from their previous employees. We also noted their application form and CV did not record recent gaps in employment or education and this had not been followed up with them.

The above issues are a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The two people we visited told us none of their care visits had been missed. We received positive feedback in respect of their care packages. Comments included, "I am very happy with the staff. They work very hard, but haven't let me down" and "I have good carers, the manager and owner will also help out when they are short staffed."

Although we received positive feedback in terms of people receiving their support, we were not assured the service had sufficient staffing levels to manage people's long-term needs.

The provider told us since their last inspection they have struggled to recruit staff, which has meant the provider and the registered manager were covering care visits daily up to six hours a day. The provider said this was necessary to ensure that all required care visits were covered. Since our last inspection the registered manager told us four staff had left the service, which meant they could not fully complete the duties they had been employed to fulfil, such as ensuring audits to monitor the service were undertaken. The service did not have contingency plans in place for staff to cover care visits, which meant the service was equipped to manage people's needs in the long term.

We were provided with a number of documents which detailed different hours staff members had worked. This was disorganised and meant the provider and registered manager did not have an accurate overview of the hours required to cover. We received mixed views from staff regarding staffing levels. The staff we spoke to said they felt there were enough staff to cover care visits, but they never knew where they were up to in terms of hours, due to no rotas being in place. One staff member told us, "The manager does his best, but we never have a rota. I tend to get a text message telling me what I need to cover. This is annoying sometimes due little notice we are given."

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the risk assessment documents used provided minimal information and did not sufficiently provide staff with appropriate guidance to manage identified risks. At this inspection we found improvements had been made.

We looked at how the service managed risk. We saw people had individual risk assessments in their care plans which covered areas such as moving and handling, the environment, fire safety and mobility. Where potential risks were identified there was information for staff to follow about how to keep people safe. For example, one person was at risk of falls and required the use of a mobility frame. The risk assessment recorded that staff needed to remind them to use their walking frame when walking around the house. An overview of the equipment people needed was also listed so staff were aware what people required.

The service did not have any records of safeguarding incidents nor had the registered manager needed to submit any notifications to the CQC. We noted there was a policy and procedure in place which gave guidance on action to take regarding safeguarding concerns. However, we found this policy continued to have the details of a different location connected to the franchise. At the last inspection the registered manager confirmed once the service had their electronic systems up and running this policy would be updated. However, we found this had not been done, even though the electronic systems were now in place. The service employed four care staff and we noted they had sufficient knowledge on how to make a safeguarding alert, but we found the provider had not ensured staff received safeguarding training.

We asked to review the provider's incident records. The registered manager told us there had been no incidents since our last inspection. The registered manager provided us with a file they would use if they received any incidents. We asked the manager how they would be assured staff would report any incidents as there were no corresponding incident forms available. The registered manager told us they would immediately make corresponding incident forms available and speak to staff about the importance of completing them. It is important that any accidents, incidents and 'near misses' are recorded and investigated to ensure action has been taken to reduce the risk of reoccurrence.

The provider had procedures in place in relation to infection control. People we spoke with confirmed care workers wore uniforms and used personal protective equipment (PPE) appropriately.

Is the service effective?

Our findings

At the last two inspections in July 2017 and more recently August 2018 we found a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was no established schedule of training and supervision and we saw no evidence that staff had undertaken any additional training subsequent to their induction. At this inspection we found the provider had not made the necessary improvements and were still in breach of this regulation.

During the inspection we asked the registered manager for the staff members training profiles. We noted since our last inspection the service had purchased an online training package. Although this training package had been purchased, the registered manager informed us a schedule of training had not been put in place and staff were only completing the online training when they had availability.

We reviewed all of the staff members training profiles, including the providers and the registered manager, which highlighted gaps in subjects that would have been important to help ensure they were able to care for people safely and effectively. There were gaps in all areas of training. This included infection prevention and control, equality and diversity, health and safety, safeguarding adults, the Mental Capacity Act 2005 and diabetes awareness considering both people they supported were living with diabetes. We noted just one staff member out of six had completed training in the administration of medicines.

At the last inspection and more recently at a meeting with the provider and registered manager we were provided with assurances the service would purchase a hoist to ensure practical moving and handling training could be provided. However, at this inspection we continued to find this training had not been made available for the staff team. Although, the people at the time of our inspection didn't require the use of a hoist, there was a potential this level of support may be needed going forward.

We continued to find the care certificate was not routinely covered as part of the staff induction process. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected within health and social care settings. It is made up of the 15 minimum standards that should be covered when staff 'new to care', with the intention of providing a robust induction programme. The provider had completed the care certificate that was assessed by the registered manager, however we found one member of staff who had been employed since October 2018 had not been provided with this induction. This was a further example of the inconsistencies adopted by the service.

Staff continued to not be provided with opportunities to discuss their performance, training and development needs. The providers supervision policy stated, "The Good Companions Care At Home Agency is committed to providing its care staff with formal supervision at least every two/three months, the agenda covering all aspects of practice, philosophy of care on the service and career development needs." We found this policy continued to not be followed. The registered manager confirmed staff still did not receive supervisions.

The failure to ensure that staff received an appropriate induction and relevant training and was competent

to undertake their roles was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can 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.

We were not assured from discussions with staff, our observations and a review of care records that staff and the registered manager fully understood their roles and responsibilities in relation to the Mental Capacity Act 2005.

We asked the registered manager if the two people receiving the service lacked capacity to consent to care and they told us both had capacity. We asked what action they would take if they were concerned about a person's ability to make such decisions and they said they would refer them to the local authority for an assessment. However, the providers policy stated the following, "Where Good Companions has information that suggests the person might be unable to make some decisions at times, it will carry out an assessment of that person's mental capacity." However, this was a contradiction to what the registered manager told us, as we were told they did not have the appropriate capacity assessments available to use and they did not feel competent at carrying mental capacity assessments, as they had not received the training to do so. This meant the policy and procedure contradicted what the registered manager would do when a person's capacity needed to be assessed.

We noted the care plans contained a section called 'Mental Health', we found there was a contradiction in one person's care plan that we were told had full capacity. The care plan stated the following, "[Person's name] is very amenable and pleasant most of the time, with family and the staff. Also has a tendency to be a little forgetful at times, however some decisions are made in her best interest in conjunction with the Mental Capacity Act." This was a further example the registered manager and provider lacked an understanding of the five key principles of the Mental Capacity Act 2005.

This is a continued breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the service agreed to impose a voluntary embargo, which meant no new packages of support had been taken on. This meant we were unable to review how the service completed new assessments for packages of support. However, we reviewed the two people's assessments and noted their care needs and choices had been holistically assessed. When they started using the service, people were visited by the registered manager who asked them what support they required. Areas such as their physical and mental health needs were explored. In some people's records, information about their life history had been captured to assist staff to strike up conversations with people.

As part of care packages, people could have support with their meal preparation and meal times. The support offered ranged from meal preparation to heating up a meal in the person's microwave. People told us they had sufficient time to enjoy their meal and they were not rushed. Support required was recorded in people's care plans.

The two people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let a relative know. We saw evidence of occasions when people were not well and staff had supported them to seek advice. We saw this person had contacted a health professional and they received appropriate treatment as a result.

Is the service caring?

Our findings

Overall, people were complimentary about the care being delivered, however people who used the service did not always benefit from a caring culture because of the wider concerns found during the inspection.

At the last inspection in August 2018 we found the registered provider had failed to maintain records securely, due to the office not being made secure after a burglary. At this inspection we found the service had ensured the office had been made secure with new door and cabinet locks in place.

Although we continued to observe positive caring interactions from staff to the people receiving a service at Good Companions (Manchester), we were not assured staff had received the necessary training and skills competencies to provide people with compassionate care. As reported in the effective domain of this report we found a number of staff had not completed key training in areas such as equality and diversity, safeguarding adults and diabetes awareness. This meant members of the staff team were not fully equipped to provide people with personalised care, due to not receiving the necessary training.

People and their relatives were not involved in planning and reviewing the care which people needed. The two people we spoke with were not aware of a support plan which detailed the care and support they needed and told us they had not been asked about their preferences and had not been asked to review their care. One person told us, "I know I have a file, never look at it though."

People received consistent care because they had a stable team of staff involved in their care. The two people told us they had the same team of staff involved in their care and said they valued this. One person told us, "I love my carers, they are my lifeline."

Staff told us they respected people's diverse needs by ensuring they understood the person through their care plan, talking with them and their families and supporting their lifestyle choices. Care plans recorded any religious or cultural needs. Each of the care records noted if people had a preference for the gender of the care worker who supported them. The registered manager gave us examples of people from different religious backgrounds they had supported and told us they treated people equally and tried to match people and care staff with specific interests. This indicated the service took note of people's individual preferences.

People told us they were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. Care plans detailed what people could do for themselves and areas where they might need support. One person told us, "I like to keep busy and do as much as I can for myself, the staff respect this."

Is the service responsive?

Our findings

At the last inspection in August 2018 we found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans were not always reviewed fully when there was a change in need. At this inspection we noted the care plans had been fully updated which reflected people's current needs.

People's needs and preferences had been assessed. Preferences such as what times people preferred their calls and the gender of carer they wanted to visit them had been discussed. One person told us, "I like having my regular care staff, I can pick up the phone and called [registered managers name] if I have a problem."

The care records we viewed contained provided person-centred information to guide staff on how to provide care to people to meet their individual needs. We found however, that some care records did not contain sufficient information within them to guide staff on how to safely provide people with diabetes care based on their individual need. The registered manager showed us some information they had recently given to staff regarding these areas to improve their knowledge but agreed to add the relevant information into people's care records. We were satisfied both people were receiving the appropriate care in respect to managing their diabetes. We found additional documentation which showed staff recorded people's glucose levels and how they responded if the glucose levels were too low or high.

People's communication needs had been assessed. The provider told us that where people needed documentation in a different format to aide their decision making, that this would be provided. For example, in larger print or on different coloured paper. Other languages could be offered and a translator if needed.

There was no one receiving end of life care at the time of our inspection. There was no information within care plans which would provide guidance as to people's assessed wishes in the event of death and should their needs change and they need palliative care. Staff had not been provided with training in meeting the needs of people at the end of life.

The registered provider had a complaints procedure which was part of the information package that people received when their support package commenced. People we spoke with told us they found the staff easy to talk to and would have no concerns in raising complaints if they needed to. The registered manager told us they had not received any complaints.

Is the service well-led?

Our findings

A registered manager had been registered with the Commission since July 2016. Our findings from this inspection continued to show the registered manager and the provider had little oversight of the service and has not taken timely and robust action to ensure people received safe care and support.

At the last inspection in August 2018 we found the governance systems in place were not robust at monitoring or improving the quality and safety of care provided to people. This had resulted in a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had not been made and the provider remained in breach of this regulation.

After our last inspection, the provider wrote to us and told us what action they would take to improve the service. Areas for improvement noted in the action plan included introducing new training resources, new auditing tools and safe recruitment checks for new staff. As noted in the report we have found limited or no progress in these areas. Due to low staffing levels the provider and registered manager spent most of their time visiting people and covering care visits. This meant they had failed to have adequate oversight of the service to ensure that regular audits and monitoring had taken place.

We asked the registered manager what formal auditing process were in place to ensure medicines were managed safely and to monitor recruitment, training, supervision, recruitment, risk assessments and care plans, to ensure the service was compliant with regulatory requirements. We were presented with a book entitled 'spot checks', the documentation contained within this file lacked detail and was not robust. For example, this spot check book recorded people's initials the manager visited, the date and time. No further detail was recorded in respect of what the manager looked at, in terms of how people were doing and whether any positive or negative staff practice was observed. The registered manager confirmed this was the only documentation available that the service considered to be 'quality assurance.'

The provider told us they did not undertake any audits of the service. No audits were undertaken in respect of checking whether the registered manager had undertaken their audits in respect of people's medicines such as administration charts, staff training or recruitment checks. This further demonstrated to us that the provider had no oversight of the service.

Record keeping in relation to people's daily care lacked detail, completeness and was disorganised. Records are important for their content and as evidence of communication, decisions, actions, and history. With prior permission we visited the homes of two people with the registered manager. During the visits we viewed the daily communication notes and found entries for the five daily visits one person received, however these visits were not always recorded by staff providing the support. Other daily notes were missing from the file, which the registered manager felt may have been archived at the office. We found a number of entries completed were very brief or did not record the level of support the person received. This was a concern due to the information not providing a person-centred account or reporting the person's direct care. Furthermore, the registered manager told us they never audited the daily notes, due to having no time

to complete this piece of work.

There continued to be a lack of opportunities to involve staff in the running of the service. The registered manager told us staff meetings did not take place. Despite the importance of team meetings being mentioned at your previous inspections.

We identified ongoing breaches of the regulations, in relation to areas of risk that were known to the provider. As set out in this report, the provider has not taken timely action to address concerns raised by the Commission in previous inspections, such as in relation to the management of service user's medicines and shortfalls in staff training and staff recruitment.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. The provider did not have audits and systems in place to monitor and improve the service.