

Forest Green Care Services Ltd

Forest Green Care Services Ltd

Inspection report

Unit 4, The Old Dairy
Milford Road
Lymington
SO41 8DU

Tel: 01425546460

Website: www.forestgreencareservicesltd.co.uk

Date of inspection visit:

26 January 2022

27 January 2022

28 January 2022

08 February 2022

Date of publication:

09 March 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Forest Green Care Services Ltd is a domiciliary care provider. At the time of this inspection 15 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided by the service. Not everyone who used the service received personal care.

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

People using the service were not kept safe. We could not be assured risks associated with people's needs were always assessed appropriately or managed. There were no plans in place for foreseeable emergencies. Relevant recruitment checks had not been undertaken to ensure staff were safe to enter people's homes. There were inadequate numbers of staff to cover the calls resulting in the office staff providing hands on care and not keeping up with ensuring records and systems were in place.

Staff had not received all of the training relevant to their role and had not been receiving regular supervision to discuss areas of development and to enable them to carry out their roles effectively.

A lack of robust record keeping meant medicines were not always managed safely. Not all staff were provided with training and checked to ensure they were following correct procedures.

Not everyone using the service had an assessment of their needs resulting in some people not having a care plan to direct staff on how to provide safe and personalised care for people.

The provider had failed to ensure effective oversight of service provision. Care plans were not consistently person centred and lacked detailed guidance for staff to ensure people received care in a person centred and safe way.

During our inspection we found there was a lack of effective management and leadership. Governance systems were not effective in ensuring people received high quality care. People were not safe from potential harm because known risks to people were not effectively being monitored by the management and staff team.

People were treated with kindness and compassion.

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

Rating at last inspection

This service was registered with us on 25 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted in part due to concerns received about medicines, staffing and poor records. A decision was made for us to inspect and examine those risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks to people, poor recruitment practices, staffing, person centred care, poor record keeping and lack of management oversight and governance at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special measures

The overall rating for this service is 'Inadequate' and the service is in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the 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.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate ●

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 responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Forest Green Care Services Ltd

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

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 January 2022 and ended on 08 February 2022. We visited the location's office on the 26, 27, 28 January and 08 February 2022. We visited the office on four occasions as the provider had only limited availability due to providing hands on care.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well led section of the full inspection report for further details.

During the inspection

We spoke with one person who used the service, eight relatives and a professional who held power of attorney for one person about their experience of the care provided. We spoke with two members of staff, this included the nominated individual, who is also the provider, and the human resources manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted six members of staff and offered them the opportunity to feedback to us about their experiences of the service. However, we only received one response informing us the staff member had no feedback they wanted to share. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the nominated individual to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Feedback we received from relatives about whether risks to people had been assessed was mixed. Some relatives told us a risk assessment had not taken place, or they could not remember one taking place. Others told us some risk assessments had taken place. One relative told us, "Agency (the provider) and an occupational therapist did the risk assessment, and all has been put in place." Another relative said, "The agency came around to do a risk assessment and [person's name] can tell the carer what he wants." Another relative told us, "A risk assessment took place and I was advised the furniture should be moved round to give more space in the middle of the room."
- People did not always experience safe care and treatment because risks to people's health and wellbeing were not always identified. Records showed that most people did not have any risk assessments in place to keep people safe. This put people and staff at risk as staff would not be aware of any safety measures required. For example, one person was at high risk of falls and their care plan informed staff to check the falls risk assessment, however there was no falls risk assessment in place.
- Some people required assistance with manual handling to assist them with personal care. Records showed that not all staff had received training on manual handling to move people safely and no manual handling risk assessments were in place to guide staff.
- Risk assessments were also not in place for the environment and people's health needs including dementia. The nominated individual told us that some risk assessments were in place but when the manager left, they couldn't find them. They informed us they were going to start again to ensure risk assessments were in place.
- The service did not have a business continuity plan in place to describe how people would continue to receive a service despite unfortunate events and emergencies. The nominated individual showed us towards the end of inspection this was in process and told us they hoped to have complete it soon.

We found no evidence that people had been harmed. However, the provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We could not be assured the service were following safe recruitment practices. We looked at five staff files and in three of the files the only information we found were application forms. On reviewing the application forms, we found a full employment history had not always been obtained, or proof of identity including a recent photograph, as required by schedule 3 of the Health and Social Care Act 2008. For two members of staff there were no records or application forms in place.

- We could not see any evidence that past employment references had been sought in any of the five staff files. The human resources manager informed us that they had not seen any references. There was no evidence that interview notes were kept, and contracts of employment were also not evidenced in the files.
- Providers are required to ensure all staff, before commencement of employment, have a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found this was only in place for two staff members.
- We spoke with the nominated individual about our concerns they informed us they had been covering care calls and were not aware the staff files were so bad. They also told us, "I now know what needs to be done and will get sorted I can't change what's been done but can ensure what is in place from now on." During the inspection the service were working on getting staff files in place and some DBS checks had arrived towards the end of the inspection. They were still waiting for references. At the start of the inspection records showed seven staff members currently working. At the end of the inspection we were informed that there were now only four staff members working. We were informed that staff had left the service or put on hold till records had been put in place.

The failure to have safe recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were not assured there were sufficient staff deployed at all times. At the time of our inspection the previous manager, care coordinator and some care staff had left the service. As a result of not having enough staff the nominated individual and human resource manager were having to cover a high level of care calls. this resulted in long days and we found they had often worked over seven days with no day off.
- People and their relatives we spoke with all told us they had received their calls, but the times could be unpredictable. One relative told us, "Carers arrive at various times. Very random visits. Sometimes too early or mid-day. No times were arranged, but there is no set routine at all. No routine for changing beds for example so some will do it, and some will not. There was one missed call, but that was just teething problems. Carers are kind and helpful though and will do all that is needed to be done." Another relative said, "At the 8.30 a.m. visit the carers should shower her, but at times have not turned up until the afternoon. [person's name] likes to go out sometimes and to have a shower beforehand, so when this happens, she can't. No missed calls though." Another relative told us, "Times are all over, but we work round them. They have been three and a half hours late, but all OK, not a problem. I think they are doing OK considering three staff have left last week."

The provider had failed to deploy sufficient numbers of staff in order to meet people's needs and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing

Using medicines safely

- Medicines were not managed safely. The service kept a record of people's medicines using an electronic monitoring system where staff could update people's medicine administration records (MAR) on each visit. We found these records were incomplete; some of the MAR records had missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicines.
- We reviewed MAR charts and records with the nominated individual as no quality assurance checks were in place to check medicines had been provided safely. The nominated individual was unable to demonstrate people had received their medicines as prescribed. We were concerned it was not clear if staff

had not signed into the system to evidence. We advised the nominated individual to speak to the service provider for the electronic monitoring system to look at any anomalies in the system.

- We found one person was having medicines administered through a feeding tube without a MAR chart in place to record what medicines had been given. This put the person at risk of harm.
- There were not effective arrangements in place for the management of topical creams. There were no topical body maps or care plans to support staff in understanding where and how much cream should be applied. There were no MAR for the application of creams in place. This meant the provider was not able to demonstrate topical creams had been applied as prescribed and people were at an increased risk of harm. The MAR chart provides a record of which topical medicines are prescribed to a person and when they are applied. We spoke to the nominated individual who told us MAR chart for topical creams had now been put in place.
- Procedures were not always in place to ensure safe practice. For example, not all staff had received training or been assessed to ensure their competency was safe to administer medicines in line with best practice guidance. We found no patient information leaflets were available for staff to refer to. This meant they were unable to look out for any possible side effects people may experience from taking their medicines.
- Most relatives we spoke with were happy with the medicines support. However, one relative told us, "The prescription details have stayed the same, despite changes and have not been updated (in the Care Plan). Medication was updated ten days ago – anti-depressant was replaced with another one, a blood thinner and blood pressure meds were changed."

Failure to ensure the safe and proper management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. However, the policy stated the service would ensure staff were aware of the whistleblowing policy and procedure, that staff would receive training and all employees would complete the 'understanding abuse' workbook, as part of the care certificate. Records showed only the nominated individual and the human resources manager had received safeguarding training.
- New staff had not received any safeguarding training as part of their induction. The nominated individual informed us the staff had many years' experience in care and had completed training in their previous job roles. However, the service could not demonstrate how they had assured themselves staff understood safeguarding and their responsibilities to safeguard people. The provider had not ensured staff were aware of how to report any safeguarding concerns identified with Forest Green Care Services Ltd. This meant staff may not have the skills and knowledge they need in order to prevent harm and reduce the risk of abuse or neglect or to appropriately report abuse and neglect. This placed people at an increased risk of harm.
- Due to recent staff leaving and new staff in place we were unable to gather any feedback on staff understanding of safeguarding as new staff didn't feel able to talk to us.

Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) such as gloves and masks to keep people safe. One relative told us, "Masks, aprons etc are worn and the carers are very clean when working." Other comments included, "Carers wear all PPE and they are all jabbed. No concerns," and "All PPE is worn, and the carers use the alcohol gel provided."
- However, not all staff had received training on infection control and uniforms were not always worn. During the inspection we were shown new uniform tunics for staff to wear.

Learning lessons when things go wrong

- Due to a lack of records we could not be assured at the time of inspection that lessons had always be learnt when things had gone wrong. The nominated individual informed us that had been no accidents or incidents within the service.
- During the inspection we were told about one person who had experienced a fall and had been taken to hospital. However, when we requested more information about this incident from the nominated individual to review what action had been taken to prevent reoccurrence and what records had been recorded, they did not provide this information. This meant we could not be assured that effective processes were in place to review and identify learning from accidents and incidents to keep people safe from harm.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- Most relatives we spoke with were happy with the care. One relative told us, "Care Plan is up to date." Another relative said, "No copy of a care plan and nothing has been signed." Another relative told us, "We didn't have a care plan until we asked for one. It has not been signed by us or agreed. Nothing has been mentioned to us about a review. It is not up to date. (Relative's) needs have changed."
 - However, not everyone at the service had been assessed for their needs and choices. We found five people without a basic care plan. This meant staff would not have appropriate guidance on how to support people safely in the way they prefer whilst ensuring their needs were met.
- Failure to ensure people receive person-centred care and treatment that meets all of their needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Person-centred Care.

Staff support: induction, training, skills and experience

- We received mixed responses in regard to training. Two relatives felt staff were well trained. However, one relative told us, "Staff do not appear to be knowledgeable about dementia. I don't think they have been trained in that area. (Relative) needs encouragement and frequently forgets what she has said. However, (name of staff member) has put in more effort than before." We could not see any records which showed staff had received training in dementia care.
- We could not see records for staff who had recently left. However, current staff records showed for one staff member they had completed mandatory training and the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- There were two new care staff and records showed for one care staff they had only completed training on basic life support, fluids and nutrition and medicines. There were no records of any training for the other care staff and we were informed they hadn't started training yet. The nominated individual informed us they were both very experienced in care and showed us copies of past certificates from previous employment. However, these were out of date and practices change. The provider could not be assured staff were aware of the latest best practice to keep people safe.
- There was no evidence of any induction training as no records were kept to evidence attendance. We were informed staff shadowed the nominated individual however, rotas did not always match up and feedback was not gathered from staff on how their induction had gone and if they felt ready to work on their own. We were concerned that if staff were not fully supported, they could leave the service and put people at risk of harm. One relative told us, "Staff are trained and any new ones are shadowed."
- While viewing the on line training platform the nominated individual and human resource manager were

both unsure how to view training record reports completed by staff. We advised they have further training to familiarise themselves with the on line training system, so they can monitor staff training progress.

- The providers statement of purpose states, 'we will ensure all care workers? are trained before commencing care in, moving and handling, health and safety, basic food hygiene, administration of medicines, basic infection control, principles of care, safeguarding of vulnerable adults, COSHH, skills for care common induction and role of a care worker.' We did not find this was the case.
- We did not see any records that showed staff were provided with supervisions (one to one meetings) with their line manager. These provide an opportunity for the manager to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. We spoke with the nominated individual who told us they did not supervise the previous manager as they felt they had a director's role. We were shown some records of supervisions from previous staff members and a couple of spot checks from November and December 2021.

The lack of effective supervision and training for staff meant we were not assured people received care from staff who had the right skills and competencies to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported at mealtimes to access food and drink of their choice. One relative told us, "Supervision is given for lunch. I prepare it, but the carer has offered to do it if I want her to."
- The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.
- For people who had care plans in place these contained information about specific food preferences, and most were suitably detailed about the support people needed with their nutritional needs.

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

- People were supported to access healthcare services. One relative told us, "Very organised and communicative. Agency is so accommodating and arranged for PEG training and has liaised with the dietetic team at Southern Health." Another relative said, "When [person's name] fell the carers said they could not lift her but called an ambulance and arranged for another carer to stay with her until the ambulance came."

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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care. One relative told us, "Staff talk [person's name] through the care."
- Records showed that not all staff had received training on the MCA and we were unable to speak to staff about their understanding.
- Some relatives told us that people had been involved in discussions about their care and others told us they were not involved. During the inspection the provider showed us records where consent had recently been signed for in the past week.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We received mixed responses when asking if people were involved in their care. For example, one relative told us, "Signed and dated and reviewed regularly." However, records we viewed did not show any people involvement in their care plans or reviews.
- Most people we spoke to had not expressed a preference to which gender of care staff. One relative told us, "Gentlemen carers are preferred, and the agency has provided them." However, another relative told us their views had not been listened to. They said, "At the start of care we insisted the agency send female carers. They are sending males once or twice every week, too often. Last week a young male carer was sent for two hours and the visit should be half an hour. I asked him why and he said it was on his roster. He ended up doing some vacuuming. Having male carers impacts on (relative's) care and wellbeing. She will not get up if a male carer arrives and does not want a male showering her."

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

- All the people and relatives we spoke with told us staff were caring. One relative told us, "Carers are caring and helpful. For example, I am going out today at 10.00 a.m. for a hospital appointment and one of the carers is going that way and said she will take me there and bring me back. Carers will check and if [person's name] is in a deep sleep they will let him sleep and call back later." Another relative said, "Carers are kind and caring and speak highly of [person name] and can't do enough for her. They will go to Tesco for her if she wants anything."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt staff treated them with dignity. One person told us, "Carers are absolutely caring, smiley and polite. Wonderful." One relative told us, "Carers talk to [person's name] and will greet her, talk her through the care and keep her warm." Other comments included, "Staff are very friendly and polite," and "Staff are polite."
- For people who had care plans in place these did detail people's independence and informed staff of the importance of ensuring dignity at all times.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- People did not always receive care that was personalised and responsive to their needs. The nominated individual had not fully engaged with the people they supported or their families to make an assessment of their preferences and needs. Records seen did not always contain guidance, which described people's routines and provided care staff with detailed information on the exact care people required at each visit.
- Staff could access the electronic care records system via an application on a smart phone and was password protected. This meant staff could read people's care plans on-line and check the care records from the last call before they visited the person. However, we were concerned as a few people using the service did not have any care plans or risk assessments to guide staff on what care to provide to people in line with peoples wishes and preferences.
- When we visited the service, nobody was receiving end of life care. However, staff had not received training on end of life care.

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.

- We spoke to the nominated individual about how they ensured information was accessible for all people using the service. They sent us their policy on the Accessible Information Standard. The providers policy stated, 'staff will have a working knowledge of the NHS England Accessible Information Standard, and Forest Green Care Services Ltd will be able to demonstrate compliance through audit and quality assurance processes. Record keeping audit processes will include a review of the communication preferences of Service Users. Overarching quality assurance checks of Forest Green Care Services Ltd will identify meeting the needs of any Service User accessing Forest Green Care Services Ltd. Any discrepancy findings will be immediately acted upon and reflected upon to ensure the risk of reoccurrence is reduced.'
- The policy also stated, 'New staff joining Forest Green Care Services Ltd will receive an induction that includes communication. For new Care Workers, they will also be required to complete the Care Certificate, which includes standards around communication. Ongoing staff will be encouraged to develop their learning further. This will be identified through supervisions and appraisals, and by training needs analysis at Forest Green Care Services Ltd.' We were not assured these processes were in place and have spoken about this more in effective and well led.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to speak to at the service if they had any concerns. One relative told us, "I did have problems at first as no one showed up. I got on to Hampshire County Council and it has been OK since then." Another relative said, "Carers told me about switch covers as [person's name] was unplugging appliances. I ordered some and the carers came to my flat to collect them". Another relative said, "I would contact [name of two staff members] and I have their personal telephone numbers."
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- At the time of inspection there was no registered manager in place. The manager had recently left a couple of weeks before the inspection, they had not registered with the commission. The previous manager and care coordinator had left the service and the nominated individual had become the manager and was running the service. This meant there was only the nominated individual, human resource manager and two new staff care staff working at the service to provide care for people.
- The nominated individual told us they were actively recruiting for a new registered manager but at the time of our inspection no one had been employed. This meant the nominated individual was both providing all the hands-on care and office duties. As a result, we found records were not maintained in line with legislation and regulations as they were providing hands on care up to seven days a week.
- The nominated individual did not have systems in place to effectively assess, monitor and improve the quality and safety of the service provided. They did not carry out any audits to ensure the service they provided met the fundamental standards of care and that the people they supported were safe. As a result of the failure to have an effective quality assurance audit process they had not identified the serious concerns we found at inspection resulting in multiple breaches.
- We had requested a provider information return (PIR) from the provider which was to be returned by 10 September 2021. We did not receive a PIR from them. Services are required to complete a PIR every year which we request under regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke to the nominated individual about the request and they informed us they knew nothing about it.

The lack of consistent and effective leadership, poor record keeping and poor governance in the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

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

- There was a lack of positive leadership and guidance in the service which had led to care that was not person-centred and did not achieve good outcomes for people using the service. The nominated individual had no oversight of the service which had resulted in a lack of poor record keeping in care plans, medicines and risk assessments, limited training and supervision being provided for staff and records not being robust. This had led to various breaches being found during the inspection.

- Most people and their relatives thought the service was well led. One person told us, "Absolutely happy with them. I feel they would be honest with me." A relative told us, "It appears to be well run. Nothing different has happened with the care following the recent changes. All is running as it was before." Another relative said, "As far as I am aware it is well managed. I have got the number of the main member of staff if I have any concerns. I am happy with the service." Other comments included, "Well managed agency. They are flexible and they listen to me," "So far all is OK. I would recommend the agency to others."
- One relative was not happy with the service and told us, "No, I do not think it is well managed. Prescriptions are not updated. There is no set routine, visits are very random. [Person's name] needs have changed, there are incontinence concerns, hygiene, falls and staff don't appear knowledgeable about dementia. Male carers are regularly sent and [person's name] won't get up or have a shower when that happens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback about communication. Some relatives felt people were informed about who would be visiting them to provide care, while others told us they never knew who would be coming in advance. One relative told us, "I always know. The same person comes each time." Another relative said, "Not the morning visit, but the afternoon carer will tell me who will come to the afternoon visit the next day." Other comments included, "Agency usually let us know. It is not a problem," "Communication is very good."
- The provider had not sought feedback from people or their families through the use of a quality assurance survey. This meant the service could not learn from people's feedback to improve the quality of the service.
- We could not see any evidence or records in place to show that staff had been supported and involved in the service. We were unable to receive feedback from staff in this area.
- The nominated individual told us they were planning a staff meeting very soon. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Meetings can also be used to reinforce the values, vision and purpose of the service. The provider has failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

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

- We could not be assured the provider notified CQC of all significant events and that they were aware of their responsibilities in line with the requirements of the provider's registration. For example, we were aware of a recent death in the service and the provider had not notified us of this. When we enquired about the lack of notification, they did not seem aware of their responsibilities or know when they would be expected to submit notifications.

The failure to send CQC of a death is a breach of Regulation 16 of the Health and Social Care Act 2008 (Registration) Regulations 2009 notification of death of service user.

- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services Failure to send CQC a notification of a death.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Failure to ensure people receive person-centred care and treatment that meets all of their needs.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any such risks and ensure the safe and proper management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure for the lack of consistent and effective leadership, poor record keeping and poor governance. The provider has failed to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the

purposes of continually evaluating and improving such services.

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The failure to have safe recruitment procedures.

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Failure to deploy sufficient numbers of suitably qualified, competent and experienced staff in order to meet people's needs and keep them safe.