Direct Health (UK) Limited

Direct Health (Preston)

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on the 02 June 2016 and was announced.

We carried out an announced comprehensive inspection of this service on 25th February 2015 and 6th March 2015 at which breaches of legal requirements were found. This was because proper steps had not always been taken to ensure people were protected against the risks of receiving inappropriate or unsafe care or treatment. Care and support was not person centred; people were not protected against the risks associated with the unsafe use and management of medicines. People were not protected against the risks of unsafe or inappropriate care because accurate records were not always maintained and records could not be located promptly when required.

Systems for assessing and monitoring the quality of service were not robust; risks had not been well managed, the service was unreliable and some staff providing care and support did not have the competence, skills and experience to do so safely. Suitable arrangements were not in place in order to ensure that persons employed were able to deliver care to people safely and to an appropriate standard. This was because appropriate induction, training, supervision and appraisal were not arranged for all staff members.

As a result of our findings we requested the provider to give us an action plan on how they were going to meet the requirements of regulations 9, 13, 20 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, regulations in force at the time.

During this inspection we reviewed actions taken by the provider to gain compliance against the four breaches from the previous inspection in January 2015. We also looked to see if improvements had been made in respect of the additional shortfalls in people's care we had identified. We found some improvements had been made in respect of person centred care planning, and staff training, induction and maintenance of care records. However little in the way of improvements was found with respect to safe management of medication and systems for assessing the quality of service. We found further deterioration in the quality of care as a result of lack of adequate staff supervision and insufficient leadership and oversight.

Direct Health (UK) is a limited company providing domiciliary care throughout the country. Direct Health (Preston) is a local branch situated on the outskirts of Preston City Centre. The agency provides personal care services to support people to live independently in the community.

At the time of our inspection there were 153 people using the service and 70 care workers appointed.

The registered manager of the service was present throughout our inspection. 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 protected against avoidable harm and quality assurance systems at the service failed to resolve associated risk, therefore placing people at significant risk of harm. We found people's safety had been compromised in a number of areas. This included how people were assisted to manage their medication, and the how people's risks were identified and managed. Risk assessments did not accurately reflect how people were cared for.

We looked at care assessments undertaken for six people. Some risk assessments had been carried out. However, risk assessments did not state how people were being supported to reduce risks.

The service was unreliable because carers did not visit as planned. They were either late, too early or did not stay the duration of the call. This had exposed people to risk of improper treatment and care.

Good governance had not been maintained. Although there were systems and processes in place they had not been carried out effectively to ensure required improvements were made to the service. Audits had been completed however actions had not been carried out in a timely manner. The service had not adequately addressed the breaches that we found in January 2015. There was lack of robust oversight and leadership. Staff were not adequately supervised to ensure their performance was monitored and poor practice was addressed.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. People's views on the service's reliability were positive however we found the service was unreliable.

The service followed safeguarding reporting systems as outlined in its policies and procedures. Allegations of unsafe care had been identified and actions had been taken to investigate and safeguard people.

We found the service had promoted staff development. New staff had been provided with induction and training before their started their role. A range of on-going training programs had been undertaken. Staff told us they could access training if they needed it and additional training had been provided to staff who needed to develop their skill and competence.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act [MCA]. People's care records had evidence of mental capacity assessments and consent.

Feedback about care staff and the care that people received was mixed. Some people felt care staff were excellent however some people raised concerns about some care staff's professional behaviour and poor time keeping. We found the way people's needs were being met was not consistently person centred. People's care files contained details about people's likes and dislikes. People told us care staff were introduced to them before providing care. There were assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them.

Staff feedback about management was mixed. Some staff felt supported however other care staff felt management were not effective in dealing with the challenges that the service faced. Some staff did not feel management dealt robustly with care staff whose behaviour had been found to be below professional standards. We looked at staff meeting minutes; they showed staff were involved in discussions about improving the service. Some staff however expressed they did not always feel their contributions made a

difference to the service; they felt management did not act on suggestions. Management encouraged the staff team to provide good standards of care and support.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns. Evidence we saw showed people's concerns about staff had not been dealt with transparently.

Following our inspection the provider decided to take action to put themselves in voluntary embargo on all new work. This meant that the provider stopped accepting new service users until they had met the regulations.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included Regulation 10 - Dignity and respect, Regulation 12 – Safe care and treatment, Regulation 13- safeguarding service users from abuse and improper treatment, Regulation 17 –Governance and Regulation 18- Staffing. You can see what action we have taken at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

This service was not safe

People's safety was compromised due to lack of robust risk assessments.

Management of medications had put people at risk because medicines were not always given as prescribed. People were at risk of medicine mismanagement due to poor documentation and lack of robust medication risk assessments.

People we spoke with said they felt safe using the service and records showed that staff had received training in safeguarding adults. There were processes for recording accidents and incidents. We saw that appropriate action had been taken in response to incidents to maintain the safety of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Management had not dealt effectively with cases where allegations of unprofessional behaviour had been reported against care staff. Some staff did not feel confident with the way management ability to discipline staff.

There was evidence of staff supervisions, appraisals and observations of staff competence on the staff files we reviewed. However this was not consistent. We found some people had not received supervision. Supervision was overdue for as long as four months. Training and induction had been provided before care staff started their role and on going training was being offered.

People's mental capacity had been considered before care was provided. Care plans contained assessments of mental capacity.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity had been compromised by poor practice from

some staff. People had not been actively involved in care planning. We made a recommendation.

We spoke with staff members about the support they provided to people they visited regularly and we found they were able to discuss the needs of those they knew well. They were aware of the importance of promoting independence and respecting privacy and dignity.

People and their relatives were very pleased with the staff who supported them and the care they received.

People told us staff engaged with people in a person centred way and had developed warm, engaging relationships. However evidence we saw showed this was not consistent.

Is the service responsive?

Requires Improvement

The service was not responsive

The service was unreliable because carers did not visit as planned. They were either late, too early or did not stay the duration of the call. This had exposed people to risk of improper treatment and care.

Care files had been organised in a way that ensured information was secure and easy to find. People told us their care had been reviewed and plans had been amended to show people's changing needs.

Complaint procedures were in place and people were aware of how to raise concerns. We saw examples of how complaints had been dealt with.

Is the service well-led?

Inadequate

The service was not well-led.

The service was unable to demonstrate progression since the last inspection and had not met all the breaches outlined in the issued requirement notice.

We found the management structure did not have an in depth awareness of people's needs and evidence of management oversight. Some staff lacked confidence in management. Staff told us management listened however they did not always act. Staff supervisions had taken place however there were shortfalls. Some staff were overdue supervision by four months.

Audit and monitoring systems were not effectively implemented. Audits were undertaken however issues identified were not resolved or followed up. There was lack of oversight and leadership. Staff's performance had not been sufficiently managed.	

Direct Health (Preston)

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 visit took place on 02 June 2016 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available at the registered office to assist us with our inspection.

The inspection was carried out by two adult social care inspectors and a pharmacy specialist.

Before the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who had made contact with the service. We had received safeguarding alerts from Lancashire County Council safeguarding enquiries team and regular updates from other associated professionals at the local authority. Comments about this service are included throughout the report.

During our inspection we went to Direct Health (Preston) office and spoke with a range of people about the service. They included the registered manager, the regional manager, the internal auditor, care coordinators, and eight care staff members. We visited two people who used the service and spoke to eight people and their relatives. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; five people's care records, five staff personnel records, visit logs for fifteen people, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Inadequate

Is the service safe?

Our findings

During our last inspection of Direct Health (Preston) in February 2015, we found people who used the service were not protected against the risks associated with the unsafe use and management of medicines. This was because appropriate arrangements had not been made for the recording, using and safe administration of medicines and people were not protected against the risks of inappropriate care because the systems for assessing and monitoring the quality of service were not robust, risks had not been well managed, the service was unreliable and some staff providing care and support did not have the competence, skills and experience to do so safely.

As a result of our findings we requested the provider to send us a report telling us what action they were going to take to meet the requirements of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. - Safe care and treatment

During this inspection we reviewed requirements outlined in the action plan issued following the inspection of the service in February and March 2015. We found continuing concerns that the provider had not met the required standards and was in continued breach of this regulation as evidenced below.

Risks to people were not sufficiently managed to avoid harm. Risk assessments had been undertaken for various areas of people's needs such as medication, infections, manual handling and personal care. However, some of the risk assessments did not reflect the care that people were receiving. We found the action plans that had been developed to manage risks had not been followed by care staff which resulted in people being exposed to risk. For example, one person's risk assessment identified the risk of medication mismanagement and overdosing and required safe storage of medication to reduce this risk. Although the risk management plan stated medication was kept in a locked container, we found medication in different parts of this person's house including on the sofas, there was no lockable cupboard within this person's house. In another example, one person had a risk management plan which required medication to be locked away however we saw records which indicated the person's medication storage had been found unlocked. This meant people's risks had not been adequately identified and managed, which left people at risk of receiving poor care.

We found significant concerns regarding management of people's medicines. We looked at medication administration records (MAR charts). We found MAR charts were handwritten. These records had no signature to indicate who had transcribed the information and there was no assurance or system in place to ensure that information had been transcribed correctly.

In another example we found prescription information had been interpreted incorrectly and resultantly miswritten on a MAR chart. This person was prescribed medication with the instructions 'Two Daily'. These should be taken simultaneously as a single dose but on the MAR chart the dose had been divided so they received one in the morning and one at night. This had later been identified and corrected on the MAR chart but there was no evidence of who corrected this. We also found evidence of where medication had not been

signed for or not given.

People who had been assessed as requiring medication prompts and observation had not been supported in line with their assessed needs and their risk management plans. Care staff had left medication for this person on a number of occasions and found the medication from the previous night not taken the following morning. This meant that care staff had not followed the instructions to prompt and observe the person taking the medication which left the person at risk of not taking their medication as prescribed.

We also found significant shortfalls in support provided to people who had been prescribed controlled drugs. One person had uncontrolled access to their medication that according to the care records should have been locked away. Some of the controlled drugs that this person took independently had not been documented by care staff which meant they could not ascertain whether this person had taken the medication on their own before care staff arrived. This meant that this person was exposed to a possible risk of overdosing as they had been assessed as forgetful. This meant that people had been exposed to the risk of not receiving their medication as prescribed and risk of significant harm from overdosing.

Staff competence around medication had been checked however we questioned the validity of the competence checks as we could not find evidence of the assessors' own training and evidence of competence. We spoke to the registered manager regarding the shortcomings in medication management. They informed us they were implementing changes to the service. The manager described an electronic system that they are planning to implement which logs tasks so that it should alert carers if they leave a service users house without giving medication but this system is not currently operating. We had however pointed issues around medication eighteen months earlier and expect the agency to have implemented the measures prior to our inspection.

This was a breach of regulation 12 (1) (2) (a) (b) and (g of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014. - Safe care and treatment

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. However we found the service had not dealt with allegations of unprofessional behaviour against some of its care staff in an effective manner.

People had complained about care staff however the concerns that people had raised had not been dealt with in a transparent manner to ensure care staff involved had been supported to understand the impact of their behaviour on people who used the service. Some staff spoken with confirmed these findings. One care staff told us, "Some care staff get away with murder, they have bad practice and it's not dealt with by management." And: "It does not reflect well on all care staff who are professional." We discussed these findings with the registered manager and they assured us they had used the organisation's policies to deal with the staff member. We however found the way they dealt with this incident was not robust and did not instil confidence in people and people could not be assured they could be protected against bullying and harassment from care staff. This meant that people were at risk of harassment and bullying from care staff.

This was a breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014. - Safeguarding service users from abuse and improper treatment.

We asked people who used the service whether they felt safe. People told us they felt safe using the service. One person told us, "They keep my mum safe." Another person told us, "We trust the carers".

We spoke to professionals who told us, "I found that staff were regularly turning up late for visits which had a knock on effect for the rest of the day and care tasks."
We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control and were able to demonstrate ways in which infections could be spread. People told us staff wore gloves and aprons when they visited and when providing personal care.

Recruitment processes, policies and procedures were in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks before employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of five staff members and found that robust recruitment procedures had been followed.

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, flu pandemic or power failure. Staff we spoke with were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who would have been expected to be at home.

Requires Improvement

Is the service effective?

Our findings

During our last inspection of Direct Health (Preston) in February 2015, we found suitable arrangements were not in place in order to ensure that persons employed were able to deliver care to people safely and to an appropriate standard. This was because appropriate induction, training, supervision and appraisal were not arranged for all staff members.

As a result of our findings we requested the provider to send us a report telling us what action they were going to take to meet the requirements of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Staffing

During this inspection we reviewed requirements outlined in the action plan issued following the inspection of the service in May 2015. We found some improvement in training and induction however there was continuing concerns that the provider had not fully met the required standards and was in continued breach of this regulation due to inadequate staff supervisions.

Care staff told us they had the necessary skills and knew the people they cared for well. One person told us, "They do a fantastic job, they come on time and they are attentive to my needs." Other people who used the service told us: "They try and keep same carers for me." And: "They have never missed a call." However evidence we found contradicted this.

Staff we spoke to told us they had on going training and felt well prepared for their role. One member of staff told us, "We do training and refreshers to keep us up to date".

Staff had received supervision. However we found a significant number of staff who were overdue supervision by four months in some cases. This was against the organisation's own policies which required that supervision took place regularly at least twice a year. This was a concern in our previous inspection in January 2015. We spoke to the registered manager who informed us they had delegated this task to other staff who had not ensured supervisions were undertaken. This meant that there was no robust oversight of staff performance within the service.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014- Staffing.

Care staff spoken with confirmed they had completed a two week induction programme, which was recorded and which included safeguarding adults. After induction staff had been supported through shadowing other staff members for up to four days before they could work on their own. Staff were provided with training at the office first before going out for their first shift.

We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, fire awareness, and infection control. We found that the service promoted

staff development to ensure that staff received training appropriate to their role and responsibilities. Staff had received on going training to ensure they continue to develop their skills and knowledge. We found this had been a significant improvement from our inspection in January 2015.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We looked at people's care records and found mental capacity assessments, with supporting best interests decisions where needed. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. Staff we spoke to however informed us that they did not feel they could share information openly and did not feel the concerns they raised would be acted upon by management.

People were supported to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences. We saw staff had documented the meals provided confirming the person's dietary needs had been met. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

Care records held details of joint working with health and social care professionals involved with people who accessed the service.

Requires Improvement

Is the service caring?

Our findings

Feedback we received about the care staff and about the care that people received was consistently positive. People we spoke with told us they were treated with kindness and the staff were caring and showed concern. Comments received included, "They are very, very good for mum." And: "They are approachable, respectful and treat me with dignity." Another person told us: "They are absolutely fantastic; I would be nothing without them." A relative told us "They are caring and genuine and I have recommended them to other people."

People's dignity had been compromised due to poor practice from some care staff. For example one person had been put to bed too early, this had been raised with care staff involved. However the records we saw and the response from the staff involved showed they did not understand why their actions were undignified or lacked empathy. They alleged that "other staff do it." This showed a lack of care and compassion towards the people they cared for. We spoke to the registered manager who informed us they had dealt with this issue however we found this was not addressed in a robust manner which gave assurance to people that they could receive support from caring and compassionate staff. There was no evidence to show the registered manager had investigated how wide this issue was within the service and whether indeed this was a common practice in the service.

This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 - Dignity and respect.

Care plans we checked showed people had been involved in planning for their care. However this was not consistent. For example on the day of inspection we found a new risk assessment was being delivered to a person who used the service. This risk assessment had been completed in the office without the person involved. This meant that this person had not been involved in writing plans to manage their risks.
We recommend that the provider consider best practice and guidance on involving people in care planning.

We found a number of compliments from people and professionals who had worked with the agency. We also found cards that relatives had sent to the service. One person gave special thanks to staff who had supported their loved one. They wrote, "The time that you spent with [name removed] was precious to her." Another person wrote, "Thank you [name removed] for looking after me and the boys and girls." People were satisfied with staff who supported them and staff had up to date information about their needs. People told us their care was delivered in the way they wanted. People told us they felt the staff team were caring.

People and their relatives told us carers showed genuine and caring concern to them during their interactions. They told us care staff took time to speak them and they explained what they were doing. One person told us they felt safe and described their current care staff as 'reasonable and charming'. Another person told us, "This is the best; I cannot imagine it being any better."

People told us staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to. One person told us how they had raised with the registered manager

their preference for certain staff to support them. They told us this was respected by the registered manager and they received care from the staff who they preferred.

We saw staff had received training in maintaining confidentiality as part of their induction. Staff were also able to tell us how they maintained confidentiality by not discussing people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Requires Improvement

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. One person we spoke to said, "I complained and they listened, they are a good company really." And: "They tell me in advance any changes to the care, they keep me informed."

Some people told us staff arrived as arranged, stayed for their allocated time and were reliable. One person said, "They always stay the time." Another person said, "They try to keep to times and try to keep same carers, we are happy really." Another person had a different view; they told us management can be defensive when things go wrong.

People told us management were responsive and listened. One person said, "They respond to suggestions, I think they are a good company", And: "I can recommend them to people."

We had mixed reactions from professionals. One professional told us, management were reluctant to engage and review care packages and "They are not prepared to get rid of poor carers." Another professional told us "I also found that the care plan was not person centred around personal care and moving and handling however on a positive note, [Name removed], was proactive in carrying out a spot check to determine timeliness of visits and assess staff in moving and handling practices of staff."

We found significant concerns around the reliability of the service. Feedback from some relatives, other professionals and visit records that we looked at showed significant discrepancies with the times and duration of visits. We found in fifteen visit records we checked carers had not turned up on time, in some instances carers had turned up to two hours late, in a number of instances carers had turned up between one and two hours early to put people to bed. We found this was common practice. We did not find evidence to demonstrate this was what people had asked for. We found a pattern of this happening from certain care staff and affecting all the fifteen people we checked on a consistent basis.

We were informed that the service used a digital tagging system which could track what time carers arrive and what time they left people's houses. This would also inform the office if carers were running late for their next visits or if there had been unforeseen circumstances that could affect the next visit. This was monitored in the office and management could look at the information any time to check if people are receiving care as agreed. Regardless of this system being in place we found it was not implemented and there was no robust monitoring systems to ensure those responsible for monitoring service performance were doing so.

In one example, care staff arrived at 12.00 for a morning visit which was scheduled for 09.30hrs. This meant that the person had been waiting for assistance for a long period of time. This person was unable to get out of bed independently and relied on care staff to provide them with personal care. This meant the service was unreliable; people could not rely on the carers turning up on time and to receive care in a safe and timely manner.

We also found evidence in all call visit logs that we looked at that carers were not staying the allocated time. In some instances carers had stayed for five minutes instead of an hour. We discussed this with the registered manager; they informed us they had delegated the role of monitoring visits to care coordinators. They added that they did not check whether care- coordinators had made random checks to identify these shortcomings.

This was a breach of regulation 13 (4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014- safeguarding service users from abuse and improper treatment.

We found assessments had been undertaken to identify people's support needs. The care plans were person centred and provided clear and detailed guidance. People's life histories, likes and dislikes had been recorded in detail. We found details of people requiring special support had been shared with staff. For example one person's record stated "[Name removed] may tell the carer she has eaten but this may not be the case, please check for evidence and ensure you make her something to eat and observe her eat before you leave." Where required care staff had been provided with warning such as, "Carers must not lift [name removed] under the arms or legs to reposition. This is a drag lift and can result in injuries and is disciplinary procedures."

The care files were well organised and had been presented in a methodical manner to ensure information on people's needs could be located with ease. The quality of recording had improved from our last inspection.

People told us that their preferences and wishes had been taken into account when planning their care. One person said, "I choose my own food and how I want my care." Another person said, "The carers know my likes and preferences." Staff confirmed that they provided each person with individualised care as agreed in their care package.

We saw the service had a system in place for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to and the outcome had been recorded. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "Problems are sorted, I'm happy with the service." Another person said, "Of course they listen and they respond, they know if they don't I will complain." However evidence we found showed complaints management was not consistently transparent as concerns about staff had not been dealt with adequately and transparently.

Contact details for external organisations including, advocacy services, social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us care staff were considerate and gave them options and respected their right to choose how they wanted to be cared for. People's views about the service had been considered regularly using surveys. This meant the service had sought people's views and experiences about the service.

Inadequate

Is the service well-led?

Our findings

The service was last inspected on 25th February 2015 and 6th March 2015 and was found to be in breach of one of the regulations we inspected at that time. People who used the service were not protected against the risks of unsafe or inappropriate care because accurate records were not always maintained and records could not be located promptly when required. The registered provider was asked to make improvements with their governance systems. The registered provider sent us action plans stating the improvements they made to comply with those regulations. We checked whether the requirements of this regulation had been met.

At our last inspection we found paper work to be disorganised. Information was difficult to find and some vital details were missing from some records. It took some time for training records to be located. They were eventually found stored in boxes in a room within the agency office. Records in relation to persons employed at the service must be retained, so they can be located promptly when required. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Good governance.

During this inspection we reviewed requirements outlined in the action plan issued following the inspection of the service in May 2015. We found some improvement in staff files and record keeping however there was continuing concerns that the provider had not fully met the required standards and was in continued breach of this regulation due to inadequate staff supervisions and lack of robust quality assurance systems.

We looked at governance and quality assurance and found there was lack of robust governance and management oversight within the service. There were significant shortfalls in quality assurance systems within the service. Audits were not implemented effectively to monitor the safety and effectiveness of the service delivered.

We saw an improvement action plan that was issued by Lancashire County Council contracts officers. This showed the service had completed the actions for the contractual improvement plan.

People who used the service told us management listened. They told us: "The manager listens and will try her best." However another person told us "They do listen however they can be very defensive when something goes wrong."

There was a mixed response from care staff regarding the culture within the service. Some staff we spoke to expressed lack of confidence in management. They felt they could not speak up and make suggestion for fear of victimisation and also reported management did not take effective action to deal with other care staff who had displayed unprofessional behaviour. One member of care staff said, "They seem to be friends with other care staff, you can't complain against them." Another care staff said, "I just get on with it, if you speak up you start losing hours." This feedback was demonstrated by our findings during our review of staff files and also matched the information we had from people and other professionals before the inspection.

Staff raised concerns to us that this lack of action from management had an impact on the image of other care staff and the organisation.

Some staff however reported a positive culture existed within the service and felt the manager listened to them and was responsive. Staff told us: "I love it here." and: "Communication is good and I feel listened to." Another staff member said, "I can speak to any member of the management team, they are supportive."

We found the service had inadequate systems in place to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included medicine management, lack of robust quality assurance systems, lack of management oversight, managing risk to people and managing staff. These issues had not been sufficiently identified or managed by the provider before our visit which showed that there was a lack of robust quality assurance systems within the service and the organisation.

In the records that we checked we found audits had been undertaken and identified various issues in different areas including medications errors and care files that needed to be reviewed. However we found the various issues that had been identified had not been acted upon. For example the action plan that CQC had issued to the service following our inspection in February 2015 had not been fully addressed at the time of our inspection. We found some actions had started to be acted on in May 2016, eighteen months after we raised concerns. In another example we found the internal audits had identified areas that required to be acted on in November 2015; however this had not been acted on when we visited the service seven months later.

This was a breach of regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supervisions had been noted as an area which required to be completed however evidence we saw showed sixteen members of staff had been overdue supervisions for up to four and half months. This was against the organisation's own policies and procedures. We spoke to the registered manager to check if they were aware of this, they advised us that they had delegated supervisions to other staff and had not been informed this was not being completed.

We looked at how the service was managed and found significant concerns with delegation and oversight. For example the registered manager had not provided oversight to check whether people's care files had been reviewed in line with the findings and recommendations of their own audits and action plan, they had not been aware of shortcomings that we found such as concerns staff not visiting as planned and staff not being supervised in line with the organisational policy.

In another example we found no evidence of training and competence checks on the person who had been entrusted to undertake competence checks on other staff members. We could not be assured how this person knowledge and skills had been tested to ensure they understood what they were doing when assessing their colleagues. This meant that there was lack of robust management oversight which had an impact on the provision of safe care and had resulted in unsafe practices such as poor administration of medication continuing.

The registered manager was unable to demonstrate suitable knowledge around risk management for people using the service, with particular reference to risks around medicine management. They were also unable to demonstrate how they can implement audit systems and follow up on actions identified in audits. The registered manager and the provider were unable to clearly demonstrate that breaches in the regulations (February 2015), as outlined in our recommendations, had been met.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a business continuity plan. This meant the service had considered how they wanted to develop and improve the service, as well as how they would respond in case of emergencies that could impact on the delivery of care

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities and submitted notifications to CQC. This meant that CQC received information about the service in a timely manner, to exercise our regulatory role effectively. The CQC registration certificate was on display, along with a copy of the most recent inspection report.

Following the inspection the service agreed to place themselves in a voluntary embargo to restrict new admissions to the service. This meant that they would not be taking new service users until they have addressed the concerns that we found.