Community Integrated Care

Community Integrated Care, Southern Regional Office

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 28, 29 July and the 1, 2 August 2016. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the manager would be in.

Community Integrated Care Southern Regional Office is the regional headquarters for a group of fourteen supported living schemes (referred to as schemes throughout the report) and domiciliary care placements throughout Portsmouth and Hampshire. The Southern Regional Office provides support and care services to people with learning or physical disabilities, sensory impairments, autism or other complex needs, such as epilepsy or a mental health condition.

At the time of the inspection there were 32 people receiving a personal care service across twelve of the fourteen supported living schemes. There were 85 support staff working across the schemes and 78 staff who delivered care to people. There were seven service leads in post at the time of the inspection and one vacant post. The service leads were responsible for the overall management of the supported living schemes. The service leads were supported by a deputy manager or senior care staff who were responsible for the day to day running of each of the schemes.

There was a registered manager in post who was also the regional manager for Community Integrated Care and was based at the Southern Regional Office. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The 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.

There were insufficient staffing levels at one scheme which meant people did not always receive support with meaningful activities and medicine and financial errors were occurring. People's medicines were not managed safely mostly at one scheme and there were discrepancies with medicines records at further schemes. There were widespread concerns that people's finances were not being managed safely.

Recruitment processes were in place and mostly followed; however assessments of the health and fitness of staff were not always in place to ensure they were able to carry out their role safely. Risk assessments were completed for each person which identified risks to themselves and others. However this information was not always transferred to people's care plans to ensure consistent written guidance.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) but did not always put this understanding into practice. We have made a recommendation for the provider to review the Mental Capacity Act 2005 principles, code of practice and staff application of this.

Staff received an induction, training and had regular supervisions and appraisals. There was a training plan in place which identified when staff had completed training and when the training was due to be updated. People were supported to have enough to eat and drink and access healthcare services.

People were involved in their care planning; however care records did not always reflect who had been consulted in the development and review of the care plans. Relatives did not always feel involved and felt the service was not caring. People were supported to be as independent as possible and care plans were personalised and detailed in how people liked to be supported. People's dignity and privacy was respected.

The service had a complaints process in place; however relatives felt the service was not responsive when it came to dealing with concerns or complaints. People were supported to raise concerns and said they felt comfortable to raise concerns with staff and the service leads.

People had individual care folders which contained a number of support plans including behavioural plans. Staff knew people well and could provide examples of what personal care support people required and the types of behaviours people displayed and the reasons for this behaviour. People's care plans were up to date.

Management was not always visible or present at the schemes. Relatives expressed concerns with management and felt communication and relationships needed to improve between them, the registered manager and service provider. Staff felt supported by the service leads within each scheme but felt the registered manager was not always available.

A number of audits were in place. However audits were not always completed accurately and did not help to minimise the likelihood and impact of risks on people and drive improvements at the service. Although some recent audits had identified concerns with the management of medicines and people's finances, this information was not used effectively to improve quality in these areas.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back 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?

Inadequate

The service was not safe.

People did not always receive support with meaningful activities and people were at risk of medicines and financial mismanagement as result of insufficient staffing levels.

People's medicines and finances were not being managed safely.

Recruitment processes were not always followed to ensure the safety and suitability of staff employed.

Risks identified were not always transferred to people's care plans.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff did not always follow the principles of the Mental Capacity Act 2005.

Staff were supported to complete an induction and on-going training. Staff received regular supervisions and appraisals.

People were supported to have enough to eat and drink and access healthcare services.

Is the service caring?

Requires Improvement

The service was not always caring.

People were involved in their care planning. However care plans did not contain any documentation to confirm who had been involved in the development of care plans. Relatives did not always feel involved and some felt the service was not caring.

People were supported to be as independent as possible and care plans were personalised and detailed in how people liked to be supported. People's dignity and privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service had a complaints process in place; however they were not always responsive in dealing with concerns or complaints. People were supported and felt comfortable to raise concerns.

People had individual care folders in place which were up to date. Staff knew people well.

Is the service well-led?

Inadequate

The service was not well led.

Management was not always visible, available or present at the schemes. There were concerns with management and the level of communication between the service and relatives.

A number of audits were in place. However audits were not always completed accurately and were not effective in ensuring improvements were made when concerns were found.

Community Integrated Care, Southern Regional Office

Detailed findings

Background to this inspection

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

This inspection took place on 28, 29 July and the 1, 2 August 2016 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the manager would be in.

The inspection team consisted of one inspector and one expert by experience. 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's areas of expertise included, learning disability with an understanding of dual diagnosis with mental health, autism, physical disability and sensory Impairment.

Before the inspection we asked the provider to complete and send a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This had been completed and returned by the provider.

This inspection was brought forward as a result of receiving some concerning information about the service. Before the inspection we reviewed safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We spoke with the Local Authority safeguarding and learning disabilities teams.

During the inspection we visited three of the 12 schemes where people were receiving personal care. We spoke with three people who lived at the schemes and who were in receipt of personal care. We also observed interactions between people and staff and spoke with 14 relatives. We spoke with three service leads, one deputy manager, one senior support worker, two support workers, the regional director and the registered manager who was also the regional manager.
We reviewed a range of records about people's care and how the service was managed. We looked at care plans for seven people which included specific records relating to people's health, choices, care, mental capacity, finances, medicines and risk assessments. We looked at daily reports of care, incident, safeguarding, complaints and compliments logs, financial transaction sheets, medication count sheets, policies and procedures, service quality audits and minutes of meetings. We looked at recruitment and supervision records for eight staff and training records for 78 members of staff.

At the last inspection completed on 19 November 2013 the provider was found to be compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Inadequate

Is the service safe?

Our findings

People said they were happy with staff. Observations demonstrated they were comfortable and relaxed when staff were supporting them. However some relatives did not always feel people were safe. They expressed concerns about staffing levels, compatibility between the people who shared a flat and frequent medicine and financial errors. One relative said, "Our main concern is staffing levels, I know they are having trouble replacing staff. I know they use agency staff, but it's not the same as continuation staff."

Before the inspection we had received information of concern from the local authority. These concerns related to the management of medicines, the management of peoples finances, staffing levels and the assessment of risks associated with people's needs. The providers PIR received on 28 April 2016 stated 30 medicines errors had occurred in the past 12 months across seven of the 14 supported living schemes. The Commission had received three notifications from the provider regarding the alleged financial abuse of people's monies, two of which resulted in a police investigation by other agencies.

At this inspection the registered manager confirmed the service was experiencing some staffing issues and were finding it difficult to recruit staff. They said this affected one scheme more so than the others due to its location. This scheme moved from a previous provider to Community Integrated Care (CIC) in April 2015. Due to the concerns and with people's permission we visited this scheme. The service lead (the member of staff employed to manage this scheme day to day) said there was not enough staff to ensure people received safe care and as a result errors with people's medicines had occurred. They said this was due to staff being rushed and the medicines process being inflexible. A relative said they were "less confident" in Community Integrated Care (CIC) than the previous provider. They said it had "gone downhill" and they had needed to raise several concerns over safety, including two medicines errors and a lack of staffing. The regional director and registered manager confirmed they were currently recruiting for additional staff to work at this scheme.

Staff at this scheme said they felt people were safe when they were fully staffed but their safety was impacted when permanent staff were not available. Staff said that 50% of the staff available each week were agency workers. However the provider confirmed between March 2016 and August 2016 an average of 21% of agency workers were utilised. However these workers were not involved in the administration of medicines and staff confirmed the use of agency staff placed permanent staff under pressure. (Agency workers are staff who are not permanent employees of the provider).

A failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs and keep them safe was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Seven relatives told us their relatives who were living at this scheme were not always receiving their support due to insufficient staffing levels. Staff confirmed people who required support with their personal care always received this support. However staff stated when there was not enough staff; people would often not be supported with meaningful activities, which happened often. On the day of our visit to this scheme two

staff did not arrive for work and this meant people who should have been supported with their chosen activity did not receive this support.

We visited two other supported living schemes' run by the provider. We saw and staff confirmed there were sufficient staff to meet people's needs and keep them safe. Concerns had not been received or raised about staffing levels in the other ten supported living schemes.

We received concerns that medicines were not always managed safely. This affected one scheme more so than the others. Relatives of people who lived at this scheme said they had concerns with how the service managed people's medicines. One relative told us of two medicines errors that they had been informed of. On one occasion staff had not given the person their prescribed medicines and on the other they had given the person a double dose of one of their medicines. Audits showed 13 medicine errors had occurred in this scheme from August 2015 to July 2016 for all eight people who were in receipt of personal care. This included one person's medicines being missed on four occasions and another person's medicines being missed on three occasions. One incident included one person only having three of the four medicines they were required to take for their health condition. The failure to administer these people's medicines could have an impact on their health condition and cause them harm.

Medication Administration Records (MAR) sheets were in place for the recording of people's medicines and kept in people's individual flats. We visited two flats within this scheme with people's permission and looked at two people's MAR sheets. On one person's MAR sheet their medicines had not been signed for the morning of the 1 August 2016. The staff member who was on shift advised they had given the person their prescribed creams and another medicine that morning but had not signed for them because they did not have time. Another person's MAR sheet contained gaps in the recording of the administration of medicines. This meant people may not be receiving their medicines in a timely manner and that people were at risk of not receiving their medicines as prescribed as the records were not accurately maintained.

We visited two other schemes and reviewed people's medicines records and audits from these schemes. Medicines were managed safely in these schemes, although we noted missing signatures on one person's MAR sheet for one day in April 2016. A recent audit completed in June 2016 by the Quality and Excellence Partner for another scheme identified medicines concerns with the recording and storing of medicines. An action plan had been completed for this scheme and documentation confirmed these concerns had been resolved by 31 July 2016. Medicines audits also demonstrated medicines errors had occurred in a further five schemes. These medicines errors consisted of either missed medicines or possible double doses being given.

A failure to ensure the proper safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how they could keep people safe from harm and could recognise types and signs of potential abuse to look for. Staff said they would report any concerns to the manager and knew what to do if concerns were not dealt with. However whilst staff understood how to keep people safe from harm and knew the action they should take, people's finances were not always managed safely to protect people from the risk of financial abuse. The provider had informed the Commission by way of a Notification on 14 May 2015 of a safeguarding concern involving a significant sum of money being taken from a person's bank account over a period of 14 months. The Commission had also been notified by the provider of a further two safeguarding concerns which detailed potential financial abuse of people's monies.

At the inspection we found processes were in place for the supporting, recording and checking of people's

monies however the recording of people's monies on their daily cash sheets were not always accurate and the checking processes were not always robust. For example, we looked at the finance records for six people, across three schemes. Five of the six finance records showed discrepancies and three of the five finance records showed the actual amount was less than what should be available for the person. For one person the discrepancy had not been identified by the service lead who had recorded that they had checked this persons finances and that they were correct. The service lead confirmed the staff member who had been involved in this discrepancy was subject to the provider's disciplinary policy and that an investigation by an external agency was taking place. This meant systems for checking people's finances were not robust and as a result people were not safe and were at risk of financial abuse.

One staff member told us if there was a small discrepancy between the finance records and the money held they would make up the difference with their own money. We passed this concern onto the service lead who said they would look into the matter. A financial audit completed in June 2016 for another of the provider's schemes had identified all five people's cash balances did not match the money in their cash tin, and showed the actual amount was less than what should be available for the person. One of these people were in receipt of personal care.

A failure to ensure systems and process were effective in protecting people from abuse was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were not always followed. We looked at eight recruitment files for staff and saw appropriate steps had not always been taken to evidence staff were suitable to work with people. All staff had received Disclosure and Barring Service checks (DBS) prior to commencing work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employment histories had been provided and gaps in employment had been explored.

However, for one member of staff we found no evidence that references had been sought from the staff member's previous employer and the reasons for this were not clear. Satisfactory information about any physical or mental health conditions which were relevant to staff's ability to safely perform the tasks for which they were employed, were not present in two out of the eight staff recruitment records viewed. The registered manager said these should have been completed but was unable to provide any documentary evidence for one staff member. Documentary evidence was provided for the second staff member however this demonstrated that where health concerns were disclosed they had not been risk assessed to ensure the safety of people and the staff member.

Failure to assess the health and fitness of staff and their character to ensure they were able to safely perform the tasks for which they are employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were completed for each person which identified risks to themselves and others. Risk management plans were implemented to ensure people and those around them were supported to stay safe. However information contained within one person's epilepsy risk assessment concerning information on what would trigger a seizure for them was not fully transferred to the person's health action plan. For example, the epilepsy risk assessment completed on October 2015 and to be reviewed in April 2016 documented five risk factors that could trigger a seizure for this person. However the person's health action plan documented only one trigger. Staff who supported this person were aware of the five triggers and knew how to support the person safely to try and prevent them from having a seizure. However this meant new staff and agency staff may not be aware of what could trigger a seizure for this person as it was not clearly

and consistently documented. This was an area that required further improvement.

Risk assessments were in place for people who experienced behaviours that could be seen as challenging. All staff knew the signs and triggers to look for when a person experienced such behaviours and were confident they could manage the situation without the use of restraint.

Requires Improvement

Is the service effective?

Our findings

We received a mixed response from relatives when we asked them if they felt staff were sufficiently skilled and experienced to care for their relative. We received positive comments such as, "They know what they are doing." and "Staff are skilled enough." However, we received not so positive comments such as, "I do not feel like staff are able to fully support [relative's name]." and "Stand in staff are not always well informed." One relative told us they did not feel staff were always equipped to deal with their relatives needs and they were concerned because it was important for their relative to have a routine." One person told us they considered staff to be very knowledgeable about their care and knew them well.

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 checked whether the service was working within the principles of the MCA.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) but did not always put this understanding into practice. For example, the registered manager and staff were able to tell us when a person's capacity should be assessed and the processes to follow if they believed that a person lacked capacity to make a decision. However, mental capacity assessments were not always present in people's files when they were deemed to lack capacity to manage their own finances. Two people's care records contained a financial support plan which indicated that they did not have capacity to understand the value of money and how to budget spending their money. The financial support plan stated that a mental capacity assessment should be attached to the support plan when people had been deemed to lack capacity. However neither person's financial support plan had a mental capacity assessment attached.

A local authority advised us of a concern regarding potential financial abuse and failure to establish if the person had capacity to manage and make decisions relating to their finances. Whilst the service lead confirmed that disciplinary action had been taken with the staff member involved, a capacity assessment had still not been completed. We recommend the registered manager review the Mental Capacity Act 2005, its relevant codes of practice and staff understanding in this area.

Staff confirmed they received an induction when starting work for the service. This induction programme included shadowing an experienced member of staff to watch and learn communication techniques and understand people's needs. Staff would also read people's support plans and complete the Care Certificate. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were subject to a three month probationary period in which their performance was reviewed at regular intervals.

Staff received regular supervision and appraisal which gave them the opportunity to discuss people's needs and identify additional support for themselves. They were given the opportunity to feedback on their

performance and personal development. Staff confirmed they felt supported and could request any additional training that would help them meet the needs of people. The registered manager had a training plan in place which identified when staff had completed training and when the training was due to be updated.

People were supported to have enough to eat and drink. People were supported to choose their meals and encouraged to have healthier options if there were concerns about their weight. People's care plans detailed the foods they liked and disliked and what support they required with eating their meals. For example, one person's eating and drinking care plan identified they needed staff to cut up their meat and for staff to make sure they used a spoon with a chunky handle as this would help them to eat their meals with ease. We observed a staff member supporting a person to write a shopping list for the week ahead and have a discussion about the types of food they liked to eat. Relatives and staff confirmed people were given a choice and were involved in decisions about their meals. People who were at risk of choking were supported by staff whilst they ate their meals.

Staff and relatives confirmed people regularly accessed healthcare services. One relative described the staff as "reliable and conscientious" about taking their relative to the GP. People's health support plans showed regular visits from healthcare professionals such as a podiatrists and district nurses.

Requires Improvement

Is the service caring?

Our findings

We received a mixed response when we asked relatives if they felt staff had a kind and caring approach. One relative said the carers were "great" and we received other positive comments such as, "The staff are caring" and "The staff are good and caring." However other relatives felt the staff did the best they could and were mostly caring but were concerned about the number of agency staff who did not know their relatives well enough to develop a kind and caring relationship with them. One said, "Some staff were caring, most are nice, but it depends because staff need to be a permanent fixture to get to know my relative." Another said, "There are lots of agency staff and they haven't got a clue." One person said they had a good relationship with staff and considered them to be kind and caring.

Relatives felt people were involved in their care planning however they did not always feel involved or listened to. One relative said they were "unhappy" with the level of involvement they had in their relatives care. They said, "They never call me, and the meetings have stopped – there's not even been an annual review." Another relative said they "did not feel listened to at all" and described how they had requested a meeting several months ago and said the "meeting never materialised." Staff confirmed people were involved in the development of people's care plans; however six of the seven care plans viewed did not contain any signatures or documentation to confirm who had been involved in the development of people's care plans. This was an area that required further improvement.

People were supported to be as independent as possible and care plans were personalised and detailed in how people liked to be supported. For example, one person's care plan detailed the time they liked to get up in the morning and that they would call staff using a pendant alarm when they were ready for their support to be provided. This person's care plan identified they needed support with some personal care and would complete other personal care tasks themselves. Another person's care plan stated they needed staff to prompt them to get dressed and support with certain aspects of bathing. The care plan described the tasks the person was able to complete by themselves whilst being supported by staff with their personal care.

One relative felt staff did not speak to their relative in a respectful manner and said, "They (staff) have a tendency to talk to [relative] in a very loud and simple way." However during our inspection we observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction by smiling and responding verbally. One person sought out a staff member and the staff member acknowledged the person was there by smiling, and speaking to them.

Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering the person's room and informing them what they were going to do before supporting them with personal care or other support tasks. We observed staff knocking or ringing the door bell and asking if they could come in before entering a person's flat or room. Staff closed doors when they were supporting people with personal care.

Requires Improvement

Is the service responsive?

Our findings

Relatives felt the service was not responsive when it came to dealing with concerns or complaints, One relative said complaints were "not followed through" and when a solution had been found the practice did not last. Another relative felt concerns were not dealt with "swiftly enough" and a third relative felt they were not listened to when they made a complaint.

The service had a complaints folder that contained one complaint which had been raised in July 2016; this complaint was still ongoing. There were no other complaints contained within this folder. Staff felt people knew how to make a complaint but would raise "small concerns" on a daily basis about others they lived with. People said they felt comfortable to raise concerns with staff and the service leads. Staff confirmed they would support people with raising complaints and would pass the information onto management of which they were confident would deal with these concerns. However we could not be sure that all complaints had been identified and dealt with sufficiently to people and relatives satisfaction therefore this was an area that required further improvement.

People had individual care folders which contained a number of support plans; such as, health action plans containing information about people's health conditions, general health care and diet and eating and drinking. Behavioural plans detailed people's behaviours, the triggers, signs to look for and information on how staff could de-escalate the behaviour which was deemed to be challenging. Support plans were in place for people who received personal care which included people's likes and dislikes and how they would like their support. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for their self and what support they required from the staff.

People said they were involved in the planning of their care and support and staff confirmed they reviewed people's plans with them on a regular basis. However documentation of who was involved and consulted in people's care reviews was not always present in people's care records. Therefore it wasn't clear whether people or their relatives were involved in the development of their plan or their reviews. Relatives stated they were not invited to reviews of their relatives care and support. One said they had been invited to previous reviews of their relatives care but it had been "Well over a year" since their relative's last review. Another relative said there had been annual reviews in the past, "But not this year." Dates on care plans showed they had been reviewed recently and staff felt care plans were up to date and gave an accurate description of people's needs.

Staff knew people well and could provide examples of what personal care support people required and the types of behaviours people displayed and the reasons for this behaviour. We observed a staff member supporting a person who had become agitated and verbally aggressive due to their routine being disrupted. We observed the support worker disengage with the person and then re-engage with the person using distraction techniques and this helped the person reach a desired level of behaviour for the person. The support worker fully re-engaged with the person and continued with the support.

Inadequate

Is the service well-led?

Our findings

We asked people and their relatives their views about the management and leadership of the service and we received the following responses.: "You never really see the managers and the office line is often just an answerphone message saying we'll get back to you in 24 hours – but what if it can't wait.," "I am very concerned about the new management,." "The management is up and down, we don't see the manageress." and "I don't think the service is well led." One relative told us it was "very" difficult to have a productive relationship with the current management and gave an example of a lack of communication between them and the provider. Another relative stated they felt 'supervisors' were performing a managerial role more than the service leads or registered manager.

Each of the fourteen schemes were managed individually by a service lead who were supported by either a deputy manager or senior support workers. Each scheme had a number of support workers who would be recruited to work at a designated scheme. Staff confirmed they felt well supported by the service lead's, deputy manager and senior support workers at their designated schemes but did not see or feel supported by the registered manager who was based at the Southern Regional Office (SRO). One staff member said they did not have anything to do with the registered manager or SRO. Staff stated all communications from the SRO came via the service leads, deputy manager or senior support workers in a form of a word document or email. Staff confirmed they would speak with the deputy manager's or senior support workers on a daily basis if they had any concerns because the service leads were not always available due to managing other locations and the registered manager who was also the regional manager was not always available.

A number of audits had been completed to assess the quality of the service, such as Service Quality Assessment Tools (SQATs) and service pulse checks. Both the SQATs and service pulse checks helped identify areas of improvement for the schemes. A recent service pulse check audit was completed in June 2016 for one of the fourteen schemes which included a check of people's finances. Concerns with people's finances were identified. The service pulse check identified all five people's individual cash balances on their cash sheets were incorrect and did not add up to the money that was in people's cash tin and financial audits were not being completed. Plans were put into place to prevent reoccurrence and for the service lead to complete daily finance audits to help address discrepancies without delay. However although plans to reduce the risk of potential financial abuse were put into place at this scheme, it was evident that these concerns were widespread because people's finances in three other schemes were showing discrepancies between the balances on their cash sheet and money in their cash tin. A pulse check had not been completed for these three schemes and there continued to be concerns raised about the management of people's finances since the audit. .

There was a system in place to analyse, identify and learn from incidents, including medicine errors and safeguarding concerns. All incidents and safeguarding concerns were recorded on an internal computer database called Q-Pulse and this information was collated and discussed monthly with the regional directors and providers. Although medicines were still a concern mostly within one scheme, the registered manager had completed an action plan and was working alongside one local authority to help reduce the

number of medicines errors and other concerns identified with this scheme. The local authority confirmed the service was working proactively with them in trying to reduce the concerns at this scheme. However, medicine errors for missed medicines were still occurring at this scheme and the Commission had been informed by the local authority of a further medicines error after the inspection visit had taken place. Safeguarding concerns regarding people's finances were still present at four schemes and audits completed by service leads were inaccurate or were not being completed in line with their responsibilities. This meant the service's auditing processes were not robust enough to help minimise the likelihood and impact of serious risks to people and minimise the impact of significant risks on to people because the information being received was not always accurate, complete or used effectively to make and sustain improvements.

A failure to have effective systems in place to mitigate the risks relating to the health, safety and welfare of others is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider failed to ensure person's employed for the purpose of the carrying on of the regulated activity must be of good character. Regulation 19 (1) (a) The provider failed to assess the health and fitness of staff to ensure they were able to safely perform the tasks for which they are employed. Regulation 19 (1) (c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed in order to meet people's needs and keep them safe. Regulation 18 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have regard to the proper and safe management of medicines. Regulation 12 (2) (g)

The enforcement action we took:

We served a Warning Notice on the registered provider requiring them to be compliant with this Regulation by 3 October 2016

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were established but not operated effectively. Regulation 17 (1) The provider failed to mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (b).

The enforcement action we took:

We served a Warning Notice on the registered provider requiring them to be compliant with this Regulation by 3 October 2016