

Satellite Consortium Limited

# Satellite Consortium Limited

## 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 was an announced comprehensive inspection that took place on 4 October 2017. Satellite Consortium Limited is a domiciliary care service registered to provide personal care to people in their own homes. The service provides care and support for older people, people with physical and learning disabilities and sensory impairment and people living with dementia. At the time of inspection, the service was providing personal care to 68 people.

This service was last inspected on 28 September and 27 October 2016 where it was rated Requires Improvement. At the last inspection we found the provider to be in breach of four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations relating to mental capacity assessments, risk medicines administration, staff training, staff supervision and governance. After that inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to the breaches.

At this inspection we found that the provider had not fully followed their plan, which they had told us would be completed by February 2017. The provider had not addressed the breaches of the abovementioned regulations and there were repeated breaches in relation to the need for consent, safe care and treatment, staffing and good governance.

The service did not have a registered manager in post. The provider had appointed a new manager who was undergoing the registration process 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.

The provider did not identify, assess and mitigate risks associated with people's health, care and mobility needs. Staff were not provided with sufficient information around risks involved in supporting people and how to minimise those risks to provide safe care. The associated care plans were not individualised and regularly reviewed. Staff were not provided with comprehensive and up-to-date information about people's needs or how to support people safely whilst meeting their individual health and care needs. The provider did not maintain appropriate medicines administration records (MARs) for people who were supported with medicines administration and prompting. People's care plans did not make reference to their mental capacity to make their own decisions. The provider did not effectively monitor staff punctuality and timekeeping, and missed and late visits were not recorded.

The provider did not notify us of two safeguarding cases. Not all staff received safeguarding training and staff lacked understanding of how to identify and report abuse. Safeguarding records did not give details on the investigation outcomes.

The provider did not follow safe and appropriate staff recruitment practices. Some staff recruitment checks including criminal record and reference checks were not in line with the provider's policy.

Staff were not provided with induction training before they started working with people. Staff did not receive regular supervision, yearly appraisals and refresher training to enable them to do their jobs effectively.

People were encouraged to raise concerns and complaints. Staff told us they investigated people's complaints but these were not recorded and there were no records of the investigation outcomes and lessons learned.

The provider did not maintain effective data management and monitoring systems to assess the quality and safety of care delivery. The provider was not auditing systems and processes related to care that was being provided including daily care logs and MARs. The provider had not analysed the feedback from people's annual survey and had not identified areas of improvement.

People and their relatives told us staff were caring and helpful and treated them with dignity and respect. Staff were not trained in equality and diversity and dignity in care. People told us they generally received care from the same team of staff. People were happy with nutrition and hydration support.

We found the registered provider was not meeting legal requirements and there were seven breaches of the Health and Social Care Act 2008 (Regulated Activities regulations. These were in relation to the need for consent, safe care and treatment, safeguarding service users from abuse, acting on complaints, staff training and supervision, fit and proper persons employed, and for systems and processes to improve the quality and safety of the services including maintaining accurate records. We also found one breach of regulation 18 (Registration Regulations 2009) in relation to the notifications of other incidents.

Full information about CQC's regulatory response to any concerns found during inspections is added to the back of the full version of the reports after any representations and appeals have been concluded.

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 the 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."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. Risks associated with people's health, care and mobility were not identified, assessed and mitigated. Staff were not provided with adequate information to provide safe care. People's medicines were not managed safely.

Staff were not trained in safeguarding and lacked understanding of identifying and reporting abuse. The provider did not notify us of two safeguarding cases.

Staff and management told us they required more staff to cover absences and emergencies. People's missed and late visits were not monitored and recorded. The provider did not follow safe recruitment procedures.

People and their relatives told us they felt safe with staff. Staff wore protective equipment to avoid the spread of infection.

**Inadequate** ●

### Is the service effective?

The service was not consistently effective. Staff were not provided with regular supervision, induction and refresher training to do their job effectively. People deemed to lack capacity, did not have their capacity assessed. Staff were not trained in the Mental Capacity Act and were not provided with information on how to encourage people to make decisions.

The provider did not maintain records of how they worked with health and care professionals in providing individualised care.

People told us they were happy with nutrition and hydration support.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring. The provider did not train staff in equality, diversity and dignity in care.

People's end of life care wishes, their cultural and gender preference care needs were not recorded in their care plans. However, people told us their cultural, spiritual and gender preference care needs were met.

**Requires Improvement** ●

People and their relatives told us they found staff caring and helpful.

### **Is the service responsive?**

The service was not consistently responsive. People's care plans were not personalised and did not provide sufficient information for staff on how to provide individualised care. People's care plans were not reviewed following changes in their needs. Staff were not provided with up to date information on people's needs.

People were encouraged to raise concerns and complaints. However, the provider did not keep records of complaints that were made, how they were investigated, resolved and any learning gained as a result.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led. The provider lacked robust systems of governance to ensure people received a safe and good quality service. The provider did not carry out regular monitoring checks to assess and evaluate the safety and quality of care delivery. There was a lack of effective recordkeeping and data management systems.

The service had a manager in post who was in the process of becoming registered, People and their relatives told us communication was not effective and the service was not well-led. Staff told us they liked working with the provider and found the management approachable.

**Inadequate** ●

# Satellite Consortium Limited

## **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.

The inspection took place on 4 October 2017 and was announced. We gave the service 48 hours' notice of the inspection as this is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by two inspectors and two experts 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.

Before the inspection, we asked the provider to complete 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 improvements they plan to make. They did not return the PIR and we took this into account when we made the judgements in this report. We reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service.

During our visit to the office we spoke with the manager, one field supervisor, one administrator and one finance officer. We looked at 13 people's care records and nine staff personnel files including recruitment, training and supervision records, and staff duty rosters. We also reviewed records relating to the management of the service including safeguarding, complaints records, and observation visits. Following the inspection we spoke to 18 people using the service, five relatives, and four care staff. We phoned people using the service and their relatives to ask them their views on service quality.

We reviewed the documents that were provided by the manager (on our request) after the inspection. These included an improvement action plan, training matrix, policies and procedures and care records for three people.

# Is the service safe?

## Our findings

People using the service and their relatives told us they felt safe with staff. People's comments included, "Yes, very much so" and "Yes, perfectly safe." One relative said, "I am happy to leave her with them [staff]."

At our comprehensive inspection on 28 September and 27 October 2016 we found the provider to be in breach of Regulation 12 in relation to safe care and treatment. The provider did not regularly review and update people's risk assessments to reflect their changing needs and risks associated to their health and care. Additionally, the provider also did not have safe systems to administer medicines.

At this inspection we found the provider had not made sufficient improvements and the action plan they had written to address these shortfalls had not been achieved.

The provider did not follow safe practices and procedures in identifying, assessing and mitigating risks associated with people's health and care needs. We reviewed 13 people's care plans and found that none of the care plans had risk assessments instructing staff on the risks involved in supporting them and how to safely manage those risks. For example, one person had high mobility needs, was at risk of pressure ulcers as they spent the majority of their time in bed and used a hoist and bed rails for safety. This person had not been identified as being at high risk of pressure ulcers and there were no risk assessments in place to ensure their mobility and care needs were safely met or to instruct staff how to minimise risks involved in supporting the person. This placed the person at high levels of risk of avoidable harm.

The manager told us they were in the process of reviewing and developing new risk assessments. We looked at seven care plans that were being developed and found risk assessments still did not accurately identify risks and did not contain management plans to mitigate the risks. For example, the risk assessment for one person living with dementia and with a history of heart disease, who required medication support, did not make reference to their health and care needs. This meant staff were not informed of risks involved in supporting the person and to provide safe care and thereby exposed the person to the risk of harm.

Medicines were not managed safely. Staff supported people with medicines management including prompting and administration. However, the provider did not maintain clear and accurate medicines administration records (MAR) for the medicines that were being prompted and or administered. The manager told us MARs were not being maintained for all people receiving support with medicines management. The manager further said MARs were not maintained where staff prompted people to take their medicines. We looked at MARs for two people and found inconsistencies and gaps in one of them. A person's MAR for the month of July 2017 had not been completed correctly. On occasion staff had ticked the MAR and at other times the MAR had been initialled by staff and hence, it could not be ascertained if the person had received medicines appropriately. This person's MAR for 22 July 2017 detailed three medicines had been administered twice that day however they were only prescribed to be taken once a day. This demonstrated that medicines were not safely managed, administered and recorded and therefore we could not be confident that people received their medicines as prescribed.

These issues were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not follow appropriate systems to safeguard people from abuse. Not all staff received training in safeguarding. We looked at the staff training matrix that showed out of 35 staff, 10 staff had not received safeguarding training, and 18 staff had not received annual safeguarding refresher training. Out of seven staff we spoke with, six told us they had not received safeguarding training and were not able to explain their role in identifying and reporting abuse. They were not aware of the role of external agencies such as the local authority and safeguarding team in investigating abuse. This meant not all staff were aware of what abuse was, what signs of abuse to look for and how and when to report abuse. This meant people were not always protected from the risk of abuse.

We looked at the safeguarding records and found two safeguarding cases since the last inspection. The safeguarding folder consisted of the completed safeguarding alert referral forms made to the local safeguarding team. However, there were no further records accompanying the safeguarding cases. There was no information regarding the safeguarding investigation and the outcome. During the inspection, the manager could not locate information on the safeguarding case and following the inspection we were not provided with information on the outcome. The manager assured us moving forward they would keep safeguarding records up-to-date.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to notify CQC of safeguarding concerns on two occasions as required by law. Both incidents related to the management of peoples finances.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Most people and their relatives told us staff usually arrived on time and if they were late the office would call to inform them. However, three people and two relatives told us staff's timekeeping and punctuality was an issue and they were not informed if staff were running late. One person said, "Come late often, regularly." Another person said, "Sometimes they are late and I will phone the office. They [office staff] will phone [staff] and then they [office staff] will phone me." A relative commented, "They [the service] have a problem will keeping hold of carers, who stay for a few weeks and then they are gone. 80%, no 70% of the time, yes [staff are late]. They are late sometimes by half-an-hour."

The manager told us staffing was an issue and although they were coping with staff absences and emergencies with the support of the office staff it was not a long term solution. The manager further said they were in the process of recruiting new staff. Staff responses included, "They need to get more staff to cover staff absences and emergencies", "There are not enough care staff or office staff" and "There is not enough money to recruit staff."

The provider did not keep logs of late and missed visits, and did not use their electronic monitoring system to monitor staff's timekeeping. The manager relied on people informing them of late and missed visits but did not keep any records to show how they were resolved. During the inspection we looked at the staffing rotas and electronic monitoring system and found one person had a missed visit. The manager confirmed that the person had a missed visit. During and following the inspection we were not provided with any further information on the missed visit. This meant we could not be sure if people received care visits as per their agreed care plan.

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not follow safe recruitment procedures to ensure people were supported by staff who were appropriately checked. Out of nine staff files we reviewed, we found three staff reference checks were not in line with the provider's policy; one staff member's Disclosure and Barring Service (DBS) criminal record check was from previous employment and another staff member's DBS check had not been renewed as per the provider's policy. Six staff files did not have contracts of employment and three did not have interview records. This meant the provider was not always following safe recruitment practices.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were happy with medicines support. One person told us, "I have a dossett box. They give you the tablets, they watch you and sign." One relative commented, "They [staff] manage her medicines well. They give it to her on a plate and she takes it when she is ready, later."

Staff told us they were provided with sufficient quantities of gloves to enable them to safely assist people with their personal care, and people and relatives confirmed staff used gloves whilst providing personal care.

## Is the service effective?

### Our findings

We received mixed feedback from people and their relatives when we asked if staff understood and met their needs. Most people told us staff understood their needs. They commented "she knows me", "we work together and know what each one is doing", "she does her part well and sort ourselves out" and "she knows what and how I want things – a good mainstay and she spots what I need." However, three people and two relatives told us staff did not fully understand their needs. One person commented, "They are not doing the bath because of the bandages on my legs. They are very fast; they rush me." A relative told us, "The training is poor. She [person using the service] has arthritis. They forget that they need to move her gently but they place their hands on her knees – their hands are fastened on the pain area. They do not realise. [There is] lack of training on how to change pads in bed."

At our comprehensive inspection on 28 September and 27 October 2016 we found the provider to be in breach of Regulation 11 in relation to need for consent, and Regulation 18 in relation to staff training and supervision. The provider had not assessed people's capacity to make decisions about their care and treatment. The provider had not provided staff with regular supervision, staff training needs had not been identified and staff had not been provided with regular and relevant training.

At this inspection we found the provider had not made sufficient improvements and the action plan they had written to address these shortfalls had not been achieved.

Staff were not provided with induction and relevant training to carry out their roles and responsibilities effectively. We looked at staff training records and found nine staff that had started working with the provider in the last year had not received induction training. We also noted that 20 staff were not included on the training matrix which meant the provider could not be assured their training was kept up to date. Not all staff received training in moving and handling, safeguarding, medicines administration and dementia. The provider did not carry out medicines administration competency assessments for staff to ensure they had the competency to administer medicines safely. Staff told us they were not provided with training before they started working with people. One staff member who had been working with the provider since February 2017 commented, "I have not been given any training. I have reminded them a few times but have not been booked on to anything. Yesterday, the supervisor told me I will be booked onto a training soon." Another staff member who had been working since June 2017 said, "I have not received training from Satellite. I have no idea about Satellite's policies and procedures or what I am expected to do." This meant people were supported by staff who were not appropriately trained and did not have skills to safely support people with their health and care needs.

We reviewed nine staff's supervision records and found five staff had not received one-to-one supervision. Three of those staff had been working with the provider for over six months and two had been working over three months. This demonstrated that staff were not always provided with the support they needed to meet people's health and care needs. This meant both staff and people were being placed at risk of avoidable harm.

These issues were a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

We found that the service was not working within the principles of the MCA. None of the staff we spoke to were aware of the MCA principles and told us they had not been trained in the MCA. Out of 50 staff, only five had received training in the MCA. We looked at the care plans for four people who were deemed to lack capacity and found the provider had not assessed and documented people's capacity or lack of capacity to make decisions regarding their care and treatment. Staff were not provided with information on people's capacity to make decisions. People's care records did not include information for staff on how to seek people's consent and how to encourage people to make decisions, and where they lacked capacity who staff should contact.

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

People and their relatives told us staff asked their permission before providing support and gave them choices. People's comments included, "I have plenty of choice with what I want to do" and "Yes, every morning she asks me - what do you want this morning?" Staff told us they always asked people's permission before providing support and care.

Staff told us if they needed help they would call or visit the office and the office provided good support and were able to get help and assistance as and when required.

People that required nutrition and hydration support told us their nutrition and hydration needs were met. People's comments included, "I am well fed", "If I do not want to eat something, she will make what I want and I get enough", "She asks me what I want and she puts leftovers in my freezer for me" and "I buy the food I like and she prepares it for me."

People told us they did not require staff support to book health and social care appointments and that their family supported them with that. The manager told us where necessary the service worked with health and care professionals. However during the inspection we found an example where the provider had not worked effectively with an occupational therapist. We found one person's care plan did not reflect the occupational therapist's recommendation that staff assist the person to get out of bed to the arm chair. The manager told us they were not sure if staff were supporting the person as per the occupational therapist's recommendation. During and following the inspection the manager did not provide us with information to confirm if the person was being supported as per their recent occupational therapist visit. This demonstrated that the provider did not work effectively with health and care professionals to ensure people's individualised care needs were met.

## Is the service caring?

### Our findings

People and their relatives spoke positively about staff and told us they found staff caring and friendly. People's comments included, "They are very friendly. They talk to me", "They are very good; they do anything and everything", "When she comes in, she asks me if I had a good night she is concerned for me" and "They are more like friends." The relatives told us staff were caring and helpful. One relative said, "We are like a family. She [person using the service] will talk to them if she is upset about anything. And they are polite and helpful to her." Another relative commented, "They are caring and friendly with her." People told us staff listened to them and to their needs "They listen to me", "Yes, no arguments about that" and "When I want to sleep I tell them to do one thing and then go."

People told us they were mainly supported by the same group of staff which enabled them to develop positive relationships with staff. One person said, "Having the same set of people [staff] makes me happy." Another person commented, "I have had her [staff] quite a while. My normal carer [main staff] is off sick but I had the other one a long time." Other people commented, "I have had this one for two years", "I have had these people for over two years. I feel safer with the same people." A relative said, "They [manager] will try to tell you if there is a change [of staff]." Staff told us working with same people enabled them to understand their needs better and form positive relationships.

We looked at staff rotas but as they were only being finalised two days in advance due to staffing difficulties it was difficult to corroborate if people received the same group of staff. However, we looked at the previous week's rota that demonstrated same staff were allocated to support people to ensure continuity of care.

People and their relatives told us they were involved in the care planning process and expressed their wishes and views about their care. The manager told us they visited people at the time of assessment to get to know about their background and their wishes, likes and dislikes. They further said they asked people about their religious, cultural and spiritual needs and recorded these in their care plans. However, we found this information was not always recorded in people's care plans. The manager told us they were in the process of reviewing people's care plans. We saw six new care plans that were under development and found they included people's likes, dislikes and cultural needs. For example, one person's new care plan stated "...very cheerful and likes interacting with both friends and her carers...likes salad, chips, roast beef and dislikes fish."

People and their relatives told us staff treated them with dignity and respect, their comments included, "She is friendly and respectful and we have a little chat" and "She treats me with respect and is very nice." Staff spoke about people in a caring and respectful way. Staff told us they respected people's privacy and treated them with respect "...We treat everyone with respect. I ask people what their preferences are" and "I treat people like individuals and give them choices and do not touch their belongings."

We looked at a staff training matrix and training records and found staff were not given training in equality, diversity and dignity in care. The registered manager told us they were reviewing training plans for the year and would book staff training on equality, diversity and dignity in care.

People told us staff encouraged and helped them to remain as independent as they could. People gave examples "She helps me to cook my own porridge; it makes me feel independent", "She helps me stay independent by doing the housework", "They have to help me as I cannot manage sometimes, like I cannot eat with a knife and fork and they encourage me to eat with a teaspoon" and "They keep me going in my home. I choose to carry on." Staff understood the importance of encouraging people to do things by themselves to maintain their independence.

## Is the service responsive?

### Our findings

Most people and their relatives told us staff understood their likes and dislikes and their care needs were met. People said their requests to have staff with similar cultural backgrounds and language preferences were met. People told us they were aware of their care plans and took part in care plan reviews. One person said, "I have a care plan and it is reviewed every year. They [the management] have to see if my needs have changed." Another person said, "I have a care plan and one of the managers comes every so often. It was done at least three months ago. They [the management] changed [the care plan] and it [the care plan] was brought up to date."

However, we found the care plans were not personalised, did not detail sufficient information on how to provide individualised care and were not regularly reviewed. At the time of referral, the manager visited people to identify and assess their needs, likes and dislikes. This information was then used to develop care plans. We saw 13 care plans and found none of them were fully completed. The care plans did not provide adequate information and instructions to staff on how to provide care that met people's individual needs. For example the care plan for a person with type 2 diabetes did not provide information on how their diabetes was being managed such as via a controlled diet, tablets or insulin. There was no information for staff on what signs to look out for to indicate low and high blood sugar levels or how to treat hyperglycaemia or hypoglycaemia. This meant staff were not provided with sufficient information to safely meet person's health care needs and thereby put the person at risk of harm.

We found people's care plans were not reviewed and updated following changes in people's needs. For example the care plan for, a person living with dementia did not provide information on how to support the person with their behavioural needs. We saw a letter dated January 2016 from the provider to the person's relative regarding a change in the person's behaviour that could challenge staff providing care but there was no change in the care plan as a result of this. This meant staff were not provided with up to date information in relation to people's changing needs and exposed them to avoidable harm.

The provider did not have an effective and accessible system for identifying, receiving, recording, handling and responding to complaints made by people, their relatives, staff and professionals. We looked at the complaints folder and found no records of formal or informal complaints even though people told us they had made complaints. This meant we could not be assured if people's complaints were listened to, investigated, resolved and responded to in a timely manner and if the provider was learning from the complaints and making improvements to prevent them from reoccurring.

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

People and their relatives told us staff and the manager visited them and asked them if they had any concerns or issues. One person said that they had a visit by "one of the bosses" only two days before "She [the manager] asked about my medicines and if I am satisfied with the service." People and their relatives told us they would contact the office or speak to the staff if they were not happy about something. People

and relatives who had made complaints told us they were happy with the way those were addressed. For example, one person had complained about a staff member who was often late and told us "They are sorting someone who will come earlier." Another person commented that they were satisfied with the management as they had responded promptly to their request to not send a staff member that they did not like.

## Is the service well-led?

### Our findings

Most people and their relatives told us they found the management approachable and their calls were answered. One person said, "I would feel comfortable about complaining to the new manager. She is approachable." Another person told us that they knew the manager although could not remember their name but they felt they could speak to the manager if they needed to "Whenever I ring them [office] up, I always get someone friendly to speak to." However, people and their relatives told us the service was not well-led. One person commented, "They have had lots of new managers and I do not know who the manager is now." A relative said, "There has been a significant decline in service quality since the changes in management. Communication with the client is poor. They are not professional."

At our comprehensive inspection on 28 September and 27 October 2016 we found the provider to be in breach of Regulation 17 in relation to good governance. The provider did not have robust systems to monitor, assess and evaluate the quality and safety of the service. People's care plans were not regularly updated and reviewed, medicines administration records (MAR) were not audited appropriately, spot checks were not carried out regularly, staff did not receive regular supervision and refresher training and there were lack of staff meeting minutes.

At this inspection we found the provider had not made improvements and the action plan they had written to address these shortfalls had not been achieved.

The provider lacked robust and effective systems to assess, monitor and evaluate the safety and quality of the service. They did not carry out regular internal audits to identify areas of concerns and improvements. The provider did not identify gaps in the records that were picked up during our inspection. People's care plans and risk assessments were not always updated and reviewed; the provider had not identified risks to people and gaps in people's risk assessments. The provider did not audit staff personnel files, MARs and daily care logs. Spot checks where office staff visited people's homes with their prior permission to check on the staff member without the staff member knowing in advance were not carried out regularly. The provider had not notified the Care Quality Commission of two safeguarding cases. Staff were not provided with regular supervision, induction and refresher training. There was a lack of monitoring and recording systems to assess staff punctuality and timekeeping.

The provider did not assess and mitigate risks relating to the health and safety of people using the service. People's risk assessments and care plans did not provide sufficient information for staff on how to manage risks to people and provide safe and individualised care. Risk assessments associated with people's mobility, health condition and care needs were not being completed for example in relation to diabetes, the use of a hoist, pressure sores, moving and handling, and bed rails.

The provider did not complete mental capacity assessments for people thought not have capacity to make decisions in regard to their care and treatment. People's daily care logs did not always give information on how people were supported and there were no reasons recorded for these gaps. The provider did not maintain accurate MARs for people where staff were prompting or administering medicines. The provider

failed to maintain accurate, complete and contemporaneous records relating to care delivery.

The provider did not maintain correct records of people's complaints, safeguarding cases, and in relation to staff employment. Some staff recruitment checks were not in line with the provider's policy. Complaints and safeguarding records did not detail the investigation or provide information on the outcome and lessons learned.

The management told us they had conducted an annual survey but the findings had not been analysed to identify areas of improvement. This meant the provider lacked systems to continually evaluate and improve the service. During and following inspection, although requested, we were not provided with completed annual survey forms.

The manager told us they had office staff meetings. We asked for staff meeting minutes but we were not provided with them during or following the inspection.

The management was not aware of their regulatory responsibilities including submitting notifications and raising safeguarding alerts. The provider worked with the external stakeholders to improve the quality of the service. However, they fed back that the provider required improvements in all aspects of care delivery and they felt the governance was not robust.

There was lack of effective management oversight and the provider did not maintain an improvement action plan that enabled them to learn, develop and improve the service delivery. The provider had failed to make adequate improvements since the last inspection.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager in post. At the time of inspection, the registered manager had resigned from their post and the provider had appointed a new manager who was undergoing the registration process. Staff told us they liked their job and found the new manager approachable.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify the Commission of any abuse or allegation of abuse in relation to a service user.</p> <p>Registration Regulation 18(1)(2)(e)</p>

### The enforcement action we took:

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not undertaken capacity assessment when someone was thought not to have capacity with regard to their care and treatment.</p> <p>Regulation 11(1)(2)</p>

### The enforcement action we took:

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. The registered persons failed to ensure that care of people was provided in a safe way. This included failure to:</p> <ul style="list-style-type: none"><li>* assessing the risks to the health and safety of service users of receiving the care or treatment;</li><li>* doing all that is reasonably practicable to mitigate any such risks;</li><li>* ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</li></ul>

\* the proper and safe management of medicines;

Regulation 12(1)(2)(a)(b)(c)(g)

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider had not developed systems and processes that operated effectively to prevent and investigate abuse of people using the service.  Regulation 13 (2)(3)

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.  Regulation 16(2)

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to effectively operate systems to: * assess, monitor and improve the quality and safety of the services provided; * assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; * accurately and completely maintain records in respect of each service user, and evaluate and improve their practice in respect of the processing of the information;

- \* maintain securely such other records as are necessary in relation to persons employed in the carrying on of the regulated activity;
- \* evaluate and improve their practice in respect of the processing of the information in relation to the above points

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

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not establish and operate effectively staff recruitment procedures that person employed meet the conditions.</p> <p>Regulation 19(2)(a)</p>

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not provide staff with appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively.</p> <p>Regulation 18 (1)(2)(a)</p>

**The enforcement action we took:**

We served the provider with a notice of proposal to cancel their registration.