

Jay's Homecare Limited

Jays Homecare Limited

Inspection report

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Date of inspection visit:

16 August 2019

20 August 2019

21 August 2019

22 August 2019

Date of publication:

18 November 2019

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Jays Homecare Limited is a domiciliary care service providing personal care to people in their home. 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. The provider told us at the time of the inspection 29 people, aged 65 and over, received personal care.

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

People were not safe because medicines were not managed safely. Recruitment practices were not robust and did not ensure staff were suitable to work at Jays Homecare Limited. People were happy with the staffing arrangements and the same care workers usually visited. However, staffing was not always reliable because one person had three missed calls over a three week period. Staff said they would report concerns about people's safety to the manager but did not know they could also report safeguarding concerns to the local authority. People's safety was assessed and managed although we could not check everyone's care records because only 10 people's care files were available to review. Staff followed infection control procedures.

Staff received in-house training, but this did not equip them with the relevant knowledge. Staff often completed 10 training sessions in one day. Staff who started working at Jays Homecare Limited did not receive an appropriate induction. Most people managed their own healthcare or accessed services with support from their family and friends. People's dietary needs and support at meal times were recorded; the service provided support with snacks and ready meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Feedback from people who used the service and relatives was consistently positive. People spoke with genuine warmth when sharing their experience about individual care workers. They told us staff were kind and caring, and their dignity and independence was promoted.

People had care plans that usually outlined how staff should deliver care and the manager had visited people to check the care they received was appropriate. There was no information in people's care records to show how the service has explored people's preferences and choices in relation to end of life care. Systems were in place to deal with complaints although a concern raised by one person had not been recorded so the provider was unable to show how they had resolved the issue.

The provider's quality management systems were not effective and did not identify areas where the service had to improve. The manager and provider did not always have a clear overview of the service and incorrect information was shared during the inspection. The provider did not demonstrate they understood their responsibilities and accountability.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 15 February 2019) and there were multiple breaches of regulation. At this inspection improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jays Homecare Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to management of medicines, staff training and support, recruitment of workers and governance arrangements at this inspection.

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

We recognised that the provider had failed to notify the Commission about some significant events. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

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 work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains 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 six 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Jays Homecare 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 Care Act 2014.

Inspection team

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

The service had a manager registered with the Care Quality Commission. A new manager commenced at the end of May 2019 and was based at the Leeds office; they were managing the service on a day to day basis and were present when we carried out the site visit. They said they would be submitting an application to registered as manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service had relocated offices in the summer of 2018 from Leeds to Wakefield. They relocated offices again in July 2019 from Wakefield to Leeds.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 16 August 2019 and ended on 22 August 2019. We visited the office location on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from two local authorities, healthwatch and professionals who worked with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, manager, supervisor and care workers.

We reviewed a range of records. This included five people's care records. We looked at seven staff files in relation to training and support; the recruitment process was checked for six staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at staffing and quality management data the provider sent to us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- At the last inspection recruitment procedures were unsafe and insufficiently robust; a warning notice was served and we told the provider they needed to take action. At this inspection the provider had not made enough improvement and their recruitment procedure was still not robust.
- Six staff files were reviewed; all had been recruited since the last inspection. Appropriate checks were carried out before four staff commenced employment. Two recruitment processes were not robust. There were gaps in employment history, references were not checked to make sure they were authentic, and an assessment was not completed when a conviction was disclosed.
- The manager and director agreed to follow up the recruitment gaps identified during the inspection.
- The lack of robust recruitment checks meant people were not safe. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff were not always reliable. One person's care record showed three calls were missed between 19 June 2019 and 7 July 2019, 'due to unforeseen circumstances there was no carer available to do the call'. The manager and director said they were unaware these calls were missed and had therefore not assessed and managed the risk of the person not receiving the agreed care. An audit of the care records had been carried out after the missed calls, but no action was identified to prevent a similar situation recurring. The provider wrote to us after the inspection and said the usual care worker had not been available and the person had declined support from other care workers. They told us they were introducing measures to make sure the event was not repeated.
- The lack of assessing, monitoring and mitigating risk meant people were not safe. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People told us they were happy with the staffing arrangements. They told us the same regular care workers visited and usually arrived on time. They said they were informed if care workers were delayed.
- Staff told us they received their rota in advance and their schedules were generally well planned. They said they had enough time to meet people's needs.
- The service covered two local authority areas; one area used an electronic staff visit recording system and the other used a paper staff sign in system. The manager and director said they were confident staff visits met people's requirements and had not had received any concerns about the staffing arrangements. After the inspection the provider sent us a visit performance summary which covered a two-month period, between June-July 2019, for the area which was covered by the electronic system: This showed all planned visits were made and 91.60% were within a 30-minute arrival punctuality target.

Using medicines safely

- At the last two inspections medicines were not managed safely; requirements were issued and we asked the provider to take action. At this inspection the provider had not made enough improvement and medicines were still not appropriately managed which meant people were not safe.
 - The manager and director did not know how many people received support with their medicines. They said the manager had started reviewing people's care which included support with medicines.
 - The provider told us staff competency around administering medicines was assessed. However, this was not a robust assessment process. Two new members of staff were assessed as competent before they had provided care to people; both had no previous or recent experience of working in the care field. One was assessed as competent before they had received training. Two other new members of staff had no competency assessment; one had no previous care experience.
 - The majority of completed medication administration records (MAR) were not kept in the office so could not be reviewed. This meant we could not check people had received their medicines as prescribed. For example, one person's care plan stated in their personal delivery plan, 'Jays to administer medication'. Daily notes made reference to staff supporting the person, however, there were no MARs.
 - Two people's MARS were available, but these did not show people received their medicines as prescribed. For example, one person's MAR stated an ointment should be applied daily but there were several gaps which indicated the ointment was not applied. There was no evidence this had led to harm.
 - People's care plans did not always state if they received support with medication administration. Some care plans contained conflicting information, so it was unclear if they received support. For example, one person's personal delivery plan stated they oversaw their own medication, but the daily records made reference to the person taking medication.
 - The lack of managing medicines appropriately meant people were not safe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Most people we spoke with said they either administered their own medication or this was done by a family member. Three people who received support with medicines told us they were satisfied this was done properly and the medication records were appropriately completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us staff understood how to minimise risk. One person said, "They use the key safe to get in and they are very careful to close windows and lock the door again when they leave." Another person said, "When they come for bedtime, they make sure I've got my book with me, they turn the lamp on and leave a drink by me where I can reach it." Another person said, "I have a blow-up cushion in my chair and they always make sure it's up before they help me to sit down."
- People's safety was risk assessed and managed although we could not check everyone's care records because only 10 people's care files were available to review.
- An assessment was completed to make sure people lived and staff worked in a safe environment.
- The manager said since commencing they had focused on meeting people who used the service and checking care plans and risk assessments were appropriate and up to date. They said they had visited everyone and reviewing the care records was work in progress.
- The manager and director said there had been no accidents since the last inspection.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I do feel very safe with them." A relative said, "[Name of person] is very safe with the carers."
- Staff told us they had completed safeguarding training and the records we reviewed confirmed this. Without exception every member of staff we spoke with said they would report any concerns and were confident the manager would deal with any issues promptly and appropriately.

- Some staff were unsure of who to contact outside of the organisation and were not familiar with the local safeguarding authority. The manager said they would go through this with all staff to ensure they understood the reporting procedures.

Preventing and controlling infection

- People told us staff followed infection control procedures. They said staff washed their hands and wore protective aprons and gloves.
- Staff told us they had access to personal protective equipment. One member of staff said, "We get plenty of gloves and aprons."

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

Staff support: induction, training, skills and experience

- At the last inspection staff did not receive appropriate training and support; a requirement notice was issued and we asked the provider to take action. At this inspection the provider had not made enough improvement and staff were still not being appropriately supported.
 - Staff received in-house training, but this did not equip them with the relevant knowledge. Some staff said they were unsure about training topics even though they had completed these less than three months previously. When asked about safeguarding training, one member of staff said, "I can't really remember." When asked about mental capacity training, another member of staff said, "We could have done it."
 - Staff said multiple training sessions were delivered on one day and training records confirmed this. A training matrix shared by the provider showed ten sessions were covered; safeguarding, medication, dementia, communication, health and safety, stroke, food hygiene, continence and pressure sore, manual handling and mental capacity awareness.
 - Staff said they had completed a written knowledge test as part of the training and staff confirmed this. However, these were not available. The director said they were kept at the London office. One member of staff said they had completed written tests in June 2019, but not received any feedback. This meant staff did not know if they had completed the answers correctly and understood the learning.
 - Staff induction was not in line with best practice and did not ensure staff had the knowledge and competency that was required. For example, one member of staff who had never previously worked in the care field did not complete the recommended care certificate. They were assessed as competent to administer medicines before receiving medication training.
 - The director said the manager had completed 'medication train the trainer' training and was in the process of completing other 'train the trainer' training so 'going forward' they could deliver the training. However, a member of staff told us the manager had already delivered their training.
 - Staff told us they received support and the manager had recently carried out spot checks. Staff records showed they had received supervision although there was little evidence to show how staff views were captured. For example, in one record under the staff comments section it stated 'none'.
 - The lack of support meant staff were not enabled to carry out their role competently. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People who used the service and relatives were complimentary about the staff and felt they knew how to deliver appropriate care and were well trained. One person said, "They are very good when they come. I think they do a lot of training because the carers tell me sometimes that they are going to some course or other." Another person said, "I would say that the people they send are appropriate and I think they are

experienced. The only thing is that they are supposed to put my compression stockings on, and they really do struggle. I don't think they get training to do that and to be honest, I think it should be a nurse's job. They try their best though.' A relative told us, "The carers have made a big difference to us. The staff seem to be very well trained."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet;

- The provider said people's needs were assessed before they started using the service. They used a standard care plan and risk assessment format when assessing and identifying people's needs, which they referred to as the 'care folder'.
- People's dietary needs and support at meal times were recorded. The manager said they only prepared snacks and light meals. One person said, "They do get my meals ready when they come, but they are ready meals which you heat up in the microwave. They look at what I've got in and ask me to choose what I want. There have been a couple of times when I've asked them to put it (the meal) back in for a couple of minutes because it's not been hot enough but that doesn't happen very often."

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 records had information about their health needs and health conditions, such as diabetes and how these should be managed.
- People accessed support from other professionals such as GPs, occupational therapists and social workers. The provider told us most people managed their own healthcare or accessed services with support from their family and friends. The manager said they would provide assistance if requested. A relative told us, "The carers will contact the doctor if they are worried about my relative."

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 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. 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.

- People told us they could make decisions and choices about their care. They said staff were respectful.
- Staff were confident people were encouraged to make decisions about their care and gave examples of how they did this. For example, following a person's preferred routine.
- One person's care plan and daily records showed they sometimes did not want to shower or get dressed. The local authority had carried out an appropriate assessment and best interest decision which ensured everyone was working within the principles of the MCA.
- The manager explained people's capacity around receiving care was usually assessed by other professionals before they commenced the service, and they would seek advice if there were changes in people's capacity to make decisions.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people who used the service and relatives was consistently positive. They told us staff were kind and caring. One person said, "The carers who come are very good. I have got to know them, and they have got to know me." Another person said, "They are all nice people, and nothing is too much trouble for them."
- People spoke with genuine warmth when sharing their experience about individual care workers. One person said, "They help me to shower and I do have to laugh. The regular one is brilliant, and she's always worried about me slipping so she takes her shoes and socks off and puts an old towel in the shower. Then she stands on it with me to hold me steady. She's ever so good." A relative said, "They are very good with my relative. It's usually the same person and he wraps my relative in a towelling robe as soon as he gets him out of the shower. I can hear them chatting and that while he's in the shower, so I know he's okay."
- Through talking to people who used the service, relatives and staff, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.
- Staff were confident people received good quality care. One member of staff said, "People are definitely happy with the care." Another member of staff said, "People get an excellent service staff go above and beyond."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they felt listened to, were treated with respect and their independence was promoted. One person said, "They are lovely in terms of kindness. It doesn't matter how busy they are, they will always listen to me. They make sure the curtains are shut if they're dressing or undressing me and they wrap a big towel round me as soon as I'm showered. They are very careful about respecting my privacy." A relative said, "The main thing is that they let him do as much for himself as he can."
- People's care records identified how independence should be maintained. For example, one person's care record stated they remained as independent as possible and did as much as they could in relation to personal care, but got extremely breathless due to their medical condition.
- People were given information to help them understand what they could expect from the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; End of life care and support

- People received person centred care.
- People told us they were involved in planning their care. One person said, "They came and talked to me about the care plan at the start and I was able to tell them what I needed help with. [Name of manager] has been out a few times to ask if everything is alright." Other people also confirmed the manager had visited them to check the care they received was appropriate.
- Care records had information about their background such as work history, likes and preferences.
- People had personal delivery plans that outlined how staff should deliver care.
- Some care plans did not have enough information about how people's needs should be met. For example, one person's plan did not provide guidance for staff even though they often refused care. Another person's care record made reference to staff checking skin integrity but there was no information about this in the personal delivery plan. The manager agreed to ensure this detail was added.
- One person's care plan had two sets of dates; July 2019 and 2017; the manager said the dates were inconsistent because they were in the process of reviewing the person's care records.
- Care records had information about family and friends and identified when they were involved in the person's care.
- No one was receiving end of life care at the time of our inspection. There was no information in people's care records to show how the service has explored people's preferences and choices in relation to end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had care plans that ensured staff understood how people communicated. For example, one person's care record stated, "[Name of person] has no problem communication and is able to express their wishes independently. [Name of person] has compromised hearing therefore wears a hearing aid in the left ear. [Name of person] wears glasses to read but doesn't need them otherwise.
- The manager said people were given a service user guide, but this only currently available in the standard format. If they identified people would benefit from having the information presented in an alternative format this would be reviewed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with complaints.
- People told us they had seen information about how to make a complaint, but the people we spoke with had not had to use it.
- The provider told us one formal complaint had been received since the last inspection. Records showed action was taken to investigate and resolve the issue. This included interviewing staff and writing to the person who made the complaint.
- The provider had used informal negative feedback and acted on this to improve the service, for example, in service user surveys,
- Staff had recorded in one person's daily notes they had discussed a few problems with the manager. The manager said it related to concerns about a member of staff and this was dealt with at the time. However, there was no record of the concerns or response so the provider could not demonstrate the person's views were taken on board and dealt with appropriately. The manager said they would ensure a record was maintained if similar events reoccurred.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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.

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

- At the last inspection the service was not well-led. The provider did not have systems and processes to make sure people received safe quality care; a warning notice was served and we told the provider they needed to take action. At this inspection the provider had not made enough improvement and their governance arrangements were not effective.
- The service has a history of breaching regulations. In 2016, the provider did not ensure the proper and safe management of medicines. In December 2018, the service was rated inadequate and the service was in breach of five regulations; medicines were not managed safely, people were not safeguarded from abuse, recruitment procedures were unsafe, staff were not receiving appropriate support and there was a lack of monitoring by the provider. At this inspection we found the provider was still in breach of four out of the five regulations. There was no evidence to show the failings had led to harm.
- We recognised that the provider had failed to notify the Commission about some significant events. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.
- An open culture was not always promoted. The manager and director did not always have a clear overview of the service and incorrect information was shared during the inspection. For example, they did not know how many people received support with medicine administration and not all staff names were shared when these were requested. Initially we told 20 people received personal care, then 26 and then the provider sent a list with 37 names. They then wrote to us after the visit and confirmed 29 people used the service.
- Even though the provider was given notice we were visiting the site office, not all records in respect of people who used the service and staff were available. For example, only 10 care files were kept in the office. The director initially said 80% of care records were kept in the office, but this was not the case. They said other records were kept in another registered location. This meant we could not check people received appropriate care and staff received appropriate training.

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

- The provider had policies and procedures, but these were not always followed. For example, their recruitment and selection policy stated, all gaps of employment must be explored, risk assessments will follow if offences were declared and one reference must be from the last employer accompanied with a

company stamp, headed paper or compliment slip. During this inspection we found these checks were not always carried out.

- The provider sent an action plan following the last inspection, however, this was not implemented which resulted in continued and further failings in the service.
- The provider had introduced some processes for monitoring quality and safety, however, these were not implemented effectively. A spreadsheet listed the areas to audit, but there was significant gaps. For example, 37 people's names were listed but only 13 had an entry to show their daily records had been checked. Some information was contradictory. For example, it showed some people had medication audits, but their care records indicated they did not receive support with their medicines.
- The service used an electronic staff visit recording system although this did not cover all areas; the provider sent us a performance summary which showed they had achieved all planned visits for the calls monitored through the electronic system. One person, whose calls were not monitored through the electronic system, had three missed calls. Their daily records had been audited but no action was identified to prevent a repeat event.
- The manager had carried out care reviews and spot checks since they commenced in May 2019. These were kept in individual files, however, there was no overview record, so we could not establish how often reviews and checks were carried out.
- The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- All staff without exception said the manager who had only been in post for a short time was supportive. Staff said systems and processes had improved since the manager commenced. One member of staff said, "Since [name of manager] started it's been very good. She is doing her best, visiting the clients, chatting to them, getting feedback, and doing spot checks all the time. Another member of staff said, "She is doing really well. I even rang her late one evening to discuss her client and she was very approachable." Another member of staff said, "She is a new manager. Give her a chance."
- We received varied feedback about team meetings. One member of staff told us the provider tried to hold these monthly whereas another member of staff told us team meetings were not held. The provider showed us minutes from a 'carer meeting' held in June 2019 where discussion topics included, medication, communication, daily records, new service users' folders, emergency procedures, and skin integrity. The manager said they did not know who facilitated the meeting or that it was held even though they were in post at the time.
- People who used the service and relatives told us they were happy with the service they received. They said they had contact with the manager which included visits to their home. One person said, "[Name of manager] has been out a few times to ask if everything is alright." A relative said, "I was thinking about changing to a different company at one time because, to be honest, they weren't very good and not reliable at all but since [name of manager] came things have got better and better."
- People had been asked to share their views about the service. Quality monitoring review records held in their files showed they were asked about punctuality of the service, consistency of care worker, consistency of service, promptness to requests, cleanliness and tidiness. We saw in one person's file they had responded positively to two reviews held in July 2019. No reviews dated before July 2019 were available. Another person had a review dated July 2019; they had also provided positive feedback about their experience.
- People had completed surveys. Results had been collated into an overview and were positive. Staff were surveyed and had expressed some concerns about the quality of induction and medicines training. The director said no action plan to drive improvement had been developed.