

ANOFT Global Resources Ltd

# ANOFT Global Resources Limited

## Inspection report

46 Kirpal Road, Portsmouth, Hampshire, PO3 6FD  
Tel: 07814582138  
Website: [www.anoftglobalresources.org.uk](http://www.anoftglobalresources.org.uk)

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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



### Overall summary

We carried out an announced comprehensive inspection of this service on 4 June 2015. Seven breaches of the legal requirements were found. The provider did not have effective processes to protect people from abuse and to investigate any allegation of abuse. The Commission had not been notified of allegations of potential abuse. The registered person did not assess the risks to the health and safety of service users and do all that was reasonably practicable to mitigate such risks. Recruitment and selection procedures were not followed, robust or safe. Staff who were recruited did not have the skills, experience and appropriate induction training to meet

people's needs. Supervisions, appraisals and spot checks were not completed for staff. The principles of the Mental Capacity Act were not understood or applied when gaining the consent of people who received care. Care plans were not designed with a view to achieving people's preferences and ensuring their needs were met. The provider did not have effective systems to improve the quality and safety of the service provided. Records relating to the care of people were not accessible or

# Summary of findings

available to the Commission. After the comprehensive inspection, four warning notices were served and the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this announced comprehensive inspection on 26 October 2015 to check that they had followed their plan and to confirm that they now met legal requirements. At the inspection on 26 October 2015 we found that sufficient improvements had not been made, the service had not reached the standards required by the regulations and had not met the requirements of the warning notices.

Anoft Global Resources Limited is a domiciliary care service which provides care and support to adults and older persons in their own homes. At the time of the inspection there were eight people using the service. There were three care staff, the owner who is the registered provider and the registered manager who also provided care to people.

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.

People were not always safe when they received personal care. Care staff were not confident in identifying and describing the signs of potential abuse. Safeguarding concerns were not identified and investigated. Incident, accidents and risks relating to the health, safety and welfare of people were not identified, monitored, written down or reviewed. Safe recruitment and selection processes were not followed.

Staff did not receive an effective induction, training or supervision programme. Staff, the provider and registered manager had not received training on the Mental Capacity Act 2005 and were not confident to put this into practice.

People's views and wishes were listened to but not always acted upon. People did not always receive care in a respectful and dignified way.

People felt they were involved in the assessment of their needs and planning of their care; however care plans did not always reflect people's preferences. People did not always receive care that was reflected in their care plan and centred on them.

The registered manager and provider did not have a good understanding of their roles and responsibilities. Effective systems and processes were not in place to assess, monitor and learn from quality audits, incidents, accidents and safeguarding concerns. The Commission had not been notified of safeguarding concerns. The provider had not displayed their ratings from their previous inspection.

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

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, 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.

# Summary of findings

We found a number of continued and new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider was in

breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People did not always feel safe when they received personal care.

Care staff were not confident in identifying and describing the signs of potential abuse. Safeguarding concerns were not identified and investigated.

Incident, accidents and risks relating to the health, safety and welfare of people were not identified, monitored, written down or reviewed.

Safe recruitment and selection processes were not followed.

Inadequate



### Is the service effective?

The service was not effective.

Staff did not receive an effective induction, training or supervision programme.

Staff, the provider and registered manager did not receive training on the Mental Capacity Act 2005 and did not know how to put this into practice.

Inadequate



### Is the service caring?

The service was not always caring.

People's views and wishes were listened to but not always acted upon.

People did not always receive care in a respectful and dignified way

Although people felt they were spoken to in a respectful way they were not always positive about the care and support received from care staff.

Care staff sought the consent of people when carrying out personal care; however people were not always involved in the designing and planning of their care with a view to achieving their preferences and ensuring their needs were met.

Requires improvement



### Is the service responsive?

The service was not always responsive.

People felt they were involved in the assessment of their needs and the planning of their care; however care plans did not always reflect people's preferences and people did not always receive care that was reflected in their care plan and centred on them.

Requires improvement



### Is the service well-led?

The service was not well led.

The registered manager and provider did not have a good understanding of their regulatory roles and responsibilities.

Inadequate



## Summary of findings

Effective systems and processes were not in place to assess, monitor and learn from quality audits, incidents, accidents and safeguarding concerns. The Commission had not been notified of safeguarding concerns.

The provider had failed to display the rating of their previous inspection.

# ANOFT Global Resources 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 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.

We undertook an announced comprehensive inspection of Anoft Global Resources Limited on 26 October 2015. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our 4 June 2015 inspection had been made.

The inspection was undertaken by two inspectors. During the inspection we spoke with three people who used the service and one relative. We visited three people in their own homes and observed interactions between staff members and people. We also spoke with three care staff, the registered manager and the registered provider.

Before the inspection we reviewed action plans the registered provider had sent to us informing us how and when the service would meet our regulations. We reviewed four warning notices that had been served on the registered provider. We also reviewed previous inspection reports, safeguarding records and other information of concern received about the service. We checked if notifications had been sent to us by the registered provider and manager. A notification is information about important events which the registered provider is required to tell us about by law.

We reviewed a range of records about people's care and how the service was managed. We looked at care plans for four people which included specific records relating to people's, health, choices and risk assessments. We looked at daily reports of care, incident and safeguarding logs and service quality audits. We looked at recruitment records for one staff member and supervision, appraisal and training records for three staff members.

We asked the registered provider to send us copies of their policies and procedures and training booking confirmation after our visit. These were received.

# Is the service safe?

## Our findings

People did not always feel safe when they received personal care. One said, “The women are more gentle than the men.” Another said, “[Carer] is a bit heavy handed, very rough.”

At our inspection on 4 June 2015 we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to identify and investigate safeguarding concerns and ensure all staff received relevant safeguarding training. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider’s action plan said they would be compliant with this regulation by 28 September 2015. At this inspection we found the registered provider continued to fail to identify and investigate safeguarding concerns and ensure all staff received relevant safeguarding training.

The provider’s action plan said, “Staff will be given training (safeguarding) especially in the area of induction.” The registered manager said one staff member had been recruited since the last inspection on 4 June 2015. We viewed the training records for this staff member. An “understanding abuse” work manual was present in this staff member’s file. They had completed the work manual by answering questions about safeguarding; however there was no date of completion and the work manual had not been checked to ascertain if the staff member was competent in their understanding of identifying and raising safeguarding concerns. We viewed a further two existing staff training records. One staff member had recently completed safeguarding training with a different care provider. The provider said they had not provided safeguarding training to this staff member as they had already completed the training and their certificate was valid until 22 June 2017. The registered manager and provider had not assessed this staff member’s understanding of safeguarding. The second staff member had completed safeguarding training as part of their induction when they joined the service in September 2014; however they had not received updated training. Two of three care staff we spoke with were not confident in identifying and describing the signs of potential abuse. One

said, “Look for hazards.” Another said, “They gave me training”. This meant people may not be protected from abuse and improper treatment because staff may not be competent in identifying safeguarding concerns.

The registered manager and provider said they needed to update their training on safeguarding. The provider had last completed safeguarding training in 2013 and the registered manager in October 2014. It had been recommended by the Commission as part of the condition of registration that the registered manager enrolled on a Safeguarding for Managers training with the Local Authority. The registered manager had not completed this training. This meant the registered manager lacked the necessary skills to support staff to identify and raise safeguarding concerns.

The registered manager and provider said they had not received any safeguarding concerns since the last inspection on 4 June 2015. However one person said they had contacted the provider the day before the inspection was carried out and highlighted concerns regarding a staff member’s conduct which amounted to an allegation of potential abuse. The provider confirmed they had spoken with this person but had not identified the concern as an allegation of potential abuse. There were no records to demonstrate that this concern had been raised and what actions the provider had taken to keep the person safe and free from harm. The inspector sent a safeguarding alert to the Local Authority safeguarding team regarding this concern. This meant the provider was not competent in identifying safeguarding concerns which as a result could put people at risk of harm and potential abuse.

The Local Authority safeguarding team confirmed there had been a recent safeguarding concern raised in August 2015 by a person’s relative. The provider had been made aware of this and had attended a meeting with the Local Authority safeguarding team on 14 September 2015 to discuss the concerns. There were no records at the service to demonstrate that safeguarding concerns had been raised, identified, dealt with or investigated. This meant the provider did not have an effective system or processes in place to identify, investigate or report any evidence of potential abuse to protect people from abuse and improper treatment.

## Is the service safe?

The continued failure to identify and investigate safeguarding concerns and ensure all staff received relevant training is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 4 June 2015 we found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to identify risks relating to the health, safety and welfare of people and identify and monitor accidents and incidents. We issued a warning notice and told the provider they were required to become compliant with this regulation by 21 September 2015. At this inspection, we found the provider continued to fail to identify and manage risks relating to the health, safety and welfare of people and identify and monitor accidents and incidents.

The registered manager said they had revisited people since the inspection on 4 June 2015 and updated their risk assessments. There were risk assessments present in people's care plan files regarding risks with their mobility and accommodation. However people's mobility risk assessments did not always include the risks highlighted in people's personal histories or health assessments. Two staff were unable to tell us what they understood by risk management. Staff did not receive training in risk management. The registered manager said staff training in risk management was in the "pipeline." This meant the provider did not do all that was reasonably practicable to mitigate risks because they did not provide staff with the information on how to keep people safe and reduce the risks to people.

The registered manager said accidents and incidents had not happened since the last inspection on 4 June 2015. However, one care worker informed us they had recently supported a person who had fallen and as a result had sustained an injury. The care worker contacted the appropriate health care professional and said they had informed the registered manager and completed an accident report. There were no records available to demonstrate this accident had been reported or what action had been taken by the registered manager to reduce the likelihood of reoccurrence.

We saw in one person's daily notes they experienced frequent incontinence of their bowels and most recently this had lasted for a period of seven days. A care worker had contacted a GP on 30 September 2015 but the GP was

not available. There was no written evidence to demonstrate what action had been taken since the care worker reported the concern on 30 September 2015. The registered manager said they had spoken with a District Nurse (DN) who had visited the person and requested a food and fluid chart be put into place to monitor the person's food and fluid intake. There were completed food and fluid charts in this person's care plan file, however there were no amounts of fluid or food recorded on the chart. The registered manager said they had not thought to ask the DN if they needed to monitor the amount of fluid input or output. This person's risk assessment and care plan was not updated to include this information. This meant people may be at risk of harm because risks to people were not effectively monitored and risk assessments and care plans were not updated to address changing practice.

The continued failure to identify risks and record and monitor accidents and incidents to do all that is reasonably practicable to mitigate such risks is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 4 June 2015 we found the provider to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to follow their recruitment and selection procedures and meet the requirements of schedule 3 of the Health and Social Care Act 2008. Recruitment checks had not been carried out to ensure staff were suitable to work within a care setting. We issued a warning notice and told the provider they were required to become compliant with this regulation by 21 September 2015. At this inspection we found the provider continued to fail to carry out safe recruitment and selection processes to ensure staff were suitable to work within a care setting.

The registered manager said one care worker had been recruited since our last inspection on 4 June 2015. Disclosure and Barring Service checks (DBS) had been undertaken for this staff member. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However employment records did not hold all of the appropriate checks to ensure the suitability and good character of the applicant.

One person and their relative informed us they had received care from two care workers whose names were



## Is the service safe?

not on the list of staff names provided to us at the inspection. There were no staff records pertaining to these care workers. There was no evidence that a recruitment or selection process or induction programme had been completed for these two care workers. This meant people

may be at risk of receiving unsafe care because they were receiving a service from care staff whose character, qualifications, competence, skills and experience had not been assessed.

The continued failure to assess the fitness of people employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

# Is the service effective?

## Our findings

People and their relatives felt staff were sufficiently skilled and experienced to care for them or their relatives and meet their needs. One person said, “They know what they’re doing.” However these views were not supported by our findings.

At our last inspection on 4 June 2015 we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide all staff, including themselves and the registered manager with appropriate support, induction, training, supervision, appraisal and professional development. We issued a warning notice and told the provider they were required to become compliant with this regulation by 21 September 2015. At this inspection we found the provider continued to fail to provide all staff, including themselves and the registered manager with appropriate support, induction, training, supervision, appraisal and professional development.

The provider did not have an effective induction programme in place for new care staff. The

registered manager said when staff were employed they would be required to complete an induction programme which consisted of a list of training they would be expected to complete. This was completed through a computer based E Learning training provider. The registered manager said staff were also required to complete work manuals which had been put together on specific subjects such as safeguarding and infection control by the service. However the induction programme did not cover all the elements expected in line with nationally recognised guidance such as the Care Certificate. The registered manager said they had looked at the Care Certificate but had not incorporated this into the induction programme. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We viewed one care worker’s file who had recently joined the service and saw they had completed computer based training on safe administration of medicines, manual handling, infection control, health and safety, food hygiene, first aid and dementia care. However they had not completed training on safeguarding. There were work

manuals present in this person’s file however some had not been completed, some had been completed in part and one workbook on understanding abuse had been completed in full. However this workbook had not been checked to ascertain the care workers understanding of abuse. A safeguarding allegation had been raised the day before the inspection by a person who received care from this staff member. This meant people were at risk of receiving ineffective care because the provider did not have an induction programme in place that prepared and supported care staff to be competent in their role.

Staff said they had received a supervision but had not received an appraisal. One said they had a supervision earlier on in the year and another had been scheduled. Another said they had spoken with the registered manager weekly and had a formal supervision once a month. However we were unable to find documented evidence that supervisions had taken place as there were no documented records present in staff files. The registered manager said staff had not received a supervision or an appraisal since our inspection on 4 June 2015; however they confirmed one staff member had been scheduled to receive a formal supervision. This meant staff did not receive appropriate on-going supervision in their role to make sure their competence is maintained.

Staff said they felt very supported by the registered manager and provider. One staff member said, “[Provider] will come and [registered manager] will come and they ask the clients how I’m doing.” However there was no documented evidence that this practice took place or documented evidence that feedback had been given and if there were any concerns or additional training identified. This meant appropriate and demonstrable support was not in place to identify additional learning and development and to ensure care staff continued to be competent in their role.

At our inspection on 4 June 2015 we identified that staff, the registered manager and provider did not receive the required training to ensure they met the needs of people effectively. At this inspection staff, the registered manager and provider had not completed any training since the last inspection. The registered manager said they had a meeting booked with a training professional from the local authority to discuss and identify training requirements for

## Is the service effective?

staff, themselves and the provider. This meant staff were not supported to undertake training, learning and development to enable them to be competent and fulfil the requirements of their role.

The continued failure to provide all staff with appropriate support, induction, training, professional development, supervision and appraisal is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our inspection on 4 June 2015 we found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure the service undertook assessments in accordance with the Mental Capacity Act (MCA) 2005 and ensure that staff were familiar with the principles of this act. Staff did not receive training on the MCA 2005 and were unable to demonstrate a good understanding of the MCA 2005 and put this into practice. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider's action plan said they would be compliant with this regulation by 28 September 2015. At this inspection, we found the registered provider continued to fail to provide themselves, the registered manager and staff with MCA 2005 training and as a result staff, the provider and registered manager demonstrated a limited understanding of the MCA 2005 and how to put this into practice.

The provider's action plan stated, "Staff will be given training on MCA 2005." Staff had not received training on the MCA 2005. When we discussed the MCA with staff, One

said, "Most clients get depressed, I have to be patient with them." Another said, "Take away people's choices and freedom." Staff, the provider and registered manager showed a limited understanding of the MCA 2005. We asked the registered manager if they were aware of the five principles to consider when deciding whether a person lacked capacity. The registered manager was not aware of the principles of the code of practice which underpin the MCA 2005. This meant people who may lack the mental capacity to make an informed decision or give consent to their care may be at risk of receiving care that they did not consent to because the provider, registered manager and staff did not always understand when a person's capacity should be assessed.

The providers action plan stated, "Service users will be given consent forms and these will be kept in their plan of care." The provider said that all people had capacity. They confirmed they had reduced the number of people they provided care to since the last inspection. This included handing back the care provision for people who were living with dementia or lacked capacity to the local authority. People confirmed they consented to their care and all four care records viewed contained a consent form signed by the person. This meant people who had capacity had consented to their care.

The continued failure by the registered provider, registered manager and staff to understand the MCA 2005 and its code of practice is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

# Is the service caring?

## Our findings

At our last inspection on 4 June 2015 we received a positive response from people and their

relatives who told us both office staff and care staff had a kind and caring approach. People were encouraged to do as much for themselves as possible. People and their relatives experienced care that was caring and compassionate and provided by staff who treated people as individuals and respected their privacy and dignity. However the service did not always take the views of people into consideration when planning and providing care.

At this inspection people were not always positive about the care and support received from care staff and office staff. One person said sometimes staff would arrive at their home and not be aware of the person's sensory impairment. Another person and their relative said the female care workers were more caring than the male care workers. However people said they felt they were spoken to in a respectful way by the office and care staff.

Two people and one relative felt their views would be listened to and acted upon by the registered provider. However, one person said they had raised a concern to the registered provider regarding a care workers performance. The person requested the care worker be removed from the care package; however this did not happen. This meant people's views and wishes were listened to but not always acted upon.

Two people and one relative felt care staff delivered personal care in a respectful and dignified manner. Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering the person's room and informing them what they were going to do before supporting them with personal care or other support tasks. However one person said they had received personal care that had been intrusive to them. The person confirmed they had reported this to the registered provider but nothing had been done about it. This meant people did not always receive care in a respectful and dignified way.

# Is the service responsive?

## Our findings

People felt they were involved in their assessment of need and the planning of their care. Relatives were only involved when the person requested their involvement.

At our inspection on 4 June 2015, we found the provider to be in breach of Regulation 9 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider did not provide care or treatment with a view to achieving people's preferences and ensuring their needs were met. People were not involved in the assessment and planning of their needs and their needs were not reviewed regularly to ensure people's needs continued to be met. We asked the provider to send us an action plan to tell us how they would meet this regulation and what actions they would take to make improvements. The provider's action plan said they would be compliant with this regulation by 21 September 2015. At this inspection, we found some improvements had been made as people were involved in the assessment and planning of their needs and their needs had been reviewed; however care plans did not always reflect people's preferences and people did not always receive care that was reflected in their care plan and centred on them.

The provider's action plan stated, "Care plans will be reviewed. Anoft will ensure service users contribute to the way they want their care delivered. Anoft is installing Quick plan to help monitor reviews." The registered manager said they had been completing assessments and care plans and making sure they asked people what information they would like on the care plans. They confirmed relatives were

involved in the planning of people's care but this was at the request of the person. The person was always consulted. Quick plan had not been installed at the time of the inspection.

People said they were involved in the assessment of their needs and had a care plan but were not clear on when or if it had been updated. Staff confirmed people were involved in their care, had a care plan and that the information provided in the care plans were up to date. One staff member said, "We always ask how people will like to be supported." We looked at four people's care records and saw a care plan was present in each of the records. One care plan was very detailed, personalised and included information on how the person would like their support to be received. For example, this person's care plan stated, "Carers are to wash me in stages, I will direct carers as to what these stages are as I have a certain routine." However three care plans for three other people were task specific and did not include people's preferences on how they would like the support received. For example, one person's care plan said, "Assistance to get out of bed, detach night bag, support with stripped wash". Two people confirmed they received care that they needed and it was provided how they wanted it to be. However one person received care that was not in accordance with their care plan and said they did not always like how the care worker provided care to them. This meant although people were involved in the planning of their care, care plans did not always reflect people's preferences and people did not always receive care that was centred on them.

The continued failure to provide care to people that reflected their preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service well-led?

## Our findings

At our inspection on 4 June 2015, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to understand the roles and responsibilities of a registered provider and registered manager. The provider failed to operate effective systems and processes to assess, monitor and learn from audits, incidents and accidents and have this information readily accessible to the Commission. We issued a warning notice and told the provider they were required to become compliant with this

regulation by 21 September 2015. At this inspection we found improvements had not been made as the provider continued to fail to operate effective systems and processes to assess, monitor and learn from audits, incidents and accidents and have this information readily accessible to the Commission.

The provider and registered manager were unable to demonstrate a good understanding of their regulatory roles and responsibilities. For example, the registered manager said they were “not strong” on understanding our regulations and was unable to tell us what the regulations were, what year they came into effect and what act they related to. The registered manager said they were always overlooked by the registered provider and that they were always “stepping on their toes”. This comment was made in the presence of the registered provider. The registered provider acknowledged the requirement to allow the registered manager to manage the day to day activities in line with their responsibilities and to clearly define their roles. They said this was a work in progress.

Upon registering with the Commission actions had been identified by the registration team regarding the registered manager’s experience in the Health and Social Care Sector. It was agreed that the registered manager would enrol onto a Level 5 Qualification in Health and Social care prior to registration. The provider had sent the Commission confirmation on 19 December 2013 that the registered manager had been enrolled onto this course. The registered manager had not completed this course at the time of this inspection. It had also been recommended by the registration team that the registered manager enroll on a Safeguarding for Managers training with the Local Authority. The registered manager had not completed this course at the time of this inspection. Following this

inspection we asked the registered provider to send us an action plan confirming the action they had taken since the inspection with regards to enrolling the registered manager on a safeguarding for managers training course with the local authority. The registered provider’s action plan received on 17 November 2015 stated the registered manager had been enrolled on a safeguarding for managers training course which had been booked for 10 December 2015. We also requested the registered provider inform us when they anticipated when the registered manager would complete the Level 5 Qualification in Health and Social Care. The registered provider confirmed in their action plan sent on 17 November 2015 that the registered manager had restarted their training on level 5 qualification in Adult Social care.

There was no overall quality assurance and analysis of the service. The provider did not have a system in place to analyse, identify and learn from incidents, accidents and safeguarding concerns. Incidents and accidents had occurred but had not been recorded to assist the provider and registered manager to analyse this information and do what was reasonably practicable to mitigate risks to people. One safeguarding concern had been raised to the provider by the local authority prior to the inspection and one person had raised a potential safeguarding concern to the inspector during the inspection. However the registered provider and registered manager did not identify these concerns as potential safeguarding concerns and did not appropriately investigate and deal with them. As a result people were at risk of potential abuse and receiving poor care. There were no records present showing that a previous safeguarding concern had been raised to the provider by the local authority and what actions the provider or registered manager had taken to protect the person and prevent reoccurrence. The Commission had not been notified of any potential safeguarding concerns. This meant the provider did not assess, monitor and improve the quality and safety of the services provided because they failed to notice and respond to concerns which could assist them to learn from these events.

Audits had not been completed to assess the quality of the service. The registered provider and registered manager had not sought feedback from people, staff or health and social care professionals on their service. The registered manager said they had downloaded some questionnaire templates from the internet but had not done anything with them. The provider’s action plan said they would have

## Is the service well-led?

a monitoring system in place to check and monitor progress of care plan reviews and this would be in place by 21 September 2015. The registered manager said this would also include the ability to monitor when staff supervisions were due. However the system had not been implemented within the provider's timescales and was not in place at the time of this inspection. This meant the provider did not have effective processes in place to assess and monitor the quality of their service.

The continued failure to understand the roles and responsibilities of a provider and registered manager and operate effective systems and processes to assess, monitor and learn from audits, incident and accidents and to have this information readily accessible to the Commission is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure to notify the Commission of abuse or allegation of abuse in relation to people is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had not displayed their rating. As of April 2015 the provider was required to display their rating at their main place of business and on their website following their inspection on 4 June 2015. The provider had 21 calendar days from the date of publication of their final report to display their rating. The publication date of the provider's final report was 21 August 2015 and therefore their rating should have been displayed by 11 September 2015. The registered manager and the deputy said they were not aware of the requirement to display the service rating.

The failure to display a rating of the service performance is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.