

Expect Ltd

Bowersdale Resource Centre

Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bowersdale Resource Centre has a day unit and is the base for a domiciliary care agency that operates in the Liverpool and Sefton area. The agency provides support for personal care, social care and domestic services to adults. The agency is owned by Expect Limited.

This was an announced inspection which took place over two days on 10 and 11 October 2016. The inspection was carried out by an adult social care inspector.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found medicines were being administered safely to people but there needed to be some improvements to ensure safe standards were maintained. These included monitoring of staff to ensure competency with administration of medicines, ensuring quantities of medicines received were recorded and medication standards were regularly audited.

We found that risks to care provision had not been assessed appropriately and there was a lack of plans in place to help ensure people were kept safe. Arrangements were not in place for regular assessment and checking of people's living environment environments to ensure they were safe.

With regard to overall management and governance, we found key areas of quality and safety required to be developed so that people being supported were not exposed to potential risk.

Only a small number of people had an up to date care plan to plan and evaluate their on-going care needs. This meant there were no agreed aims and objectives to the care and communication. The lack of information was confusing regarding the focus of staff support and input.

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

Health care professionals told us people were getting health care reviews when needed. People's care documents were unclear and did not record details about people's on-going medical and health care needs.

We made a recommendation to improve this.

There were systems in place to gather feedback from people so that people felt they were listened to; these needed to be more inclusive.

We made a recommendation in the report.

People we spoke with said they felt safe when receiving staff support from the agency. People told us that if any issues arose they were addressed by the managers.

There was sufficient staff available to support people. We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found that appropriate checks had been carried out and recruitment was robust.

The staff we spoke with described how they recognised abuse and the action they would take to ensure actual or potential harm was reported. All of the staff we spoke with were clear about the need to report through any concerns they had. This helped ensure people were kept safe and their rights upheld.

We saw that people's consent to care was recorded. The service worked in accordance with the Mental Capacity Act 2005.

Feedback from people we spoke with and their relatives informed us that staff seemed well trained and competent.

Staff were supported by on-going training, supervision, appraisal and staff meetings. Formal qualifications in care were offered to staff as part of their development.

We had positive feedback regarding how staff approached care and respected people's rights to privacy and to be treated with dignity.

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

We found managers open to feedback and discussion. This was evidenced throughout all of the feedback and interviews conducted.

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.

Medication administration records [MARs] were not always completed in line with the service's policies and good practice guidance. There was a lack of checking to ensure staff were competent to administer medicines safely.

Care was not organised so risks were assessed and plans put in place to minimise risk to people and help ensure they were safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

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

Requires Improvement ●

Is the service effective?

The service was not always effective.

Health care professionals told us people were getting health care reviews when needed. People's care documents were unclear and did not record details about people's on-going medical and health care needs.

The service worked in accordance with the Mental Capacity Act 2005. Care records contained enough detail regarding people's decisions around key issues.

Systems were in place to provide staff support. Staff said they were supported through induction, supervision, appraisal and the service's training programme.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us staff had a caring approach to care. However, some people had not been reviewed or visited by the senior staff

Requires Improvement ●

from the agency for some time. They were therefore unable to fully comment on their care needs or the running of the agency.

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

Is the service responsive?

The service was not always responsive.

People's care was not planned so it was personalised and reflected their current and on-going care needs. Care needs were not evaluated to ensure people's care needs were being met.

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

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Key areas of quality and safety need to be developed so that people being supported were not exposed to potential risk.

There were some systems in place such as surveys to help people express their opinions as to the support they were receiving but a significant number of people using the service had not been included.

We found managers open to feedback and discussion. This was evidenced throughout all of the feedback and interviews conducted.

Requires Improvement ●

Bowersdale Resource Centre

Detailed findings

Background to this inspection

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

This was an announced inspection which took place over two days on 10 and 11 October 2016. The inspection was carried out by an adult social care inspector.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service.

We had feedback from 30 questionnaires we sent out to people using the service prior to our inspection.

During the inspection we were able to visit and interact with five of the people who received care from the service. We also visited the central office for the service.

We spoke with six staff including care/support staff, a senior manager for the service and the registered manager. We looked at the care records for six of the people being supported, including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits.

We also spoke with four health care professionals who knew the service and they provided feedback about how the service liaised with them and supported people.

Is the service safe?

Our findings

Prior to our inspection we reviewed feedback from surveys we had sent out. A number of people (5%) said they disagreed when we asked them 'do you feel safe from harm and abuse'. 15% also said they were not happy with the way staff 'managed infection control'. The statistics were not expanded on by people by way of comments.

We visited five people at their homes. They told us they felt safe with the support they received. All said they felt very relaxed in the company of the care staff and they 'knew what they were doing'. One person told us "There was an incident a while ago with a staff member and it was sorted out quickly once I reported it."

Three of the people we visited lived in an environment that we observed and this posed some risks in terms of safety. For example, all three people smoked; one person in particular appeared to be more of a risk when we met with them in terms of fire risk and risk to their general health. There were also obvious environmental hazards such as, basic cleanliness and hygiene with respect to the living environment. We reviewed this person who we felt posed the greater risk.

The person's care file did not contain any up to date risk assessments. The last health and safety assessment was completed in June 2012. The assessment had included looking at smoking risk but there had been no further update to this since. A general assessment completed by the registered manager in January 2016 did not cover the immediate risks we observed. We were particularly concerned as we found an incident form which was undated and partially completed which reported an incident indicating a possible risk to the person's safety. There was no evidence this had been followed up. In addition we saw a plan from January 2016 to 'access a grant for new furniture and décor to improve the environment'. The registered manager was not aware that any further follow up to this had been completed. Both the registered manager and the senior manager we spoke with had not visited the person involved to assess the current risks to their health and wellbeing.

The registered manager informed us that the agency's health and safety manager would visit and complete an assessment immediately and this would be followed up with a plan to reduce any risks and refer to other agencies for support if required. We were given further updates following our inspection; the person concerned had been referred for a review of care by social services.

The registered manager advised us that at the time of our inspection there was only a small proportion (six people in total] who had an undergone an update around assessing risks and a care plan put in place as this had been neglected previously.

These findings were a breach of Regulation 12 (1) (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed medication management by looking at the policies and procedures used by the agency, as well as reviewing with people we visited. People we spoke with told us they were happy with the way they were

supported with their medications. All of the people we saw were able to manage their own medicines. One person said, "I've had lots of changes with my medicines and I'm more settled now. Staff keep an eye to make sure I am taking my medicines."

The registered manager told us that there were four different criteria for managing people's medicines from no intervention (stage one) to full support at stage four. We saw that only six people were supported at stage four. We looked at Medication Administration Records (MAR's) for three of these. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records we saw were completed to show that people had received their medication.

There were some anomalies seen. For example, we saw that none of the MAR's had a record of the amount of medicines received by the person on stage four support. This meant it was difficult to quantify how much of any given medication should be available when audited. We asked about how the medicines were checked and audited. The registered manager had identified the need for regular auditing. There was an audit tool however no audits had been carried out over the past year.

We were told that all medicines were administered by designated staff members who had received medicine training. One staff member told us, "The training is thorough and we receive lots of support so we feel confident." However, none of the three care staff we spoke with had been observed administering medications and assessed as competent by the registered manager or senior staff to ensure they were safe. The registered manager told us they were aware of this and would be completing assessments in the near future; initially for care staff administering medicines at level four.

None of the people being administered medicines were on medicines to be given when needed [PRN]. The registered manager was fully aware, however, of the need for a support plan if required to help ensure consistent administration of these medicines. The Provider Information Return (PIR) completed by the provider and submitted to us stated that, "All service users to have a 'your medication plan' in their homes (stating) what level of assistance they require for medication'. The registered manager informed us that this had not been completed and, in addition, the agency was still in the process of seeking risk assessments for those people at stage four administrations from health care professionals. None of the people we saw had a medication care plan available. This meant there was no reference for staff or agreement with the people being supported regarding this aspect of care and support.

These findings were a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded and monitored by the service. We were shown a computerised record of incidents from January 2016 to August 2016. There were 14 people who were being supported who had incidents recorded. We asked the registered manager how these were reviewed and analysed for any patterns which may indicate review of approach or support. The registered manager discussed one person who had been reviewed for an increase in support and had moved to a supported living environment. We were also sent a full record of incidents which recorded the outcomes for people in terms of review. We saw that incidents had been discussed with health care professionals and professional meetings had been arranged.

We asked about staffing. Staff input was agreed depending on assessment and funding and people's individual care needs. People had differing opinions regarding the consistency and reliability of staff to attend calls on time. Information we received prior to our visit from a person receiving care said, "They have

a large staff turnover recently, no continuity in care/relationships. They promised same regular support workers, never happened; affects confidence, self-esteem (and) trust."

The people we spoke with on the inspection gave a mixed feedback. Most were positive and said that there were enough staff and there was hardly ever a missed call. This was seen as the most reassuring element in terms of feeling secure with the care provided. Four of the five we spoke with commented, however, that they saw many different staff and this was unsettling.

This was also reflected in the survey feedback we received; 50% of people said they didn't receive care from familiar staff. One person we visited commented, "I see all different staff – maybe six or seven." Another commented, "Some staff are really good and have helped me a lot, other staff arrive and I'm not always sure who they are."

The feedback from surveys we conducted was overall positive with respect to the general level of service reviewed. For example, 80-85% of people surveyed said that staff turned up on time, completed tasks and helped them to be more independent. There were a smaller percentage who felt support could be better planned to provide better care; for example only 50% replied that care was always consistent. The main negative comments received related to many different staff turning up. Another comment was, "My son is difficult to handle but he does get on with some staff. I would like him to have more key staff on his rota."

The theme of consistency of staff was also repeated when we spoke with health care professionals. We were told, "They do well generally; only issue is my patient gets lots of different staff attending which isn't good for consistency of care." Another professional said, "One complaint I get all the time is that too many different care staff attend."

The registered manager told us they had worked hard to improve this. There had been a period of high staff turnover but this had now settled. A lot of new staff had been taken on over the past 18 months and a rota system introduced to try and develop more consistency. We saw the most recent rota which was clear and well devised. There were examples of rotas being changed following requests from people. For example the agency had been flexible and responsive over a recent request for a change of times staff attended for a person we visited on the inspection.

There was currently no 'key worker' system in place and the registered manager said they were now at a stage to start to considering this as it would also help consistency of support for people.

All three of the care staff we spoke with were relatively new to the service and said they felt staffing was settled and they had a relatively consistent client group to support. One staff commented, "There is a better structure now that (manager) has arrived and things are more settled and improving."

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

All of the staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. All of the staff we spoke with were clear about the need to report through any concerns they had. The agencies policies were up to date and reflected local authority safeguarding

protocols. We saw that local contact numbers for safeguarding were available in the agency office and in policies and procedures. We discussed the criteria for referral to safeguarding as some incidents recorded were when people being supported had been verbally or physically abusive to staff. The registered manager told us that safeguarding might not be interested when it was staff at risk but would discuss this further with the safeguarding team.

Is the service effective?

Our findings

It was not always clear from the care records we looked at when people had received reviews from health care professionals. This was mainly due to people not having up-to-date care plans which accurately reflected their care. One care file we saw had an assessment from 2007 which listed some health care needs but there were no further updates or reviews recorded following this. It was clear from other supporting records such as incident records that people did receive on-going support from health and social care professionals but the level of input and support and how the agency linked into the health care support was not clear.

Some of the people we spoke with told us that they received on-going reviews and their health care needs were supported by visits from Communality Psychiatric Nurses (CPN's) and they had attended for reviews. One person said they attended a clinic every two weeks for review and a regular injection to help maintain their mental health. They were unclear whether the agency staff linked in with the CPN's however as this had not been discussed.

We discussed with the registered manager the need for care records to include up to date assessments of health care needs and any observations staff needed to make on their visits.

We would recommend improved records and care plans to identify people's health care needs in line with best practice.

We spoke with four health care professionals as part of the inspection. They told us that the agency worked well supporting some people. They commented, "Staff worked well supporting somebody with really complex care needs." Another said, "They are doing fantastic work with (person)" and "They do try and listen and will contact us with any issues."

The people we spoke with on the inspection all had the capacity to make their own decisions regarding their care and treatment. We saw care files where people had signed to say they consented to specific areas of care such as, information sharing and 'key holding' for staff to access the accommodation. The registered manager showed us a new, updated, care record for a person and this evidenced other areas of care which had been consented to such as the medication care plan. The most recent care records that had been updated also included a review completed by the person concerned in conjunction with the care staff; this was better able to show how the person was consenting to the care plan. The registered manager said this would be the standard throughout once all people had been assessed and a care plan formulated.

We looked to see if the home was working within the legal framework of the Mental Capacity Act 2005 [MCA]. 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.

We discussed the care of a person who had presented with on-going risks and was assessed for the need for further support and had consequently moved to a supported living house. There were issues around the person's ability to make this decision. The registered manager was able to discuss and displayed an understanding of the principals involved. The person had had been the subject of a full Community Mental Health Team (CMHT) review and a 'best interest' decision had been made to move the person into further supported accommodation.

The registered manager showed an understanding of the need for assessment of people's mental capacity to make individual decisions when needed and understood the 'two stage mental capacity assessment' which the service was currently further developing.

We saw that staff had received training on the principles of the MCA and this was included as part of new staff induction.

The registered manager understood that the legal processes involving decisions to do with people's mental capacity were managed through the Court of Protection. There were no current examples where this had been applied for people receiving care. There was one person who had a relative who had Lasting Power of Attorney to manage their affairs in their best interest. The registered manager discussed the person and context for this. We could not find a copy of the LPA document on file and the registered manager said they would address this.

We received mixed comments from people being supported regarding staff knowledge and competence to carry out their work although feedback was mostly positive. Comments included; "The carers are good and support me well", "I get all different carers but they are all Ok and help me", "They vary a bit and some do nothing but some are good; one [named] has helped me emotionally. They always give me a full hour", "Staff are sound; would like to see regular cover all the time" and "The staff are really good, I would give them ten out of ten." A relative commented, "They are quite good; they all have a range of skills and are very respectful."

Communication between, people being supported, staff and senior management were seen as effective. For example each person received a rota each week telling them who would be visiting to provide support. People felt staff had the skills and approach needed to ensure they were receiving the right care.

We looked at the training and support in place for staff. The PIR told us; 'Staff receive additional training to ensure they meet service users individual needs; promoting health and well-being'. We had positive feedback from staff who said the training provided and support offered by the service was good. Staff told us, "Expect are brilliant at giving training, I feel I've picked up a lot of knowledge", "We get reviewed regularly as part of supervision. [Manager] is really good and pushes training all the time" and "Training is good; we get reminders all the time."

The registered manager gave us an overview of the training for staff. We were told that both recruitment and training of staff had been a main aim over the past year. Just over 50% of care staff employed had a standard qualification such as NVQ [National Vocational Qualification] or Diploma under the Certificate and Qualification Framework (CQF). The registered manager told us that the aim was to ensure this percentage was improved. Staff we spoke with confirmed they either had a qualification or were being enrolled to undertake such a training course.

New staff received an induction training package. Staff benefited from a block of classroom training followed by a period of 'shadowing' an experience member of staff for one – two weeks depending on need. New staff were observed and signed off for competencies around medication administration, communication and personal care delivery although this was not fully completed; with respect to

medication management for example.

We discussed the Care Certificate and how this was being used as part of the induction package. We spoke with one care staff who showed us their records and how this had been completed as part of their induction.

Staff told us there were support systems in place such as supervision sessions and staff meetings. We were told; "We are supported really well. (Registered Manager] is very accessible if we need any support." A staff member surveyed by us made the following comment, "I feel that the current manager of (the service) has had a positive effect on the service and I have every faith in their ability to adapt to changes where necessary and implement them with minimal readjustment to the service we provide."

Is the service caring?

Our findings

We visited and spoke with five people and one relative during the inspection. All were positive regarding the general approach by staff. One person said, "care staff are really good and very respectful." Only two of the people we reviewed actually were assisted with their personal care. Both said staff supported them well and took time to ensure their privacy was respected. A relative of one person reported, "Staff always take their time and are very respectful and always offer choices."

The service sent out surveys to canvass opinion and get people's involvement in the running of the service. Some people we spoke with attended the resource centre's day facility and could give an opinion to staff there. The agency also sent out surveys to ask people their opinions and whether there were areas for improvement. The last survey had a return of 15 people (31%) and there was positive feedback recorded for staff listening and taking notice of people's views and comments, staff being friendly and helpful and staff 'treating me right'.

The information we received from the surveys we sent out indicated that although the agency had a process for collecting their own feedback, 37% of our respondents had not been asked what they thought of the agency and the service they provided. One person we spoke with on our inspection told us that they had not had a visit from anybody in senior management to ask them about their care and support.

We recommend that systems in place for collecting and collating views about the service are further developed to include more people.

Prior to the inspection we canvassed people by sending out survey questions. We asked them whether the staff from Bowersdale resource centre were caring in their approach. 80-90% of the people surveyed said they felt staff were respectful and were 'caring and kind'.

The staff we spoke with had a good knowledge of people's needs and were able to explain each person's preferences and daily routine, likes and dislikes. We were not able to observe staff interactions during our visit in any detail although we did observe some staff supporting people who attended the day service at the Bowesdale when we visited. Staff told us, "We do some training around dignity and privacy as part of our induction." Another staff said, "I feel we always have the same approach but this is mainly down to the daily communication book rather than looking at care plans. We look at what the last carer has done."

Is the service responsive?

Our findings

The PIR stated, 'Service Users all have a needs assessment in place which identifies the support they require, this is reviewed on an ongoing basis'. We found this to be the case for none of the people we reviewed on our visits. One person had some notes on the daily record book to remind staff of various key aspects of care but these were reminders only and were very brief. The other four people did not have a copy of any care plan with them so it was not possible to see how their care was coordinated. There were no agreed aims and objectives and planned interventions for them to see.

When we reviewed care notes at the main office with the registered manager we saw there had been a more recent care plan drawn up for six out of the 91 people currently receiving support. The manager said this was one of their main targets and was in the registered manager's action plan which said: 'All current service users to have a reassessment and new support plan to be signed off by the service user'. This had been commenced in December 2015.

The lack of a clear support plan was a cause of some confusion as to the main aims and objectives of the care. For example, we spoke with staff regarding one person's care needs to be told they needed support for the maintenance of the cleanliness of the flat and attention to standards around hygiene. The person concerned was also listing this as the main support need when we spoke with them. When we spoke with health care professionals, however, who had referred the person, we were told the main point of the care was to encourage social care for the person and better access to the community.

The PIR for the service stated, 'Within the care plans all service users have a section on preferences (likes & dislikes/good & bad) this ensures staff are able to understand the service user and their needs and wishes more thoroughly'. We found this not to be the case apart from one care file we reviewed that had more recently [January 2016] been devised and updated by the registered manager. We discussed the needs for one person who needed more urgent review. The managers of the service had not visited this person for some time even though the daily records we saw indicated some issues regarding the provision of care. When we spoke with the person they said, "I've not seen anybody from the office."

Two of the people we spoke with said that 'somebody from the office' had been out at some stage to review care with them but could not specify when this was. A relative of one person said a manager for the agency had completed an assessment a few months previous but they did not have a copy of any care plan.

Without an agreed care plan the care lacked coordination and focus and could not be evaluated or reviewed.

These findings were a breach of Regulation 9 (1) (a) (b) (c) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff informed us that the main communication tool for monitoring ongoing care was the daily record book which contained a record for each visit. We saw that if personal care had been provided it was recorded at

the time. We saw one of the new care plans that had been devised and this was clearer about the aims and objectives of the care; these had been agreed with the person receiving support.

We received some feedback which evidenced a more personalised approach to care. One health care professional commented that the agency was better than most at developing positive relationships with people they supported and trying to see them as individuals.

We asked people and their relatives if they were listened to if they had any issues or concerns. The information from the surveys we sent to people prior to the inspection recorded 75% felt 'care and support workers respond well to any complaints or concerns I raise'. People we spoke with and relatives said they knew how to complain and who they would contact.

The complaints procedure was accessible in the information supplied for people and was also displayed at the Bowersdale Resource Centre.

The service kept a log of all complaints received and how these were responded to. Over the last year there had been six complaints listed. There was an audit of how these had been responded to following any necessary investigation.

Is the service well-led?

Our findings

We were concerned that some of the basic communication tools to assess care needs and coordinate care [care plans] were not in place for a large number of the people being supported by the agency. In addition some of the risk assessments needed to consider health and safety issues of both people being supported and staff had, likewise, not been appropriately reviewed.

The registered manager had been actively in post for a year. We were shown an action plan they had drawn up which cover perceived areas of service development needed such as, staff training and support, systems and paper work. We also saw that one of the identified objectives was for 'all current service users to have a reassessment and new support plan'. This had commenced in December 2015 and had not been completed. This left people being supported by the agency at potential risk.

Apart from this action plan there had been one service audit conducted in July 2016 which had identified some areas for improvement and had assisted in the development of the action plan. No other audits of the running of the service had been carried out. This meant key areas of safety and quality were not being audited at the time of our inspection. For example, a medication audit was being developed but had not yet been used. Therefore standards around medication administration and management were not being regularly checked. Although accidents and incidents were being recorded there did not appear to be a system in place for an analysis of incidents by the registered manager or at a higher management level within the service. Such analysis, in terms of patterns so that any lessons could be learnt, was not clear. For example, it was apparent that many of the incidents were recorded as staff being at risk for either verbal or physical abuse; there was no evidence that this had been addressed in terms of, for example, further health and safety assessment for staff support.

The registered manager and senior manager explained that one of the key issues was the lack of any service development over the period before the registered manager's appointment and this was now being addressed. There had been improvements in staff training and support but other areas were still being worked on. The service was in a period of transition however, existing governance arrangements were not robust to ensure the safe management of the service.

These findings were a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. The registered manager was supported by a senior manager for the company and was responsible for the day today running of the service.

We were able to meet with the Head of Operations (HO) for the company to discuss issues regarding the registration of the service within the company. The company and management structure seen and discussed was not clear in terms of the different services and how these fitted into the regulatory system. The HO said they would liaise and address this and have further discussion with us (CQC). We also saw that the service's Statement of Purpose needed to be reviewed to clarify this and updated with the addition of

the new registered manager.

The main decision making body was the 'Management Team' which met regularly and included the Chief Executive Officer for the company.

We enquired about the any other quality assurance systems in place to monitor performance and to drive continuous improvement. We saw that survey forms were used to collect feedback from people using the service and relatives. These were sent out and collated by the company's quality assurance manager. Similarly the service carried out a staff survey to get staff views and feedback about their work. We saw the results of a survey for 2015 and saw that most staff [83%] felt a good level of job satisfaction. There was also a high rating for training provided.

The importance of this is that it helps evidence the culture of the organisation which we found to be open and positive and both managers were aware of many of the areas for improvement. Staff interviews helped to confirm this. All of the staff interviewed felt the registered manager had improved the service and was both approachable and supportive.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitored key elements of 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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care was not planned so it was personalised and reflected their current and on-going care needs. Care needs were not evaluated on-going.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medication administration records [MARs] were not always completed in line with the service's policies and good practice guidance. There was a lack of checking to ensure staff were competent to administer medicines safely.</p> <p>Care was not organised so risks were assessed and plans put in place to minimise risk to people and help ensure they were safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Key areas of quality and safety required to be developed so that people being supported were not exposed to potential risk.</p> <p>There were systems in place to gather feedback from people so that the service was developed with respect to their needs. These needed to be more inclusive.</p>

