

Unique Care Providers

Unique Care Providers

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?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection of Unique Care Providers took place on 5 and 11 August 2015. Both these visit dates were announced. We previously inspected the service on 1 and 16 October 2014 and, at that time we found the registered provider was not meeting the regulations relating to safeguarding, management of medicines, supporting staff consent to care and treatment, records and assessing and monitoring the quality of service provided. We asked the registered provider to make improvements.

The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Unique Care Providers is registered to provide personal care. Care and support is provided to people who live in their own homes within the localities of Lindley and Deighton. Unique Care Providers also provides care and support to people who live at Bradley Court retirement living complex. One the day of our inspection 80 people were receiving support with personal care.

Summary of findings

At the time of our inspection the service had a manager in post but they were not yet registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. The manager and staff we spoke with were aware of what constituted abuse and the action they needed to take to keep people safe.

We saw risk assessments in each of the care and support records we looked at. These covered a variety of topics including environmental and people's health care needs.

Recruitment records did not all evidence that gaps in candidate's employment history had been explored. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the systems for recording of people's medicines were not robust. We could not clearly evidence people had received their medicines as prescribed and people's MAR sheets did not record all the information required to ensure people were supported safely with their medicines. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people who used the service if staff had the skills to meet their care and support needs they told us they were generally satisfied with their regular carers. People told us when they did not receive their regular carer the level of care they received was not as good.

Not all staff had received frequent supervision although staff told us they felt supported by the manager. We saw there was a system in place to support new staff when they commenced employment.

Staff received training in the Mental Capacity Act (MCA) 2005 and people's care and support records contained evidence their capacity had been assessed.

Most people who used the service felt staff were kind, many expressed concern staff were rushed. Staff we spoke with all expressed genuine concern for the people they supported and were knowledgeably about people's likes and dislikes.

People who received a service from Unique Care Providers had a care and support plan which was detailed the care and support they required. Records were updated and reviewed. Where the care and support plan identified they needed two staff to support them, we saw evidence that two staff attended their calls.

There was a manager in place although they were not yet registered with the Care Quality Commission. Feedback from staff and the local authority contracts team about the manager was positive.

While we found feedback was gained from people, there was no systematic approach and no evidence people's feedback was monitored for trends or concerns.

Audits were completed by office based staff but this appeared irregular and weaknesses identified within this report, evidence these audits were not robust and had not effected the necessary changes to achieve regulatory compliance. The board of directors told us they monitored the service, however, there was no documentary evidence to support this.

This evidenced a breach of Regulation 17 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 the report.

Summary of findings

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 always safe.

People who used the service told us they felt safe. The manager was aware of their responsibilities in keeping people safe.

Recruitment records for staff did not clearly evidence that gaps in candidate's employment history had been explored.

We saw evidence that staff recording of people's medicines was not safe or consistent.

Requires improvement



Is the service effective?

The service was not always effective.

People told us not all the care staff who supported them had the skills to meet their needs.

Staff had received training in a variety of topics however we were not able to clearly evidence all staff had received the relevant training as the training matrix was not up to date.

The manager had reviewed people's capacity and evidence of this was seen in people care and support records.

Requires improvement



Is the service caring?

The service was caring.

People told us staff were caring.

Staff spoke about their job and the people they supported in a kind and caring manner.

The service took account of people gender preferences regarding their carers who supported them.

Good



Is the service responsive?

The service was responsive.

People's care and support records were detailed and person centred. They provided adequate detail to enable staff to provide people's care and support in a safe and effective way.

Where a complaint was raised, this was investigated and responded to by the manager.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

Feedback from staff and the local authority regarding the manager of the service was positive.

Audits were completed by office based staff but these were not robust and had not always been effective.

There was no documented evidence the registered provider monitored the quality of the service delivered to people.

Unique Care Providers

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 5 August 2015 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of two adult social care inspectors. One inspector visited Bradley Court retirement living complex on 11 August 2015. This visit was also announced.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was

not available for this service. This 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.

During our visit we spent time looking at seven people's care and support records. We also looked at six records relating to staff recruitment, nine records relating to staff training and various documentation relating to the service's quality assurance. We also spoke with the manager and a care co-ordinator. Following the inspection we spoke with five care staff and one senior care worker on the telephone. We also visited Bradley Court and spoke with a team leader and a care worker.

Following the inspection two experts by experience spoke on the telephone with six people who used the service and 15 relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The experts by experience on this occasion had experience in providing care and support to older people.

Is the service safe?

Our findings

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding safeguarding people from abuse. On this visit we checked and found that improvements had been made.

People we spoke with who used the service told us they felt safe. One person said, “I can honestly say I feel safe with them and have no worries or problems.” Relatives of people who used the service also told us they were confident their relative was safe while receiving care and support from Unique Care Providers staff. One relative we spoke with said, “Overall I’d say they are safe and comfortable.”

All the staff we spoke with understood what constituted a safeguarding concern and were clear about their role in relation to reporting any incidents or situations which may put people at risk of harm. One staff member said, “If I had any concerns I would report it to the office straight away.” The manager was aware of their personal responsibilities for keeping people safe and we saw evidence they referred any concerns to the local authority safeguarding team.

Staff told us people had risk assessments in their homes. We looked at seven people’s care and support records. There were risk assessments in place in each of the files we looked at, this included moving and handling, falls, medication and risks identified from the tasks which were in the care plans. There were also environmental risk assessments which included access to people’s homes, location of gas and electric points and the person’s physical health. However, we noted one example where a significant medical condition which was identified in a person’s risk assessment but was not referenced within the person’s care plan. This may result in staff being unaware of this condition and therefore not delivering appropriate care.

We asked staff what action they would take in the event that someone they were providing care and support to did not answer their door. Each of the staff we spoke with was able to tell us about the action they would take to ensure the person was safe. One staff member said, “I would contact the office or the ‘out of hours’, they tell you what to do. I have one person who goes out regularly. If I thought it was a risk I would call 999.” Another staff said, “I would ring the office and inform them, they will try to call the person

or their next of kin. I would look through their window or asks a neighbour. All the common sense stuff.” This demonstrated staff were aware of their responsibilities in ensuring people were safe.

We looked at the recruitment records for six members of staff and saw evidence that the registered provider had undertaken appropriate checks before staff began working for them. This included taking up written references from previous employers, checking evidence of the identification of new recruits and completing checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

In two of the personnel files we looked at we could not see documented evidence that gaps in their employment history had been explored. For example, in one person’s file they had detailed they had ceased working for an employer in 2010 and their next period of employment had commenced 2012. This left a potential gap of 24 months which had not been explained. In a third personnel file we looked at the candidate had listed their employment history year to year, for example, 2004 to 2007, therefore we were not able to clearly evidence there were no gaps between employers.

Schedule 3 of the Health and Social Care Act requires a full employment history, together with a satisfactory written explanation of any gaps in employment to be obtained.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service if staff arrived on time. One person said, “The carers often arrive late, sometime 45 minutes after the agreed time. I have regular carers but sometimes new people arrive and I don’t know them, I won’t let them in if I don’t know them. Nobody from the agency tells me of changes or when carers are running late.” A relative said, “The care is not consistent in the way it’s provided by the carers who support (relative).” Another relative told us, “Last week, on Tuesday no carers arrived at all.” The relative also said staff were late on Saturdays and Sundays.

Many of the people we spoke with expressed concern that staff were rushed. One relative said, “I don’t think they’re taking their time with her and they are rushing things.”

Is the service safe?

Another person said, “The carers work really hard but they are so rushed. They help me to get dressed in the mornings, but I’m very slow these days and they seem to want to rush things and get off to the next job.”

However, some of the feedback was more positive, one person said, “I have no worries or problems. The carers come on time and we see regular faces.” A relative said the carers were ‘always regular and punctual’. This demonstrated the service provided to people was inconsistent.

Staff we spoke with told us they were not aware of any missed calls in recent weeks. Some staff did say they were aware of people receiving calls which were later than their allocated time. One staff said, “Occasionally we may be late. If we get held up with another person, they may be unwell or need the ambulance, we have to wait with them, that holds us up going to other calls.” A senior carer told us, “When all the staff are here, the calls are manageable. If someone is sick, if I have on call phone, I will cover the calls myself if I can, or I try to get cover. Lunch calls you can normally cover, morning calls are more difficult, you can’t cram them in.”

We asked the manager what safeguards were in place to alert them in the event that a call was missed to a person who used the service. For example if their carer failed to notify the office and the person using the service, or their representative, was unable to. The manager told us people who they identified as ‘high risk’, for example, those who would not be able to notify the office in the event a carer failed to attend to them, were contacted daily by the office to ensure they had received their care and support. The manager also told us the local authority were currently trialling an electronic system which would enable care companies to receive timely information in the event a person’s call was missed.

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding management of medicines. On this visit we checked and found there were still concerns with staffs’ recording of peoples’ medicines.

People who relied on care staff to support them with their medicines said they received their medicine at the correct time and staff ensured they had taken their medicines before they left.

When we looked at how the service managed people’s medicines we found that the recording of people medicines were not always accurate or robust.

We looked at the Medication Administration Records (MAR) for three people. We saw hand written entries on two of the peoples MAR sheets. The entries did not detail the strength of the medicine, the dose of medicine staff were to administer or how the medicine should be administered. This meant there were no clear instructions recorded for staff to follow to ensure service users received their medicine safely and as prescribed to them by a medical practitioner. We also noted the hand written entries did not record the name of the staff member who had annotated the information on the MAR’s and there was no evidence the information recorded had been checked by a second suitably trained member of staff in line with the provider’s own policy. This meant there was an increased risk of medicine errors as the information recorded was incomplete and had not been checked for accuracy by a second staff member.

Each of the peoples’ MAR sheets we looked at, their prescribed medicines required the use of multiple MAR sheets for each month. We saw the front MAR sheet for each person detailed information which included their name, address, date of birth, GPs and pharmacy information and details of any known allergies. Subsequent MAR sheets did not contain any of this information. This meant that information pertinent to the safe administration of peoples’ medicines was not evident on all MAR sheets.

We also noted that not all of the prescribed medicines on peoples MAR sheets had been signed as being administered by staff and no code had been entered to explain the reason, if appropriate, that the medicine had not been administered. For example, one persons’ MAR ‘gaps’ were noted for three different medicines on seven occasions within a four week period. This meant we were unable to clearly evidence people were receiving their medicines’, or in the event the medicine had not been administered we were not able to clearly evidence the reason for the omission.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

We asked people who used the service if staff had the skills to meet their care and support needs. People told us they were generally satisfied with their regular carers but people were frequently dissatisfied when the regular carer was not available. Three of the comments we received from people and/or their relatives were; “I have regular carers which I prefer as the replacements are not so good.” “I don’t want to sound too negative but the service level does vary considerably, we’ve recently got new carers coming in who aren’t at the same level of expertise as the regular ones.” and “The care is not consistent in the way it’s provided by the carers who support (relative). The more regular carers are good, and know what to do, but replacements coming in aren’t told what to do beforehand and don’t do such a good job.” This meant the provider was not ensuring people received a consistent level of care and support which met their assessed care and support needs.

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding supporting workers. On this visit we checked and found a number of improvements had been made.

All the staff we spoke to, with the exception of one staff member, told us they had received supervision with a senior member of staff. Staff also told us senior staff completed ‘spot checks’ on their performance and these checks were unannounced. One staff said, “I had supervision about 2 or 3 months ago. I have had a performance assessment too, (name of senior staff) did that. They don’t tell us they are coming, they checked me doing everything and then gave feedback. I wasn’t wearing my ID badge.” We checked the personnel records for nine staff. While we saw evidence staff received supervision and spot checks, they were not always completed at regular intervals. For example, one staff member commenced employment in March 2015, received a ‘spot check’ in August 2015 but had not yet received a formal supervision. The last recorded supervision for another staff member was December 2014, however, when we spoke with this staff member they told us they felt supported by the manager. Having a system of regular supervision offers staff an opportunity to express their views and for managers and staff to address deficiencies in staff training and skills.

Staff also told us they completed training in a variety of topics which included, moving and handling, infection

prevention and control and food hygiene. We checked the training records for nine staff and saw evidence staff had completed training across a range of subjects since our previous inspection. However, not all the records contained in staff files were accurate and up to date. For example, the training analysis sheet for one staff member indicated they had not completed training in moving and handling but when we examined the training certificates in their file, moving and handling training had been completed in February 2015.

We asked the manager if they had a matrix which provided an overview of all the training staff had completed. They told us they did, but recent analysis had found the information was not up to date. They said office based staff were in the process of checking all staff training records and inputting the information on to a new computerised system. When we spoke with another member of staff, they corroborated what the manager had told us. This meant that we were unable to clearly evidence that all staff training was up to date and relevant to their role and responsibility.

We spoke with one staff member who had been employed less than twelve months. We asked them how they had been supported in their role when they commenced employment. They told us they had shadowed a more experienced staff member for about 16 hours and had been introduced to the people they would be supporting. Another staff member also told us new staff shadowed another staff member, they said this was for ‘about three days, or until they felt confident’. This demonstrated that new employees were supported in their role.

We reviewed the personnel records for one staff member and saw there was a record they had received induction, although the record was incomplete. One of the sections, which included, health and safety, fire precautions, drill and alarm testing, security and, smoking, hygiene, risk assessment, manual handling and accident forms had not been signed by either the new employee or their line manager. This meant we not able to clearly evidence the induction received upon the commencement of their employment was thorough.

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding consent to care and treatment. On this visit we checked and found improvements had been made.

Is the service effective?

The Care Quality Commission monitors the use of the Mental Capacity Act 2005 (MCA) to ensure that people using supported living services who lack the capacity to make decisions for themselves are looked after in a way that does not inappropriately restrict their choices.

The nine staff training records we reviewed indicated these staff members had received training in the MCA and all but two of the staff we spoke with also told us they completed training in this subject. However, as the training matrix was not up to date we were unable to clearly evidence that all staff had completed this training.

We saw evidence in each of the care and support plans we looked at that the person's capacity to make decisions had been assessed and documented. We saw in one care and support plan the person lacked capacity to make decisions about taking their medication or receiving about personal care. Although the assessment referred to staff 'acting in the person's best interest', there was no detail recording regarding this process or plans for staff to follow in the event the person refused their medication or care. The manager told us a lot of work had taken place since our last inspection to ensure assessments of people's capacity were documented. They acknowledged some further work was required.

Staff told us some of their work involved preparing and serving meals for people. One member of staff told us they supported one person who was left meals in the fridge by their family, they said, "I ask them what they want or I tell them what they have in, then they can choose." Another staff member told us about the concerns they had regarding a person who was losing weight. They said they had reported this to the persons' family and the office. They said as a result the persons care and support package had been adapted so staff could ensure the person was eating. One of the care and support plans we looked at detailed 'likes two slices of toast and a cup of tea', 'leave a sandwich for tea'. This evidenced people received support with eating and drinking where required.

One person who used the service told us how staff had taken action when they were unwell, they said, "Recently when the carer came, they could see I was unwell. They called the GP and arranged for me to go to hospital." A relative of a person who used the service told us, "When (relative) has appeared unwell, they (staff) have let me know and have asked if I wished them to call the GP." This showed staff were aware of their responsibility in supporting people to access other healthcare support.

Is the service caring?

Our findings

We asked people who used the service if they thought staff were kind and caring. The majority of the people we spoke with felt the staff were caring. One person said, “I’m very satisfied with the care being provided.” One relative said, “All in all I think this is a good company. I often ask (relative) if they treat (relative) alright and they say yes.” Another relative we spoke with said, “Most of the carers are nice people although one or two are sometime a bit sharp.”

Staff we spoke with talked about their job and the people they supported in a kind and caring manner, expressing concern for people’s well-being. They were knowledgeable about the people they supported knew people’s likes and preferences. One staff member told us ‘I love working here, I love the people I care for. All the people I visit seem to be really happy with their care, they would tell me if they weren’t.’ Another staff member said, “We build a relationship with people, get to know their likes and dislikes.” A further staff comment was, “I treat them how I would want to be treated.”

The manager told us when a new person was accepted by the service, a member of the office based staff went out to meet the person and /or their family. They said this was to introduce themselves to the person and complete an assessment of their needs in order to develop their care plan and risk assessments. The manager said staff who would be attending that call would then be taken to be introduced to the person and/or their family.

In each of the care and support records we looked at we saw people’s preferences were recorded in regard to the gender of the care worker who attended to them. For example one of the care and support plans recorded the person had no preference, a second care plan, the person preferred a female care worker. This demonstrated the service respected people’s individual preferences.

People’s care and support records included information about people’s life history. For example their family, work history, hobbies and interests. Having detailed information about a person’s life enables staff to have insight into people’s interests, likes, dislikes and preferences. Life history can also aid staffs’ understanding of individual’s personalities and behaviours.

We asked staff how they maintained people’s privacy and dignity. All the staff we asked about this were able to clearly verbalise what they did on a daily basis to ensure people’s privacy and dignity was respected. For example, closing doors and curtains and using towels to cover people when performing personal care to ensure people aren’t exposed. One person who used the service said, “They are all very kind and respectful.”

We asked some of the staff we spoke with how they supported people to make choices. One staff member told us how they enabled one person they supported to choose what they would like to eat and which clothes to wear. Another staff member told us they would show people a choice of clothes from their wardrobe to encourage them to make their own clothing choices. This showed staff encouraged people to make lifestyle decisions.

Is the service responsive?

Our findings

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding records. On this visit we checked and found a number of improvements had been made.

People we spoke with were all familiar with their care plans. Staff told us care plans were in place for the people they provided care and support to.

Each of the care and support records we looked at were detailed and person centred. The individual support plan was reflective of the person's needs identified within the local authority's assessment of the person. In one of the care plans we looked at, the person required specific support with a medical aid. There was a document within the care file with pictures giving clear guidance for staff and information as to how care was to be provided to effectively manage this. This meant the person was protected from the risk of unsafe or inappropriate care because pertinent and detailed records were maintained.

People's preferred call times were recorded within the care and support records and when we looked at the corresponding daily care records we saw these had been adhered to. We also noted that where the records indicated two staff were required to support a person, the daily logs which we reviewed recorded that two staff had attended the call.

There was evidence people's care and support records had been reviewed and where documents were no longer current, they were archived at the back of the file and clearly marked with an 'X' to indicate they were no longer current. We also saw evidence people's needs and care packages were reviewed and requests were made to the local authority where it was felt a person may need a change to the package of care they received. This showed the service responded to people's changing care and support needs.

As part of our inspection we reviewed how the service managed complaints. Prior to the inspection, the local authority told us complaints made against the service were low and only one complaint had been upheld by the local authority in the previous six months.

The complaints file evidenced details of the complaints received by the service, the subsequent investigation and the outcome, including feedback to the complainant. For example there was a letter of response written to a family following a complaint they had raised. We saw there was a complaint data analysis sheet in place at the front of the complaints file, but this was blank. When we asked the manager about this they told us this was part of a new process which they had not yet had opportunity to implement. Analysing complaints provides an opportunity to identify trends and provides an opportunity to improve the quality of service offered to people.

Is the service well-led?

Our findings

Our inspection on 1 and 16 October 2014 found the registered provider was not meeting the regulations regarding assessing and monitoring the quality of service provided to people. On this visit we checked and found that some improvements had been made but areas of quality oversight still needed attention.

We asked people who used Unique Care Providers if they thought the service was well led. People told us they would welcome the opportunity to provide feedback. One person said, “The agency called me recently to tell me you would be calling, apart from that they don’t call.” Another person said, “Nobody from the agency contacts me to see how things are going.” A relative we spoke with said, “When I call the office they know who I am and know (relative) pretty well by the sound of it, but the manager doesn’t come round to see (relative), or enquire about the level of service.”

There was a manager in place on the day of our inspection although they were not yet registered with the commission. They told us they had commenced their application, however, they also told us they were on a fixed term contract with the registered provider which ended in January 2016. During the inspection we found the manager and care co-ordinator to be knowledgeable about people’s care and support needs.

Prior to the inspection we received feedback from the local authority. They told us, “The manager appears to be effective. In our experience she addresses any issues in a timely manner and is working very hard to keep improving the service.”

All the staff we spoke with, except one staff member, spoke positively about the manager and told us they felt supported. One staff said, “It’s quite good now. If you had asked me six months ago, I wasn’t happy, but it is good now. If you need to speak to (name of manager) you just ring the office and make an appointment to speak with her.” Another staff member said, “I’ve worked here a long time, it’s a good company. (Name of manager) tries her hardest to see things are done properly. I have changed my role recently and she has supported me with that.”

An office based staff member told us that since they had started work with Unique Care Providers this was their third manager. However, they also said that ‘things had been so

much better’ since the current manager had commenced work; they explained that this was because new processes and documents had been introduced over this period which made their role easier. The care coordinator told us, “The staff are working as a team under the leadership of the current manager, we aren’t yet 100%, we are 80% there.”

Staff we spoke with told us staff meetings were held. We saw minutes of meetings were recorded and a variety of topics were discussed. These included staffs’ role and responsibilities, company policies, company news and refreshing staff knowledge and understanding on area of legislation for example MCA and safeguarding. Staff meetings are an important part of the registered provider’s responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

We asked the manager and care co-ordinator how they gained the views and opinions of people who used the service. The care co-ordinator told us the registered provider had two separate documents for gaining feedback from people, a quality assurance document and a six week review form. The care co-ordinator told us they said they had not used the six week review forms as they had been using the quality assurance questionnaire document instead. When we reviewed the feedback forms we were unable to evidence which feedback related to a new service user or if the feedback was part of an ongoing quality survey. Of the 48 completed forms, 11 were not dated and 16 had been completed by staff on behalf of the service user. This demonstrated there was no systematic approach to gaining feedback from service users and/or their families. There was also no evidence that feedback was being monitored or analysed for trends or concerns which may require further action.

We asked to see review audits which were completed by the office based staff. We saw that 32 daily log audits had been completed since February 2015 for one of the localities but only 3 had been completed since January 2015 for the other locality. This demonstrated there was no systematic approach to auditing service user daily log records. There was also no evidence that audits were being monitored or analysed for trends or concerns which may require further action.

Audits of people’s medicines records were also completed. Of the 89 service users listed for both localities, only 22

Is the service well-led?

audits had been completed between March and July 2015. For Bradley Court Retirement complex, eight completed medication audits were recorded. We observed that the predominant issues highlighted on the audits referred to 'gaps' on the MAR where staff had not signed to confirm the service users prescribed medicine had been administered by staff and no code had been entered to explain the reason, if appropriate, that the medicine had not been administered. We saw that where this concern was highlighted, the manager, had either spoken with, or sent a letter to the staff member to address the concern raised. However, the findings of this inspection pertaining to 'gaps' on service user MARs' evidenced that the action being taken had not been effective in improving staff record keeping in relation to the management of service users' medicines.

At the inspection of 1 and 16 October 2014 we noted the whistle-blowing policy stated 'the complainant may approach one of the following individuals who have been designated and trained as independent points of contact under this procedure'. We saw the policy did not record the name, designation or contact details for the 'appropriate designated investigating officer'. This was brought to the attention of the registered provider following the inspection. We checked on this inspection to see if this matter had been addressed. We found it had not.

Following the inspection, 1 and 16 October 2014, the board of directors submitted an action plan detailing how the service would achieve regulatory compliance and how the quality of service provided to people would be monitored. The action plan included monthly auditing by the 'board compliance committee'. Following the inspection we asked the board to submit evidence of these audits. The board told us they did not have a 'recording and monitoring sheet in place to evidence monitoring', they also told us they were in 'in the process of developing such a system going forward'. This meant there remained no documented evidence the registered provider was assessing or monitoring the quality or the safety of the services provided to people who used the service.

This evidenced the registered provider had failed to effectively assess and monitor the quality of the service provided to people. Records relating to people who used the service and staff employed were not accurate enough to withstand scrutiny. Systems and processes and were not robust enough to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This evidenced 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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to comply with Schedule 3 of the Health and Social Care Act.</p> <p>Regulation 19 (3) (a)</p>

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

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered provider had failed to ensure the safe and proper management of people's medicines.

Regulation 12 (1) (2) (g)

The enforcement action we took:

A warning notice was served on the registered provider.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had failed to establish or effectively operate systems and processes to assess and monitor the quality and safety of the service. The registered provider had further failed to make sure accurate records relating to the care of the people living at the home were maintained.

Regulation 17 (1) (2) (a) (b) (c) (e) (f)

The enforcement action we took:

A warning notice was served on the registered provider.