

Auckland Care Limited

Auckland Care Limited

Inspection report

Unit E3
Fareham Heights, Standard Way
Fareham
PO16 8XT

Tel: 02380176805
Website: www.aucklandcareltd.co.uk/

Date of inspection visit:
27 February 2023
02 March 2023
03 March 2023

Date of publication:
04 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Auckland Care Limited is a domiciliary care provider. At the time of this inspection people received personal care support from Auckland Care Limited in a variety of supported living services spread across Hampshire. The service supported people with a variety of care needs, including autistic people and people with learning disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 5 people being supported with personal care by Auckland Care Limited.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Auckland Care Limited was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support: The service was not maximising people's choices, control or independence. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We could not be assured the service was working within the principles of the Mental Capacity Act 2005 (MCA). We have made a recommendation about the management of assessments and best interest decisions.

Right Care: People were not supported to lead inclusive and empowered lives. People had care plans in place. However, these were not always written in a way that was person centred and easy to understand; we found a lack of detail to guide staff on how to support people safely and consistently. People were at increased risk of harm because staff did not always have the information, they needed to support people safely. Medicines were not managed safely. We have made a recommendation about the management of oral hygiene.

Right Culture: The service was not always well led. The quality assurance systems to assess and monitor the service were not always in place, and where they were, they were not effective. We found the provider did not have enough oversight of the service to ensure it was being managed safely and quality maintained. Quality assurance processes had not identified all of the concerns in the service. Records were not always

complete, or person centred. This meant people did not always receive high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 November 2017).

Why we inspected

The inspection was prompted in part due to concerns received about management oversight. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and governance.

We have made recommendations about the management of oral hygiene and mental capacity assessments and best interest decisions.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Auckland Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with 3 people supported by Auckland Care Limited and 1 person shared detailed feedback with us. We received feedback from 3 professionals and 17 staff members including, the registered manager, operational director, regional manager, 4 service managers, 2 deputy managers, 2 team leaders and 6 support workers. We reviewed a range of records. This included 5 people's care records and a sample of medicines records. We looked at 10 staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service. Following the site visits, we received feedback from 3 relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always managed effectively. Robust and detailed care plans and risk assessments were not always in place to provide guidance to staff on how to mitigate and manage risks relating to people's needs. This meant we could not be assured people needs were being appropriately met and managed.
- We found not all health conditions for people had guidance for staff on how to support people, or when there was guidance, they lacked detail. For example, one person had a diagnosis of epilepsy, and their care planning documentation did not provide any information on their rescue medicine. For another person with a diagnosis of dementia, there was no information about what support they required or how dementia impacted them personally. There was a risk staff would not know how to support people safely and ensure they received the support they needed which put people at an increased risk of harm.
- A person who chose to smoke had no care plan or risk assessment in place to ensure they were supported safely. There was an increased risk of harm to the person and others as the potential for injury, and fire risk was not effectively mitigated and managed. This risk was mitigated by staff who knew the person well and supported the person to smoke in a designated area outside of the home.
- Staff we spoke with knew people well and could describe the support they provided to people. They were able to describe what they would do if they observed any changes in people's support needs or health conditions to ensure people received the support they needed. However, we were concerned there was a reliance on staff who knew people to verbally induct and guide new staff due to a lack of supporting documented guidance. This meant there was a risk of people receiving inconsistent support or the wrong support which put them at increased risk of harm.

The failure to ensure people were provided with safe care and treatment and risks were assessed, monitored and mitigated was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection Auckland Care Limited had started to update people's care planning documentation. However, not all the concerns identified on inspection had been identified by the provider and there was no clear risk management approach to the updating of the care planning documentation to ensure the highest priority records were completed first.

Using medicines safely

- Medicines were not always managed safely.
- We found the directions on medicines administration records (MARs) for 2 people did not match the

directions on the medicine's labels. For example, the strength prescribed on the medicine label did not match the strength recorded on the MARs. Whilst we found no evidence of harm for people as a result of this, the provider's systems and processes in place at the time of the inspection had not identified this error. The provider took prompt action to address these errors.

- We were concerned there was a lack of understanding of safe medicines administration and management. During our review of one person's MARs, we identified a safeguarding concern. A person had been supported to take 2 doses of one of their prescribed medicines at the same time instead of at the prescribed times 3 times a week. This protocol had been implemented without the knowledge or agreement of the prescribing doctor. We raised this with the provider who took prompt action to address the concern and ensure the person was safe.

- Some people had been prescribed medicines to be used 'as required' (PRN). These medicines need PRN protocols to explain their use and how much to give, or when to use the medicine. PRN protocols were not always in place and where they were, they did not always contain enough information. For example, one person was prescribed PRN Paracetamol. The directions for PRN Paracetamol stated, '1 or 2 tablets when required.' The PRN protocol did not provide any guidance to support staff in the administration of this medicine to be able to identify when 1 tablet or 2 tablets were required. This meant the person may not be supported to have the dose they needed administered.

- We found several gaps on medicine administration records (MARs) for 2 people. This meant these medicines had not been given or not been signed for. The provider's systems and processes had not identified these gaps.

We found no evidence people had been harmed however, systems and processes were either not in place or not robust enough to demonstrate safe medicines management. The failure to ensure safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Systems in place to promote learning and development were not always effective. We found incidents had not always been investigated to identify any lessons to be learnt or any follow up actions to provide additional support to people. For example, where people have self-injured there was no evidence of any consideration of whether there were any sensory needs not being met and whether any referrals to external professionals for additional support was required. Such as to the Intensive Support Team or community learning disabilities team. This meant people were at increased risk of not getting the support they required to ensure their needs were fully met.

- There was a lack of consistent analysis of trends and patterns in relation to accidents and incidents. We found there had been some accidents and incidents which had not had any follow-up, response or investigation by the provider. For example, we observed there had been incidents where staff had been assaulted and there was no evidence of any de-briefs with staff to identify any lessons learnt, wellbeing checks or a review of any relevant care plans or risk assessments. This meant there was an increased risk of recurrence of incidents.

- Some staff we spoke to told us they supported people through traumatic incidents which they found emotionally difficult at times. Whilst some staff felt they were supported by the provider. Some staff told us whilst they felt supported by their colleagues and their immediate line manager, they felt there was a lack of support within the organisational processes of Auckland Care Limited to ensure staff's wellbeing following traumatic incidents.

The failure to ensure robust review, investigation and monitoring of incidents which affect the health, safety and welfare of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Staffing and recruitment

- Recruitment practices were not always robust, and staff were not always recruited safely.
- For example, we found gaps in employment histories were not followed up to ensure there was a satisfactory written explanation for them. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people who were vulnerable.
- The registered manager was responsive during the inspection and followed up on the missing information. Following the inspection, they completed a full audit of all staff files and told us they would be reviewing their recruitment processes to make them more robust.
- Auckland Care Limited had successfully recruited staff via a sponsorship scheme. Whilst most relatives and staff confirmed staffing levels had improved as a result, they told us there had been an impact in other areas. For example, many of the recruited staff were non-drivers which impacted on people's ability to access their communities. Some staff told us they felt additional pressures to take the lead on communication with people and professionals.
- One service manager told us they felt additional training would be useful in developing staff's confidence and competency to support people with their appointments with professionals. A relative told us they had to take the lead on supporting medical appointments for their relative due to the inconsistency in individual staff members competency.
- The senior management team were open about the challenges in recruiting staff. They confirmed they had enough staff and were in the process of developing and training staff to ensure they were able to meet people's personalised support needs.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt people were safe. However, for one relative they felt this was due to the care staff knowing the person so well as opposed to the systems and processes put in place by the provider.
- The provider had systems and processes to safeguard people from the risk of abuse. However, these were not always effective as detailed in the medicines section of this domain.
- Staff felt appropriate action would be taken by the provider and told us they felt confident reporting any safeguarding concerns. Staff received training in safeguarding.
- Staff demonstrated they were aware there were other organisations they could report concerns to and were able to describe example of safeguarding concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We could not be assured the service was working within the principles of the MCA. People's care planning documentation identified what support people required to communicate their consent. However, we found for people the service assessed as lacking mental capacity for certain decisions, there were not always recorded assessments and best interest decisions in place. For example, where people had been assessed as lacking capacity to administer their medicines. This meant there was an increased risk of people not being supported in the least restrictive way possible and in their best interests.

We recommend the provider consider current guidance on the MCA in relation to assessments and best interest decisions and update their practice accordingly.

- We were concerned people were not supported to have maximum control of their lives and that staff were not always supporting people in the least restrictive ways. Whilst we observed people being offered choices and being supported at their pace, the documentation and records did not always evidence this. For example, where people were supported to make choices, these choices were not consistently recorded. Such as meal choices or activity choices.

The failure to maintain securely accurate complete and contemporaneous records was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Staff had an understanding of the MCA and had completed MCA training. They demonstrated they understood the importance of gaining people's consent before providing care and support.
- The provider had identified legal authorisations had expired for one person and had escalated this appropriately to the local authority to ensure the appropriate legal authorisations were sought.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a comprehensive assessment of their needs prior to admission to the service. However, we found not all the identified needs in the pre-assessment were reflected in people's care planning documentation. For example, one person's pre-assessment identified they required support with their dentures. However, there was no guidance in their care planning documentation to guide staff on how to support them with their dentures or their oral hygiene.
- We found not all people had relevant assessments in place, such as sensory assessments. Understanding people's communication and sensory needs is fundamental to planning and delivering good quality person-centred care.

The failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- One person confirmed they were involved in planning their care needs and any changes to their care planning documentation were made with them. However, we received mixed feedback from relatives about people's involvement with planning their care needs. Whilst all relatives confirmed people and they had been involved in the beginning; some relatives told us they were not aware of any reviews having taken place since the initial assessment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care and support plans did not always detail the support people required to maintain their health and wellbeing. For example, there was a consistent lack of detailed guidance for supporting people's oral hygiene and personal care. This meant people were at risk of not having these health needs met and were at increased risk of deterioration in their health and wellbeing.

We recommend the provider consider current guidance on oral hygiene and take action to update their practice accordingly.

- People were not always supported to live healthier lives because staff did not have detailed information about people's specific health and medical needs. This has been reported on in more detail in the safe domain of this report.

The failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- People were supported to access physical healthcare. For example, GP's, opticians and occupational therapists.

Staff support: induction, training, skills and experience

- People confirmed staff were trained and knew how to support them. We observed people being supported by staff who knew them well and staff demonstrated their knowledge of people and their likes and dislikes.
- Staff confirmed they were supported with an induction and completed mandatory training prior to supporting people.
- There were systems and processes in place to ensure staff were up to date with the provider's mandatory

training. The provider had an internal training team which enabled training courses to be scheduled when needed.

- The provider ensured staff completed specialised training courses to enable them to provide safe care and support. For example, epilepsy training, diabetes training and autism awareness training.
- Staff received regular 1 to 1 supervision with the management team. Staff told us they felt supported through this process and found it to be beneficial. This enabled management to monitor and support staff in their roles and identify any training opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people were able to input into choosing their food and planning their meals. Staff told us how they supported people with choosing their food and planning their meals. For example, 1 person planned their menu weekly whilst another person preferred to plan and choose as they shopped. One staff member told us, "[Person's name] has a breakfast menu now and has something different every day ... [Person's name] can choose what they want each day."
- However, we found the daily records and care planning documentation for people did not evidence the choices we were told people made or how choices had been made.
- One relative told us how they had observed a decline in one person's quality of meals. They had observed an increase of staff who were not confident in meal preparation which had resulted in an increase in the use of tinned and ready meals.
- The registered manager understood the risks of poor nutrition and knew how to access additional resources if required, such as dietician support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We could not be assured people were consistently supported to maintain, or develop, their independence. Care planning documentation did not always promote independence and where tasks were able to be carried out independently by people, they were not always supported to do so. For example, one person's documentation identified they were able to make their own drink. However, records evidenced staff would often make drinks for the person. This meant people were at risk of losing skills and were at increased risk of deterioration to their physical and emotional wellbeing.
- One relative told us 1 person was able to lay their table for their meals but were not consistently supported to do this. They also told us how the person enjoyed being involved in meal preparation, but this was not consistently completed. This person did not have any detailed guidance on how to support them with these household activities and there was a reliance on staff who knew them well to support and promote engagement in these activities. This meant the person was at risk of losing these skills and was not being supported to develop and build them. This placed them at increased risk of losing independence.

The failure to design care which reflected people's preferences and ensured their needs were met was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- One relative was positive about how people were supported to maintain their independence. They told us, "[Person's name] is able to dress themselves and is free to do what he wants during the day."
- Some staff could describe how they supported people to maintain their independence and could provide examples. For example, 1 staff member told us, "[Person's name] is starting to do things they never did, like now they will put their clothes away ... before they wouldn't have done that." However, these examples appeared to be led by individual staff and their approach supporting people rather than the processes and systems promoting such approaches. This meant there was a risk people would not be supported consistently and increased the risk of loss of independence.
- We observed staff knocking on people's doors and requesting permission before entering. Most relatives told us they felt people's privacy and dignity were promoted and respected by staff. However, one relative told us it wasn't consistent across all staff and depended on who was supporting on the day. They told us they had visited at times where bathroom doors had been left open whilst being used by the person.
- People were supported to decorate their personal spaces as they wanted to and supported to report maintenance concerns to their landlord.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and their relatives was mostly positive in relation to the caring attitude of staff. However, feedback was more mixed about how well staff knew people. Comments included, "He knows the carers, especially one carer who is a constant for [person's name]", "Has a couple of key workers who know [person's name] well" and "I wouldn't say [person's name] receives personalised care, from a couple of staff yes but not overall. They don't get specific training around [person's name] and their needs or meeting their needs."
- Some relatives did feel some staff knew people better than others and it was dependent on who was working. For example, where there were newer staff working, they were not always as familiar to people and did not have the level of knowledge about people's preferences, support needs or communication preferences.
- We saw some positive interactions between people and staff. Staff spoke passionately about people. One staff member told us, "I enjoy seeing the service users happy and doing activities ... caring for service users, making sure that they feel like they're at home and making sure they do lots of activities."
- Care records contained reference to people's cultural and religious preferences. However, these were not detailed.

Supporting people to express their views and be involved in making decisions about their care

- One person told us they were supported to be involved in reviews, assessments and meetings with other professionals about their care.
- People had access to independent advocacy for support with specific issues.
- People were supported to maintain contact with those important to them. Relatives confirmed they were able to visit with no restrictions. Feedback was mostly positive about communication from Auckland Care Limited. Comments included, "Always kept updated, they will always get in touch with us" and "They've made and sent videos of [person's name] and we email directly with [operations director's name]." However, some relatives told us that communication was not always consistent, and it sometimes depended on which staff were working. Some relatives felt communication could be improved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not always receive care that was planned, personalised or responsive to their needs. There was a lack of clear guidance and key information for staff to enable them to consistently deliver the right support to people. Staff relied on sharing information verbally. This meant people were at risk of not receiving support the way they preferred to or consistently. This placed people at an increased risk of not receiving personalised care.
- Care plans did not always reflect people's needs or strengths. Staff did not always have the information on how they should work with people to promote their independence or engage people in activities. One relative told us how to support the person to access community-based activities they had to rely on friends and family to volunteer to drive and go swimming with the person. A relative told us, "They don't have that sensory awareness or [person's name] or cultural awareness of [person's name], her personality and who they are."

The failure to ensure care and support was appropriate to meet people's needs was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to access the community and choose the activities they wished to pursue. People told us about the activities they enjoyed. We observed 1 person being supported with activities of their choice and they showed us photos of themselves doing various things they enjoyed. Others reacted positively when asked about the different activities and confirmed, using their preferred communication methods, that they enjoyed them. One relative told us, "[Person's name] is going out more which is nice."
- The provider told us they had needed to prioritise ensuring they were fully staffed and able to meet people's support needs and commissioned hours. They told us they wanted to provide consistent and reliable staff teams for people. However, this had resulted in there not being enough drivers available for some people which had impacted on their ability to access the community. The provider was aware of this and told us they had taken action to mitigate the impact on people as much as possible. For example, sharing drivers across services. Some staff and relatives told us there remained occasions where there were not enough drivers available when needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and said that if people required information in different format, they would provide this.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak to at the service if they had any concerns. Comments included, "We've got an office number and Head Office number" and "I know who to contact if I had anything I wanted to raise."
- However, some relatives told us there appeared to be a high turnover of staff at service manager level and they did not always know who to contact first before contacting senior management. Comments included, "Used to have a manager we could ring if we needed to and seems to be a high turnover of managers at that level" and "There is a not direct person in place to go to other than the regional manager, not anyone to go to below them."
- A complaints procedure was in place to make sure any concerns or complaints were responded to and investigated.

End of life care and support

- When we visited the service, nobody was receiving end of life care. The provider had processes in place to sensitively discuss with people and those important to them about their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People did not receive a service that was always well-led. The provider had not effectively identified issues we found at the inspection. This meant people were at risk of unsafe care and treatment.
- Some quality assurance systems were in place to assess and monitor the service. However, where they were in place, they were not always effective and had failed to identify the concerns we found during the inspection. For example, systems and processes failed to identify care plans and risk assessments did not contain all the necessary guidance for staff to support people safely. We have reported more about this in the safe key question of this report.
- The provider had an audit system in place. However, the process was ineffective at identifying concerns when action was needed or evidencing if any action had been taken. Monthly medicine audits were in place but had failed to identify the concerns we found in the safe management of people's medicines as reported on in the safe key question of this report.
- We identified concerns in relation to poor record keeping. For example, in relation to medicines, daily records and ABC charts. These concerns had not been identified by the management team and action taken to address them.
- The systems in place to evidence people were supported to express and review how they wanted their care to be provided were inconsistent and not always clear.
- The provider had not ensured the management team and staff understood the principles of good quality assurance. For example, incidents were not always analysed and did not always include lessons learnt to inform practice development. Information to enable monitoring was unreliable. For example, the lack of detail on records detailing incidents and ABC charts.
- The provider failed to follow some of their own guidance within their policies and procedures to ensure quality and safety. For example, the provider's recruitment policy and procedure and oral healthcare policy.

The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- The registered manager was responsive to the concerns identified during the inspection and started to take action to update people's care planning documentation and review their audits to make them more robust. Following the first site visit an action plan was implemented with clearly identified timescales for completion. One action included reviewing some of the training courses to make them more robust.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents and incidents occurred. Most relatives confirmed they were kept informed and updated. However, 1 relative felt the provider was not always as open with them as they would like. They told us, "I don't feel I have a trusting relationship ... they present as preventative as opposed to solution based" and "Definitely not happy with how they carry out investigations, in terms of if information is being communicated to us effectively, it's not."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people and staff. They told us how they wanted to support people to achieve positive outcomes. However, they recognised the area they oversaw geographically was too large to effectively ensure this. The provider had made the decision to split the registration into 2 areas and had recruited a new regional manager with the intention they would become registered manager for 1 of the areas. They were newly in post at the time of the inspection and had started to take on the oversight of the services located in Hampshire with support from the registered manager.
- Whilst people and most relatives told us they were happy with the care and support from Auckland Care Limited, there was recognition from relatives that this was mostly due to individual staff members who knew people well. One relative told us, "There is no leadership. It depends on which member of staff you interact with as to whether you are involved or if anything gets done."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback from people's relatives about the quality of the service and whether the care and support was person-centred. Some people were happy with the service, whilst others expressed concerns. Comments included, "On the whole very happy ... I do very much feel listened to" and "Trust in Auckland is not there overall. There is a lack of transparency, openness, and trust."
- People confirmed they felt able to feedback directly to staff and relatives confirmed they were able to contact senior management when they needed to.
- The registered manager held regular staff meetings with service managers who cascaded relevant information to staff through their regular staff meetings.
- Staff told us they felt supported, whether by the company or their line managers specifically. One staff member told us, "Our management company is responsive. They are good at responding and have good team leaders. They sort out my problems." Another staff member told us, "I do feel supported. I feel listened to and I do get feedback."
- Service managers confirmed they were in regular contact with the registered manager and regional manager. The provider promoted an open-door policy which was confirmed by staff.

Working in partnership with others

- The provider told us they worked with other professionals to help provide people with joined up care, such as social workers, GPs and speech and language therapists.
- We had mixed feedback from professionals. One professional told us they had only had entirely positive interactions with the provider and had found them responsive and professional. Another professional told us they had not always had prompt responses from the provider and were concerned people's privacy had not always been respected.
- We saw evidence Auckland Care Limited was responsive to feedback from professionals and was meeting regularly with one professional to address concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure care and support was appropriate and designed to meet people's needs and reflect people's preferences.</p> |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess and do all that is reasonably practicable to mitigate risks to people, to ensure robust review, investigation and monitoring of incidents and to ensure safe management of medicines.</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor, mitigate risks, maintain accurate and complete records and improve the service.</p> |