

Roche Healthcare Limited

Roche Caring Solutions

Inspection report

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04 August 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Roche Caring Solutions on 27 July and 04 August 2016. We informed the registered provider at short notice we would be visiting because we wanted to ensure someone would be in the office to provide the information we needed. The service was last inspected in July 2013 and was meeting all the regulations at that time.

The service is registered to provide personal care to people living in their own homes. At the time of the inspection 76 were supported by the service.

The service had a registered manager. 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.

Systems in place for the management of medicines so people received their medicines safely were not robust enough. This meant people were at risk of not receiving their medicines as prescribed.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as mobility, medications and pressure area care. The risk assessments did not always contain enough information for staff to provide safe and effective support for people.

Staff told us the registered manager was supportive. Staff had not received supervision and appraisal at the frequency described by the registered manager.

Not all staff training was up to date and staff members had not always been assessed as competent to complete some of the more complex tasks they were asked to perform for people.

The registered manager told us staff had been on trained in the Mental Capacity Act (MCA) 2005. However, staff did not always understand what MCA was. Staff did understand the principles of supporting people well by offering choice and seeking consent when supporting people. Records we saw did not contain MCA assessments or best interest decisions where required for people who lacked capacity.

The systems in place to monitor and improve the quality of the service provided were not robust. Staff told us the service had an open, inclusive and positive culture.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them. Records in relation to complaints received did not evidence the registered providers policy had been followed.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the

different types of abuse and what would constitute poor practice.

There were enough staff employed to provide support and ensure people's needs were met. We saw a very small number of missed calls had occurred. People gave us feedback that staff had been late on some occasions and they received support at times from an inconsistent staff team. The registered manager had worked hard to address these issues and continued to do so.

Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. Care records did not always reflect the current needs of people. A programme to update care records had started.

People and their families told us staff treated people with dignity and respect.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff at the service worked with other healthcare professionals to support people with their needs.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this 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?

Requires Improvement ●

The service was not always safe.

Systems in place for the management and administration of medicines were not robust enough.

The detail in risk assessments did not always contain enough information for staff to know how to keep a person safe.

Staff were knowledgeable in recognising signs of potential abuse. Safe recruitment procedures were in place. There were sufficient staff employed to meet people's needs, but issues with consistency and timekeeping were on-going.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff had not received supervision and appraisal at the frequency required. Staff training was not all up to date. Staff had not always been assessed as competent to complete certain tasks.

Care records did not contain assessments of peoples capacity where required or best interest decisions in line with the Mental Capacity Act 2005.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good ●

This service was caring.

People told us they were well cared for.

People told us they were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans were in place.
Some care plans did not reflect the current needs of the person.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way. Records of complaints were not robust.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were systems in place to monitor and improve the quality of the service provided. The system was not robust enough to ensure safety and quality.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them.

Requires Improvement ●

Roche Caring Solutions

Detailed findings

Background to this inspection

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

We inspected Roche Caring Solutions on 27 July and 04 August 2016. This was an announced inspection to ensure people were available in the office.

The inspection team consisted of one adult social care inspector who visited the registered providers office on 27 July and 04 August 2016 to complete the inspection. Also a second adult social care inspector and one expert by experience who had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience and the second adult social care inspector made telephone calls to people who used the service, family members and staff to find out their views on the service.

Before the inspection we reviewed all the information we held about the service. We contacted the local authority to find out their views of the service. We also looked at the information we had received from statutory notifications since the last inspection. The registered provider completed a provider information return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information helped us plan our inspection.

During and following the inspection we spoke with 11 people who used the service and six of their family members/representatives. We also visited one person in their home. We spoke with the registered manager, quality manager, two care co-ordinators and four care staff. We looked at six people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

Medicines had been supplied by the pharmacy in blister packs, packets or bottles. Medicines had a pharmacy label which detailed the instructions to ensure staff administered the medicines to people appropriately. Staff had copied the pharmacy label to complete a medication administration record (MAR) which they used to evidence they had administered the medicine to the person. Instructions were not always copied correctly and where people were prescribed 'as and when required' medicines or creams and lotions, specific protocols were not used to ensure staff had all the information they needed to administer medicines correctly as prescribed.

The registered manager completed an audit of the MAR when they were returned to the office to ensure MARs were completed correctly. The audits were not completed at the frequency the registered manager told us they should be, which was monthly. The registered manager told us they had a problem with records being returned each month. The registered manager had implemented a new system to delegate this task to senior care staff each month to improve compliance in meeting their own procedure. When audits had been completed we saw issues were not always recognised. For example, the gaps on MAR's and errors when staff had written the prescription details on the MAR were not always identified. Also on one occasion we saw a person had been supported to take a medicine on four occasions which did not have the prescription recorded on the MAR. Staff members had recorded in the carer notes on the back of the MAR when they had administered the medicine.

However, where the service had noted errors we saw they were fully investigated and medical advice had been sought where appropriate.

We spoke with staff who told us they had received medications training. The training information kept by the registered manager did not provide us with the last date of medication training for all staff. Therefore the provider was unable to clearly demonstrate how many staff had received medications training that were in date. The registered manager told us staff were also competency checked to ensure they followed procedure when administering medicines. The registered manager told us 13 out of 41 of the staff had not received this competency check.'

We spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised care staff were reliable. One person told us, "They do help with medicines, they put the tablet in a cup and make sure I take it and they record it" And "They help me with my medication and I get it on time."

Some people told us staff had said they could not administer eye drops for them. We discussed this with the registered manager who told us they had listened to people and future training had been adapted to ensure staff were trained to administer eye drops for people.

We concluded there was a risk people would not receive their medicines as prescribed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Prior to our visit the local authority had highlighted to the service the need to increase the range of risk assessments they used when developing people's support plans, particularly falls risk assessments. The registered manager had instigated a review of people's care plan to include the advice from the local authority. Records we saw confirmed this.

We looked at people's risk assessments which included those for medications, moving and handling and pressure area care. We saw the detail within the risk assessment did not always identify what could harm a person or others and what control measures should be in place to reduce the risk of harm. For example; we saw in one person's care plan they were diagnosed epileptic but there was no emergency plan in place for staff to follow if they had a seizure. We saw for another person they displayed behaviours that may challenge; although the care plan told staff what behaviours they may see it did not describe how to reduce the person's anxiety or how to prevent further escalation of the person's anxiety.

This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager told us personal care was generally provided from 6:45am until 10:30pm. They said they continuously advertised and recruited to ensure they had enough staff in the team to cover the calls expected. The registered manager told us they struggled to recruit to allow for growth in packages of support. They had implemented changes to try to attract and retain staff, this had included offering staff contracted hours.

The care coordinators worked with an electronic system to allocate staff to calls for people and when new people were referred to the service they offered the times available to people. The registered manager explained travel time was built into the rota and we saw this on the records we looked at. Some rota plans had enough travel time built in to prevent lateness. However, when there was a build-up of traffic during peak times this had not been accounted for in staff travel time.

Staff turnover and travel between calls impacted on the feedback we received from people and their families about continuity of staff and lateness. People told us, "I never know who is coming, I don't have regular carers", "The lady in the morning, her punctuality is on the dot but the others are not as good" and "They do come on time up to press and stay the right amount of time as well, I am happy with it."

A family member told us, "The time varies in a morning between 8:30 and 10:00 and if they are late they don't always ring." We visited one person whose call had been later than expected. They told us they had diabetes and if the call was too late it would potentially affect their health and wellbeing, although it had not on that occasion.

We spoke with the registered manager who told us the local authority contract allowed for a 30 minutes tolerance before and after the planned call time. The registered manager told us staff logged in at the person's home on arrival and this alerted the system. If they did not log in, the system alerted the office staff may not have arrived on time. This helped the service know if there had been a missed call. The system could be altered to any timeframe of lateness and for the person we visited this was changed so the office would be alerted sooner if staff had not arrived.

The registered manager told us they would look to alter the thresholds on the system so they were alerted sooner where people had more complex needs to be supported. We did however see although the calls were not always on time people had mostly received their call. There had only been three missed calls since January 2016. All missed calls were recorded and action taken where needed.

We were told by the registered manager there were two levels of management on-call during the hours of

the service operating. This meant staff had a manager to call if they needed support, guidance or help. On the day of the inspection we saw the system worked effectively when two staff members were delayed due to an accident on the way to a call. We saw staff were provided with support and the team worked together to ensure the person expecting a call received the correct support.

We asked people who used the service if they felt safe. People told us, "I do feel safe, staff are quite friendly and I am happy with them I have no complaints" and "I do feel safe when carers are in the house." A family member told us, "My relative feels safe with the carers in the house and they are absolutely fantastic with my relative a million times better than the other service they were with" and "My relative feels safe they are not frightened when carers come to see them."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. Records we looked at confirmed 42 out of 49 staff had received this training.

Records we looked at confirmed the registered manager had worked with other individuals and agencies to safeguard and protect the welfare of people who used the service. People who used the service and their family members we spoke with were aware of who to speak with should they need to raise a concern. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

We looked at the records of four newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

We saw all four staff members started working with people alongside a colleague before their full DBS check was received. However the check called an ISA adult first which confirmed the candidate was not on the barred list of people not able to support vulnerable people had been received. We saw the registered provider's policy dated August 2015 stated 'If supervised an ISA Adult First may be accepted in the first instance, if agreed by the manager and the quality manager.' However, we saw no evidence in records an agreement had been made and this was something the registered manager told us they would record in future.

Two references had been obtained for three of the candidates checked and where possible one of which was from the last employer. For one of the candidates the character reference had not been returned, the registered manager sought another reference after an initial wait and was waiting for this to be returned. The registered manager confirmed this was not usual practice and records confirmed this. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant the registered provider followed safe recruitment procedures.

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support their specific needs. One person told us, "They seem to know what they are doing" and "The majority seem well trained."

The registered manager had already highlighted to the registered provider training was not up to date. The registered manager had developed a spreadsheet which included all the dates staff had received training and where gaps in training were. The registered manager had sought new dates for training from the registered provider and told us they had sourced distance learning and 'social care TV' training.

The information we saw showed training was mostly up to date, but some areas were still outstanding, for example, for emergency first aid training 16 out of the 49 staff had training. The registered manager told us further training dates had been booked for all staff to be brought up to date with their training.

We spoke with staff about training they had undertaken. They told us training was useful to provide them with knowledge to complete their role. They told us they had completed a variety of basic training such as moving and handling and additional training such as dementia.

Staff told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. This helped to ensure people were supported by skilled and experienced staff.

From a person's care record we saw staff supported a person with a percutaneous endoscopic gastronomy tube (PEG). This is where a person is fed through a tube directly into their stomach. The registered manager told us staff had been trained by a specialist nurse to enable them to complete this task.

No training certificates were available to evidence this training. On day two of our inspection some of the certificates had been produced by the specialist nurse. We discussed with the registered manager how they had ensured competency so staff were safe to complete this task. The registered manager told us this had not happened; they said staff had received training only. The registered manager told us they would develop and implement a competency check for this task.

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

The registered manager told us staff should receive community supervisions twice per year, one to one supervisions twice per year and an annual appraisal. The system to manage this area and understand if staff members had received appropriate support was not robust.

We looked at four staff records and found staff had not received the amount of supervision (community and one to one), and appraisal the registered manager told us they should have. The first staff member had one supervision record and no appraisal. Two of the staff members had an appraisal and one supervision recorded and the final staff member had two supervisions and no up to date appraisal.

Staff told us they did feel supported and they could approach the office or their supervisor when they had any concerns. One staff member said, "We have discussions every three months but the real supervision is six monthly with the manager to discuss everything, clients and training."

The registered manager acknowledged they knew supervisions and appraisals were out of date and additional office staff resources had been approved but not yet recruited from the registered provider to support the team to adhere to the specified timeframes. .

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 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 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.

The registered manager told us they assume people who used the service have capacity unless they are told otherwise. The registered manager told us if they had any concerns in relation to a person they would inform the person's social worker or health care professional. We were told where necessary other professionals involved in their care would undertake assessments in relation to mental capacity.

We saw in people's care records where people did not have capacity this had not happened and the service had not assessed capacity or recorded the best interest decisions made on behalf of those people. We saw all staff but one had received training in MCA, but when we spoke with them most found it difficult to explain what MCA was.

However, staff we spoke with understood their obligations with respect to people's choices and ensuring people consented to support they were asked to deliver. One staff member told us, "I always seek people's consent before helping them. I ask them if they are ok for me to support them or can they manage on their own." Staff told us people and their families were involved in discussions about their care.

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service provided support to people at meal times. Those people, who were able, were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, "I am satisfied sometimes they cook egg and bacon for me."

Staff we spoke with were aware of how to support people to make healthy choices and to report any concerns with peoples weight or diet intake to their manager immediately.

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support the people. Records we saw confirmed this. A family member told us how the staff had supported their relative during a difficult situation when their health deteriorated rapidly. They said the service responded very quickly and "Went out of their way to help."

Is the service caring?

Our findings

Most people we spoke with were complimentary about the care and service received. One person said, "I have two regular staff and four others who come some days but I have no problem with them they are down to earth like me no airs and graces we just get on with one another." Another person said, "I have a laugh with some of them and if I don't like something I tell them" and "My regular carer is the Bees Knees." Also people told us, "The regulars do listen and do their job well but some of the others have to ask where things are because they've not been before" and "The odd one is quiet and it is hard work." Also, "90% are caring and have a good attitude."

Family members we spoke with said, "They are punctual and are very good with my relative particularly [name of staff member] who takes time to kneel down and talk which is very good" and "They are good, in fact excellent it is an undervalued job. We are really happy with them they are caring people."

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us, "I always talk to people and their family we discuss all sorts, interaction is good" and "I take time out and visit people to make sure they have someone to talk to."

When we spoke with staff it was clear they ensured people were supported to maintain their independence and make choices around day to day things such as what to eat and what clothes to wear or whether to have a bath or a wash. One staff member told us, "I support people as much as I can to do things for themselves which I know they can do" and "We support people to do things for themselves like prepare their meal, wash and help them move around." A family member confirmed this did happen when they told us, "My relative tries to be independent and tries to do things for themselves despite their age." Staff told us an example of a person who was supported to use a wheeled trolley to carry their own drinks in their home to enable them to be more independent.

It was clear from our discussions with staff the values of privacy and dignity underpinned the work they carried out with people. One staff member told us, "We maintain people's privacy by making sure they are covered at all times and make sure the curtains are drawn." People and their families confirmed staff treated people with respect and dignity. One person told us, "They treat me with dignity and respect; I have nothing to say against them. I am not embarrassed in front of them." Another person said, "Oh yes they do keep my privacy and dignity I am satisfied with them." A family member told us, "They respect my relatives age and they look forward to staff coming."

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Care files also contained information about people's preferences for male or female support when they received personal care.

People told us they were involved in decisions about their care plans. One family member told us they had worked with the service and the local authority to ensure their relative's needs were met and on one occasion this involved seeking equipment for staff use during their visits.

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us staff knew them well and were responsive to their needs. One person said, "The whole thing is good, I don't know how it can be improved they can't do a lot in 20 minutes but they ask me what I want and they do it." A family member told us, "My relative has dementia and they sat down with us and discussed their needs and they suggested what needed doing and they have put it all in place and it has helped" and "Overall it is fine we are happy with the service. The care is good and the two ladies who come are always smiling they do a good job and they understand my relative and are always willing to assist."

During our visit we looked at the care records of six people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. We saw in some people's plans information on the assessment did not reflect the persons needs for example; one person's care plan stated they required a certain level of support with medications which did not reflect the support staff told us they required. Another person had medical conditions which were not reflected in their care plan.

Of the care records we looked at during the inspection they detailed the person centred support the person needed. For example; a person preferred the lamp and lights left on during the night, a person preferred a wet shave and for another person humming was something they enjoyed to prevent them becoming anxious. One staff member told us, "Person centred care is about care relating to that person, taking on how they want to be looked after, what they like and don't like, how they want to be referred to, it should be all about them."

The registered manager told us about the support the staff team had provided for one person to help them manage their finances better, budget each week which had enabled the person to save and plan outings into the community with staff which they had looked forward to. We saw from the person's office records this had involved working with a social worker, family members and another care provider. However, the person's care plan did not reflect the support they needed in this area.

People told us the service regularly asked them for feedback about their support and held reviews for them. One family member told us, "The care plan has been reviewed one or two times by the managers and they have been out to see if everything is alright." Records we saw confirmed this.

The service had recognised the care plan system required updating and more detail to be added including a wider range of risk assessments prior to our inspection. They had started to update people's care plans in a new style and we saw examples of those already updated and could see the difference in detail and robustness. The registered manager told us they planned to ensure over the next three months all care plans were updated to the same standard.

We looked at the complaints procedure dated April 2015, which informed people how and whom to make a complaint to. The procedure gave people timescales for action. All the people we spoke with told us where

they had raised issues they had been resolved to their satisfaction and the manager had responded appropriately.

One person told us, "I once complained about them coming at 3.30pm for my evening meal but was sorted." A family member told us, "I had one I didn't like and I complained because of their attitude and they never came back."

We saw an example of a complaint received and the records reflected the issue raised and communications with people involved. The registered manager logged on a spread sheet which person had complained and the type of complaint for their own records of patterns and trends. However, records did not robustly outline the whole complaints process, outcome and no outcome letter was sent to the person who complained.

We saw another example where a person raised concerns about a staff member's ability to perform their role which had led to a staff member being disciplined. However, the record of the complaint did not reflect the actions taken and again the person had not received an outcome from their complaint.

The complaints policy dated April 2015 stated 'Keep a documented audit trail of the steps taken and the decisions reached. Investigate complaints fully. Every written complaint will be thoroughly investigated and a written response given within 28 days. Review the history of complaints on a regular basis to establish and investigate any trends or patterns which will contribute to the continuous quality improvement and assurance processes in the organisation.' Records we saw did not reflect this process happened.

The quality audit completed by the registered provider in February 2016 highlighted complaints information required more evidence. This action had not been completed.

People were happy with the way the registered manager responded to complaints; however, the process recorded did not robustly evidence action taken or follow the registered provider's policy. The registered manager told us they would improve the system of how they recorded the steps they took when complaints were received. On day two of the inspection the registered manager had devised a new document to use when a complaint was received.

This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services, ensuring they provide people with a good service.

The registered manager told us they completed a range of checks to ensure the service being delivered to people was good. These included audits of the daily notes and medication records and spot checks on staff performance where the service had received negative feedback about a staff member. The registered manager told us the frequencies each audit was expected to be completed and we saw the correct frequency had not happened. We saw the audit forms had not picked up some of the issues we identified at this inspection, for example; issues with the medication administration records had not been highlighted during the audit. We also saw the range of checks did not cover all areas to ensure quality and safety, for example, there was no audit of complaints, accidents or incidents. The registered manager told us this was something they would look to assess and develop in the future.

The registered manager had started their own monitoring systems to have oversight of performance around safeguarding, complaints, staff training, supervision and appraisal. This had led to the registered manager being aware training, appraisal and supervisions were out of date and they felt more resources were needed to ensure these tasks were completed in line with expectations. The registered manager had asked for additional resources which had been approved by the registered provider.

We asked the registered manager how the registered provider checked the service had delivered safety and quality. They explained there was a regular management meeting they attended where they were kept up to date with current practice and issues they wanted to share and seek peer support were listened to. The registered manager told us they felt well supported by the registered provider.

The registered manager told us the registered provider had implemented an audit which had been carried out once in February 2016. The quality manager told us this audit should be completed every three months and this had not happened. We saw some areas we had highlighted were also picked up for example; complaints did not have enough information. We saw the audit did not contain all areas to ensure quality and safety, for example, it did not look at safe recruitment. We saw the audit had told the service they did not need to do additional work in areas such as mental capacity and from our findings during the inspection this was not the case.

We discussed the audit format and quality of its completion with the quality manager who agreed the document and those staff members who completed the audits required additional work. The registered manager had produced an action plan from the audit findings but had not completed all of the actions. The registered provider had not set any deadlines for the actions to be completed and they had not checked progress towards completion.

There was no system in place for the registered provider to look at patterns and trends in safeguarding,

complaints, accidents and incidents within the service.

At the time of our inspection a system to collect feedback from the people they supported such as a survey was not in place. We discussed with the registered manager and quality manager and they said a system was due to be implemented.

We found the quality assurance and governance system was not robust enough to ensure quality and safety for the people the service supported. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A registered manager was in post at the time of our inspection. People who used the service and their family members spoke highly of the registered manager. One person said, "The manager is called [name of registered manager] and is quite nice and approachable. The office is alright with me all in all they are alright." A family member told us, "The managers are both ok and have been to see my relative on a few occasions."

Staff we spoke with told us the registered manager was approachable and supportive. One staff member said, "The manager is honest and treat's everyone fairly and with respect." Also, "I feel supported, I can call the office and the manager is always available." Staff went on to tell us they felt the team worked well together across the service and an open positive culture meant they felt listened to. One staff member told us, "We have good team work, supportive, open and honest. If a mistake is made we will rectify what we can." Another staff member said, "I think the company is open and honest and they listen to us if we put something forward."

We spoke with staff about the opportunities they had to meet for team meetings. Staff told us team meetings were held but they did not always attend, but received the minutes from the manager. One staff told us, "People say how they feel and the manager takes it on board." Another staff told us, "I think the quality of care we provide is excellent, all concerns are dealt with at once."

We looked at records of team meetings and saw three had been held in 2016. Topics included confidentiality, medications and on-call. The registered manager told us they aimed to increase the frequency of meetings and they also explained they communicate with staff via messages when required and we saw in 2016 a newsletter had been produced to also communicate messages about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Assessment of people's capacity were not completed or best interest decisions recorded where required in line with the Mental Capacity Act 2005</p> <p>Regulation 11 (1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medications systems were not robust enough to ensure people received their medicines as prescribed.</p> <p>Risks to people's wellbeing were not fully assessed and the control measures to reduce the likelihood of harm fully recorded for staff to follow.</p> <p>Regulation 12 (1), (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider did not ensure complaints were investigated and proportionate action taken. The registered provider's complaints policy was not operated robustly.</p> <p>Regulation 16 (1) (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance and governance system was not robust enough to ensure quality and safety.</p> <p>Regulation 17 (1), (2) (a), (b), (f)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not have all the training required or support to ensure they could fulfil their role effectively.</p> <p>Staff competency had not been checked in all instances to ensure they performed their duties safely.</p> <p>Regulation 18 (1) (2) (a)</p>