Caring With A Difference HCS Ltd

Caring With A Difference Ltd

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an announced inspection on 4 March 2016 of Caring With A Difference HCS Ltd. Caring With A Difference HCS Ltd is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and supporting 65 people and had 20 care workers working for them.

There was 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.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments

There were some arrangements to manage medicines safely and appropriately. The Registered Manager told us care workers mostly prompted as people were able to their own medicines. However some people's care plans indicated that people could be confused or disorientated but
care plans did not include any information about the support people may require with their medicines and how this was going to be managed and recorded. The registered manager told us they would review their medicines management

Care plans were not person centred and did not reflect the appropriate support people would need in relation to sometimes complex health and mobility needs.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. However care plans did not contain any information about a person's mental capacity and levels of comprehension especially for those people who suffer from memory loss and are unable to verbally communicate. Care workers had not received any training on the Mental Capacity Act (MCA).

The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Areas of concern found during this inspections had not been identified by the service.

Training records showed staff received regular training for them to gain the necessary knowledge and skills they needed to carry out their roles and responsibilities effectively.

People using the service and relatives told us they felt the care workers were sufficiently trained to provide

the care and support people needed.

Feedback from people and their relatives indicated that people were being treated with dignity and respect.

People using the service and relatives told us the registered manager and office staff were approachable and easily contactable.

Appropriate checks were carried out when staff were recruited.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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

Risks to people were identified and managed however risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

People were at risk of not receiving their medicines safely as the administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately

Feedback from people indicated they received consistency in the level of care provided to them.

There were recruitment and selection procedures in place to help ensure suitable staff were employed.

Is the service effective?

Requires Improvement

Aspects of the service were not effective. There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. However there was no information in people's care plans about their mental capacity. Care workers had not received MCA training.

Information was not clear about people's nutritional and hydration needs.

Care workers told us they felt supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

Is the service caring?

Good

The service was caring. Positive caring relationships had developed between people using the service and staff.

People were treated with respect and dignity.

There were some arrangements in place to ensure people were involved in expressing their views

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive. Information in people's care plans was task focused and not person centred.

People's independence was not promoted.

The service had procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

Aspects of the service which were not well led. There were limited systems in place to monitor the quality of the service. We found some deficiencies in the service which had not been identified.

The service had obtained feedback from people by telephone. Positive feedback had been received.

Care workers spoke positively about working for the service and the management.

Caring With A Difference Ltd

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an 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 provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

Some of the people being cared for had a specific medical condition and could not always communicate with us verbally and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with fourteen people using the service, two relatives, nine staff and the registered manager. We reviewed nine people's plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures

Requires Improvement

Is the service safe?

Our findings

People and the relatives we spoke with during this inspection told us they felt safe with the care workers and the support they received from them. One person using the service told us "I'm safe, they know what to do. I don't need anyone else."

Some risks to people were identified and managed so that people were safe and their independence supported. Individual risk assessments were completed for each person using the service. Records showed that risk assessments were reviewed and any further action that needed to keep people safe had been identified and actioned. For example, for one person, it was identified by staff that a standing hoist was not suitable for the person's needs and was not safe. The service made a referral for an occupational therapist to review the person's needs and enable them to receive the additional equipment they require for them to mobilise safely in their home.

Although there were risk assessments in place, we noted the information only indicated there maybe a risk to a person in a specific area of their care but did not detail what the potential risks to the person were. For example, in one person's risk assessment it stated the person's 'skin is very thin and easily bruised' however there was no further information as to how and where the bruising would occur and how care workers needed to manage this to minimise the risk of the person developing bruises. For another person, we noted in the documentation from the local authority highlighted the person was at high risk of developing pressure ulcers and required frequent positioning and checks on pressure areas. This was not reflected in the person's risk assessment completed by the service and there was no information about the management of pressure ulcers and measures to minimise the risk of pressure ulcers developing for this person. One person using the service we noted needed support with their feeding using a Percutaneous Endoscopic Gastrostomy tube (PEG) however there was no information which highlighted the risks to the person and how to ensure this was managed safely.

Some people using the service also needed support with their mobility and used mobility aids such as walking frames and walking sticks. Risk assessments only highlighted whether the person was independent or not and which mobility aids they used but did not clarify what support the person needed to be safe. For example in one person's care plan, it indicated they were prone to falls as they would lose their balance however there were no further information about the prevention of falls, the potential risks inside and outside the home and what precautions were being taken by care workers to ensure the person was safe and protected from falls.

There was limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example, for one person whose care entailed using equipment such as an overhead hoist, commode and shower chair, there was no information as to what the risks were of using such equipment and how care workers were to provide support to the person that kept them safe and minimised the risks of sustaining any injury due to inappropriate moving and handling practices when the person needed to be transferred.

We also noted some people's risk assessments highlighted symptoms such as the person could get nervous at times or a person could be verbally aggressive and unpredictable. However there was no further information as to what specific behaviour this was referring to, the possible reasons which may trigger the person to feel this way and what care workers needed to do to support the person to feel at ease and keep them safe.

The registered manager told us she would review the risk assessments and ensure they contained more information to clearly state what the risks were and what measures they had put in place to ensure risks were minimised for people using the service.

Although there was some information about risks to people using the service, the risk assessments did not clearly reflect the potential risks to people which meant risks were not being appropriately identified and managed which could result in people receiving unsafe care.

Care plans contained limited information about people's health and medical conditions and how they may have an impact on their life and day to day living which indicates risks to people are not being assessed appropriately in accordance to people's needs.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training and medicines policies and procedures were in place. The registered manager told us that people using the service could self administer and care workers only prompted people to take their medicines and did not administer. One care worker told us "I'm very experienced and have had lots of training giving medication. We don't actually give the medication anyway we just prompt." The register manager told us there was only one person they supported to take their medicines. We reviewed a sample of the person's medicines administration records (MAR) sheets and noted there were some unexplained gaps. This could indicate the person did not receive their medicines at the prescribed time. The MAR sheet had also not been checked by management staff and the gaps remained unexplained.

We discussed this with the manager and we asked her that although care workers may only prompt, what would they do if a person refused to take their medicines and how did they ensure the medicines were taken. We noted the prompting of medicines and the procedure to follow if they refused their medicines was not included in people's care plans for care workers to follow, nor was there any information about the medicines people were taking and why and the possible side effects they may suffer if not taken on time.

Although we were told by the registered manager that care workers did not administer medicines and that most people using the service could self administer, there were however some people who suffered from memory loss and their care plans did not include any information about the support the person may require with their medicines and how this was going to be managed and recorded. The registered manager told us they would review their medicines management for the whole service. Shortly after the inspection, we were sent a copy of a new MAR sheet which had a 'key' which care workers would need to complete to ensure there were no unexplained gaps.

The above evidence shows people were at risk of not receiving their medicines safely and the administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately.

This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of the abuse and the steps they would take if they suspected any potential abuse.

Feedback from people indicated there were sufficient numbers of suitable staff to keep people safe and meet their needs. People using the service told us they received regular care workers and they turned up on time. People using the service told us "I'm happy with the service. They turn up on time", "They arrive on time. If my regular carer is on holiday I know the girl that will come instead", "My carer comes when I need her", "At first they were a little late but we soon settled in to a routine" and "She's [care worker] always on time. I like my regular carer."

When speaking to care workers about staffing levels, they told us they received their rotas on time and had regular people they supported. They told us "I don't need a rota as I have the same clients every day" and "We document our start and finish times."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment
including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained. One care worker told us "I had to do a disclosure and barring check and give two references before I started."

Requires Improvement

Is the service effective?

Our findings

We asked people and their relatives about the care workers and if they felt they had enough knowledge and skills to provide the care and support they needed. We received positive feedback from people using the service and they told us "We get on very well. They are well trained", "The carers do all the things I ask them to do. They are fine and they always have a cheery word for me", "They are very efficient carers" and "I think they are well trained." One person using the service told us "My regular carer is best. The others are alright but my regular carer is the best. She knows how to care for me but some of the others aren't well trained."

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Care workers spoke positively about their experiences working for the service. They told us "This is the best agency ever. They do what they promise. They pay you on time and pay you well. I have recommended that my friends work for them. I'd score them 98%" and "We are supported. They are more like friends."

Training certificates showed care workers had an induction and received training in areas that helped them when supporting people such as health and safety, infection control, medicines and reablement awareness. One care worker told us "I had an induction. I then shadowed for about a week before seeing clients alone." Records also showed, the service used external voluntary agencies to train and ensure care workers were competent in areas such as PEG [percutaneous endoscopic gastrostomy, feeding via a tube in the person's stomach] feeding and Epilepsy.

We looked at five care workers files and records of some supervision and appraisals were in some files and not in others. There was also no information available which showed when care workers had received supervision and the due dates for the next one. When speaking to staff they told they received supervisions. A member of the office staff told us that care workers received an annual appraisal and supervisions were conducted every couple of months but some had not been filed in the staff files. They told us they would ensure copies of care workers supervisions and appraisals were filed systematically and supervision and appraisal dates were recorded clearly.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained a 'Consent to care and treatment form' which people using the service had signed to consent for their care. Records also showed the person's next of kin was also involved in making decisions in the person's best interest when needed.

Although some people had signed their care plans, we noted in one person's care plan, there was information from the local authority that the person had full cognitive function and has the capacity to make their own choices and decisions but a family representative had signed their care plan. There was no explanation as to why the family representative had signed the form to consent to the person's care.

People's care plans contained very limited information about people's mental state and cognition. There were no mental capacity assessments to determine people's level of decision making. The registered

manager told us most people using the service had the capacity to make their own decisions however in some people's care plans it stated people suffered from memory loss and were disorientated which may indicate people did not have full capacity or would need some support to enable them to make some decisions.

Information in people's care plans detailed where people would need supervision, assistance, prompting and support but it was sometimes unclear why a person would need such support in specific areas. The care plans did not state why the person would require support and whether it was because of the person's level of mental capacity, a particular health need, safety reasons or the person's choice to want such support provided for them.

The service had a Mental Capacity Act 2005 (MCA) policy in place however care workers had not received any MCA training. The registered manager told us she would review the care plans and ensure information was included about people's levels of mental capacity and MCA training was provided to staff.

The above evidence demonstrates people's mental capacity to consent to care and treatment had not been appropriately assessed.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain good health. When speaking to care workers they showed a good understanding of what action to take if a person's health deteriorated. They told us "One of my clients took sick last week when I was with her. I phoned the doctors, her relatives and the office", "Any concerns about the clients are reported to the office" and "One of my clients wasn't well. I phoned the office. They phoned the ambulance and told me to stay with the client until they arrived." Care plans however contained limited information about people's health and medical conditions, the registered manager told us that they would review the care plans and ensure more information was included about people's health and medical backgrounds.

Some people using the service were supported with their nutritional and hydration needs by their relatives and in some cases people were able to eat and drink independently. However there was limited information about people's nutritional and hydration needs and support people may require with their food and drink. The registered manager told us they would ensure care plans include more details about people's nutritional and hydration needs and the support people may require with their food and drink.

Good

Is the service caring?

Our findings

People using the service spoke positively about the care workers. They told us "They are very professional", "They are doing a nice job", "They are attentive and good", "My carer is absolutely brilliant" and "They are very nice and I'm very pleased with the care."

Relatives also told us "They are alright", "They are very pleasant and everything is fine. They do bits and pieces around the house that they are meant to" and "[Person] feels so much better once they've been. It has made a lot of difference having the carers. They've been a great help."

Feedback from people using the service and family relatives indicated some positive caring relationships had developed between people and care workers. People told us "They are brilliant and kind and they do what I want them to do. Sometimes the carer sits and talks to me, just sits and talks which is wonderful", "She's [care worker] so kind. She makes me coffee and ask me what I want her to do" and "They are very pleasant and they do whatever I want them to do." People's choices were encouraged and respected. One care worker told us "I'll ask the clients what they would like me to do for them."

People using the service and relatives told us their privacy and dignity was maintained and respected. Care workers we spoke with also understood the need to respect people's dignity and privacy. They told us "You'd never fully undress a client" and "Close the bathroom door while they are in there."

There were some arrangements in place to ensure people were involved in expressing their views. Records showed there was regular contact and involvement from relatives when aspects of peoples care needed to be discussed.

Requires Improvement

Is the service responsive?

Our findings

People's care plans were set out by the provider in the following sections. "Client details, consent to care and treatment forms, care plan, environmental assessment and client handling assessment". The care plans covered various areas of support people needed such as personal care, dressing, eating and drinking, vision, hearing and medicines.

However, care plans were not person centred and were task focused. Care plans contained information about the tasks care workers needed to do during each visit and sometimes it was unclear how the task was to be completed. The language used was often a list of instructions. For example, people's care plans would read 'Brush teeth, shower and shave', 'Transfer to commode', 'Dry on shower chair', 'Bring to the bedroom' and 'Get client ready for bed'.

Care plans would also state 'Assist and supervise. Prompt with undressing. Empty commode' and 'To support with personal care'. However, the care plans did not include any further information on what this support entailed and what the care worker needed do to support the person.

Care plans did not contain any information about people's previous life history, previous occupations, people's likes and dislikes and people or occasions that were important to them. This could mean people were at risk of receiving care that did not meet their needs or preferences. We also noted that the care plans and risk assessments used the term 'Client' to refer to people using the service and not their names.

Some people using the service, we noted suffered from complex conditions such as strokes, Motor Neurone disease, physical mobility, disorientation and memory loss. Although the care plans made reference for care workers to prompt and provide assistance in different areas of their care and support, there was no further information which showed how care workers should provide this according to people's specific needs which also involved moving and handling practices and transfers. There was limited information about people's levels of comprehension so the extent of people's involvement in their care was not clear. This would mean people could be at risk of receiving inappropriate care which was unsafe and did not meet their needs.

Care plans contained limited information about people's communication needs. In the 'Client Handling Assessment, it made reference to whether a person could speak and were able to follow instructions'. However, there was no further information which clearly reflected how to communicate with people when they were unable to speak, so care workers understood the person's needs. to ensure they are supported to fully understand and be able to express themselves. In one person's care plan, we noted from the documentation from the local authority that the person was not able to communicate verbally but used facial expression to communicate' and the person would 'become anxious and distressed at times due to not being able to communicate' however there was no information in their care plan which detailed how care workers should communicate with this person and how to minimise the discomfort for the person if they become anxious or depressed.

There was very limited information about people's nutritional and hydration needs and their preferences in

people's care plans and the information was limited to statements such as "Prepare and serve meal to client", "Prepare breakfast" and "To support with meal preparation." There was no further information about what support this would entail, there was no information about people's likes and dislikes, what types of food and drink they wanted and how they ensured people finished their meals to avoid the risk of malnutrition and dehydration. There was some information about the support people may require, for example in one person's care plans it stated "Ensure client does eat meal" and in another person's care plan it stated "Leave sandwich and drink in flask."

There was limited information in care plans to encourage people to continue to do tasks they were able to do by themselves and prompt people's independence. For example in one person's care plan, it stated '[Person] is quite independent and is capable of taking care of personal issues' however information for the care workers was to 'Supervise client with personal care'. There was no information which showed what the person was still able to do for themselves and what areas of their personal care they may need supervision and how this was to be done.

There had been no formal review meetings with people using the service and relatives in which people's care was discussed and reviewed to ensure people's needs were still being met and to assess and monitor whether there had been any changes. The registered manager told us there was always contact with people using the service and their relatives who would contact them if there was anything they needed.

We discussed the care plans with the care workers and received mixed feedback about their availability and whether it helped them to their jobs effectively. They told us "We should use the care plan to tell us what the clients need but sometimes the care starts and there is no care plan. One client has been having care for a few months now and there is no care plan. The person's mother tells us what to do", "There is a care plan for us to follow", "We use the care plan to tell us what to do. I don't know if it's reviewed" and "All my clients have care plans for me to follow."

We discussed with the manager that people's care plans should be person centred and used to make sure that people receive care that is centred on them as an individual and not just based on what tasks needed to be carried out for them. The risk assessments for people also did not clearly reflect the potential risks to people which could mean risks not being appropriately managed

The manager told us she would review the care plans and ensure care plans were more personalised and person centred.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has procedures for receiving, handling and responding to comments and complaints. People we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They told us "I haven't got any complaints", "I'm happy with the service, no complaints", "There's nothing to complain about but I'd call the office if there was something wrong", "If I wasn't happy I'd call the office" and "I'm very content. No need to complain." Records showed when complaints were received, they were responded to appropriately.

Although complaints had been responded to by the registered manager, there was no follow up on lessons learnt and actions taken to minimise the reoccurrence of such issues. For example, we noted the nature of some of the complaints were about missed calls and miscommunication between staff and people using the service. The monitoring of calls we had identified as an area which needed to be improved. The

registered manger told us she would ensure complaints were reviewed.

Requires Improvement

Is the service well-led?

Our findings

People using the service spoke positively about the service and told us staff were approachable. They told us "I can speak to staff at the office if I need anything", "You can get to speak to someone at the office" and "Someone answers the phone quite quickly."

There was a management structure in place with a team of care workers, a Human Resource [HR] person, an IT person, care co-ordinator, field supervisor and the registered manager. Care workers spoke positively about the management staff. They told us "They are very approachable. They listen to us and are helpful. They deliver. We get along like a family", "I feel supported. I can contact the managers, no problem there" and "We can speak to someone 24/7. They are always available."

Records showed and care workers confirmed there were staff meetings to discuss any issues, concerns and best practice in relation to the service. Care workers told us "We have staff meetings so can say then if anything's is wrong" and "We had a staff meeting before Christmas. I don't know when the next one is but I can talk to one of the supervisors if I need to." Minutes of these meetings showed areas such as completing the communication book, ID badges, rotas and call logging were discussed at these meetings.

The service had recently started to conduct spot checks to monitor staffs performance. A member of the office staff told us that previously when a field care supervisor would do an assessment for a person's care they would follow the visit up by a quality monitoring call to the person using the service to check if they were happy with the service they were receiving. The office member told us they had recently revised this to ensure regular spot checks were being conducted to assess care workers performance. Records we saw during the inspection confirmed spot checks had been undertaken and care workers also confirmed this. They told us "They do spot checks to see if we're doing a good job", "They started doing spot checks last week to see if the clients are happy" and "I had my first spot check. They just turned up."

There were limited arrangements in place to assess and monitor the quality of care being provided and to seek feedback from people using the service and their relatives. Records showed telephone monitoring had been conducted in which people were asked about their views of the service. We saw positive feedback had been received. When speaking to people they confirmed this and told us "They ring from time to time to find out if I'm happy", "The agency asks us to tell them if we aren't happy with something" and "The office calls us to check up every now and again."

We did not see any specific quality assurance audits that has been conducted to monitor and assess the quality of service that was being provided, how the service identified areas which needed to be improved and how this was used to drive continuous learning and develop to improve the service they were providing to people.

The registered manager told us people's plans were reviewed on a yearly basis by the care manager and the office staff told us that if there were any changes, there would be a reassessment and the care plan would be changed accordingly. However during this inspection, we found areas that were not being monitored

effectively which could risk people receiving poor quality care.

For example, when speaking with people using the service and their relatives about care workers timekeeping, one person told us that, "They are supposed to come twice a day but they only turn up once. They do know what they are doing when they turn up" and a relative who told us they had recently joined the service told us, "No one has turned up this week so far. We've spoken to the staff in the office, who are very nice but still no one has been to see [person]." Such comments may indicate that visits to people were being missed, which could put them at risk.

We asked the registered manager how the service monitored care workers time keeping and how they were able to assess whether care workers were turning up for their calls or if they were late. The registered manager told us care workers completed daily time sheets and these were checked by the office staff for invoicing purposes. However there was no formal structure of monitoring care workers timekeeping which means the service was not able to determine whether care workers have arrived on time, stayed for the allotted time for their shift or whether there were any missed calls.

We looked at six time sheets and found there were discrepancies with the times care workers were meant to start and finish their shifts and there were unexplained gaps which could indicate that people using the service were at risk of not receiving the care and support they needed to meet their needs at the appropriate time. For example, on one time sheet on the 28/1/2016 showed the care worker started their shift at 2.30pm until 5.20pm, on the next day it showed 1.30pm until 4pm. On another time sheet it showed on the 2/2/2016, the care worker worked from 1.30pm until 5pm but for the next two days, there was no entries. One time sheet showed on the 16/2/2016, the care worker worked from 3pm until 3.30pm, however the next day showed the care worker started at 4pm and finished at 4.30pm and for the day after it was blank.

There was no information included on the time sheets which explained the reasons for these gaps That is, whether the care worker was on leave, sick or not required on those particular days. It was also not clear if care workers were turning up at the times they were meant to be and whether they were late or not which could cause people to become anxious especially if they required personal care in the morning.

The registered manager told us she would ensure any gaps or discrepancies in times would be checked more rigorously. An IT staff member told us that they were looking into implementing an electronic monitoring system in the near future which would make monitoring care workers timekeeping easier for the service.

During this inspection, we also identified other areas which needed to be improvement such as management of medicines, care plans not being person centred and appropriate to people's needs and preferences and the identification and management of risks to ensure people were safe.

Although some checks had been completed by the registered manager, the checks failed to identify the issues and concerns as raised during this inspection. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people which could risk people receiving care and support which was not appropriate to their needs and unsafe.

This was 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider was not providing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity to consent to care and treatment had not been appropriately assessed.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The assessment of risks to the health and safety of people using the service was not being carried out appropriately. People were at risk of not receiving their medication safely and the administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The current systems in place were not effective to assess, monitor and improve the quality and safety of the services being provided to people.