

CARE IS WHERE THE HEART IS LTD

# CARE IS WHERE THE HEART IS LTD

## Inspection report

117 Bodenham Road  
Oldbury  
B68 0SF

Tel: 07306055082

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

Care is Where the Heart Is, is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 18 people from the location, with personal care in their own homes at the time of our inspection.

The provider had recently moved office however, they had not notified us in advance of this change, they began the process of registering the new location after the inspection.

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.

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

Some records were not available when requested at the time of the inspection at the office. This was due to documents such as care plans and risk assessments not being in place for people using the service.

There was a lack of provider oversight which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The lack of systems in place had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, safe recruitment processes, nutrition and safe administration of medication.

Care plans were not in place for known health conditions to enable staff to have the information they needed to mitigate risk and meet or respond to their needs.

People and relatives we spoke to said they felt safe. However, one relative told us, their relative did not have a care plan and said, "I do worry that without a care plan they don't know how to care for [Name] correctly. They are having to ask her [mom] everything and they need to learn about her and her needs".

Staff we spoke to told us they had received some training to meet people's needs.

Medication administration records (MAR) were held on the electronic care planner system and did not always include the current list of medications prescribed for people using the service. This meant care staff did not have accurate records to refer to, ensuring they were giving the correct medication at the correct time.

Audits need to be implemented to provide clear and robust information and evidence of outcomes for people.

Systems and process which were in place were not robust to protect people from potential harm.

Staff we spoke to told us they understood their roles and responsibilities, had received some training and felt supported by the management.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

This service was registered with us on 08/12/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment due to infection control practices, staffing levels and the ability to support people who had care packages in place with Care is Where the Heart Is. Conversations with the nominated individual prior to inspection, did not give us assurances in relation to these concerns. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service.

The overall rating for the service following the first inspection is Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report to see what actions we have asked the provider to take.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 17 Good governance due to the lack of provider oversight, systems and process' in place to assess, monitor and improve the quality and safety of the services provided. Regulation 12 Safe care because people were exposed to the risk of harm as their care needs and risk associated with their care were not identified and recorded. and treatment and Regulation 19 Fit and proper persons employed due to failing to follow safe recruitment processes 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.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore 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 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 well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# CARE IS WHERE THE HEART IS 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection there were 18 people using the service.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. The provider had recruited a new manager who had commenced their role the day before the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 22 February 2021 and ended on 15 March 2021. We visited the office location on 23 February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought

feedback from the local authority, Healthwatch and professionals who work 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, care co-ordinator, senior carer and care workers.

We reviewed a range of records. This included 10 people's care records and medication records. We looked at the five staff members 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 provider to validate evidence found. We looked at training data, policies and call records. We spoke with one professional who has supported one person using the service.

# 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 for this service since it was registered. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- We looked at staff files and we found that full employment history had not been provided and dates of employment were not clear.
- Risk assessments were not completed where required for care staff who did not have a criminal records check. The provider had not received an up to date criminal records checks clearance (DBS), prior to care staff commencing employment. They had not considered the risks associated with this practice and carried out a risk assessment to reduce the potential risks whilst awaiting the DBS.
- References had not been obtained prior to care staff members commencing work. The provider told us they had attempted to obtain references, but they had not ensured these were in place or risk assessments completed prior to the staff members commencing employment. There was no evidence that alternative references had been sought. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that people employed were suitable to work with people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The Provider did not have clear care plans or risk assessments in place which detailed the support people required prior to our inspection. On the day of the inspection the care co-ordinator gave us partial care plans which they had in place for some people using the service. However, these were not sufficiently detailed and meant people were at risk of not receiving care that meets their individually assessed needs. We found that two other people using the service had no care plans at all in place. One care staff member told us, "The level of information on the care plan and risk assessments for each client differs. For some there is the information that is needed, for others, some records need upgrading, in particular as we are getting to know new clients and learning more about their needs". Another staff member told us, "Care plans and risk assessments have enough information in to help us care for people. If there was an issue with the care planning system, I would seek guidance from the staff in the office who keep centralised information around things like PRN and meds".
- There was conflicting information in the care plan and what people told us their health conditions and treatment were. We were told by two care staff that two people had areas of sore skin. However, the provider had failed to implement a risk assessment or written guidance, to guide staff on how to reduce the risk of skin damage.

- Pre-admission assessments were not always completed to help develop care plans and risk assessments, this meant people were at risk of not receiving the care they needed.
- During a review of documents, we became aware that people's care plans did not mention when they had a health condition. Care records did not reference the treatment required for these conditions or how these conditions may affect how care staff needed to provide support. Staff we spoke with were aware of the majority of people's health conditions but had not been provided with training or written guidance from the Provider to be able to meet these needs safely.
- One person using the service had known swallowing difficulties and required a specialised diet, which was detailed on the hospital discharged form. However, the provider had not carried out their own assessment and there was no care plan, risk assessment or guidance for care staff to follow. This meant this person was at risk of choking.
- Another person who displays behaviours that may challenge others, did not have behaviour support plans in place to inform staff of what steps the carer should take to offer assurances, to enable them to reassure the person to reduce their distressed behaviour.
- The lack of written information about how to support people was unsafe as if the current staff became unwell during the pandemic and agency staff needed to be relied on, there was insufficient information for them to meet people's needs.
- One relative told us, "Overall, I feel satisfied my parents are kept safe. There are some teething issues, but nothing that is unreasonable".
- During the inspection we spoke to the Provider and care co-ordinator about how late, missed and short calls were monitored. At the time of the inspection we did not feel assured that there was an effective system in place as it did not alert managers of missed calls, it relied on the care co-ordinator checking each call. This places people at risk of not having their needs met. We also saw from the electronic call records that at times calls were significantly shorter than that agreed length of time. This is something which the Provider is aware of and told us they are monitoring these to ensure people are receiving the support they need. Call times commissioned should be met as this is the time which is paid for. If the length of calls are consistently less than commissioned time a review of the person's care needs should take place. Relatives we spoke to told us, "There have been a few issues with the length of calls. The tuck-in call to begin with was very quick, they were just in and out and not staying the full time. We timed one at seven minutes instead of 30. When we spoke to the office staff, we received an apology".
- The review of the call records also identified that on occasions calls had not been carried out. We contacted the Provider after the inspection for assurances that calls had not been missed, they did not engage with us or provide evidence that these calls had taken place. A relative told us, "It was [the service] a little bit ropery at the start. The first week carers didn't turn up, they were short staffed and missed calls, but the last two to three weeks they have been on the ball and it has been great". This placed people who required support with personal care, medication and food and fluids at risk as these areas of support would not be provided if calls were missed. However, one of the people using the service told us, "My call times are correct unless there is a hold up at another house. The carers are nearly always here between 8:30 and 8:45am on weekdays and weekends are usually the same".
- One care staff member told us, "There are enough staff and this company does all it can to allow a manageable caseload. The amount of calls I have is manageable and allows me to give the correct amount of time to people and give them a good quality wash and sit and chat. You can't give good care when you are rushed".

#### Using medicines safely

- Documentation of the administration of medication we reviewed was not clear and at times it led us to believe that one person had been given too much medication. The Provider was not able to provide assurances that the person had not been given too much medication and a safeguarding alert was raised.

- When people required medicines to be administered on an 'as and when required' there was no guidance in place for staff to follow so they would know when to give the medicine. This meant there was the risk 'as and when required' medication might not be given in a consistent and safe way. Medication Administration Records (MAR) should specify the maximum dose of tablets in a 24-hour period. For example, a maximum of eight paracetamol in 24-hours. This meant there was a potential risk for overuse of these medications. There were no records for each person to include, the name of the medication, dosage and frequency to be administered. This presents a potential risk of medication not been administered as prescribed.
- Some prescribed creams were recorded on electronic planner system but there were no clear instructions of when, where and how these prescribed creams should be applied and meant there was a potential risk of incorrect administration.
- Staff we spoke with told us that they had received training in the safe administration of medication. The Provider's own medication policy stated that staff must have completed safe handling of medicines course. The policy also refers to staff being monitored, and competencies assessed and that they should attend medication updates. Records were not available to confirm this level of training had taken place or that staff competency had been monitored and assessed in line with their own policies.
- We spoke to people about the medication they receive, one relative told us, "Their [person] medicines have to be given on time. I have had to contact the office as they were an hour late; they need to have their medication at specific times, and I told them how important this is. The care co-ordinator sorted it straight away". Another person told us; they always get their medication on time.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the 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.

#### Preventing and controlling infection

- At the time of the inspection there were no individual risk assessments relating to the current pandemic for people using the service. These should take into consideration individual's age or known health conditions to individually assess the risk to each person using the service.
  - Records did not show that care staff members had received training in the correct use of PPE nor any Covid specific infection control training. Just a few care staff members had received infection and prevention training, the provider told us that the other staff members were due to complete this training.
  - During the inspection people told us that care staff wore the correct personal protective equipment during some calls. Personal protective equipment (PPE) includes items such as gloves, aprons, masks and eye protection.
- One relative told us, "They do wear masks when they turn up and gloves and aprons. However, to start with one carer didn't wear a uniform, because they hadn't been given one as they had only just started in the job". The Provider confirmed this may have happened whilst they were waiting for the uniform.
- The correct use of PPE was monitored by the completion of spot checks when senior staff monitored the care staff. We had been made aware prior to the inspection, by other professionals that staff had been dismissed from the service due to breaching correct disposal of PPE and the provider confirmed this had happened.

#### Systems and processes to safeguard people from the risk of abuse

- Staff members had a good understanding of how to safeguard people from abuse, they were able to explain how to protect people they supported. Some staff had received training in these areas.
- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.

- People told us they knew how to raise concerns or make a complaint. One person told us, "If I had any issues, I would phone the office and speak with [the provider], she would get it sorted every time".

#### Learning lessons when things go wrong

- The Provider told us they had not received any complaints at the time of the inspection, so we were unable to see what actions they had taken following any complaints.
- The provider had not sought formal feedback from people using the service, as it was still a very new service. There were positive comments which we were shown by the provider, in text messages and e-mails. There was no analysis of these comments and no evidence that this feedback had been shared with people using the service. No formal feedback at all had been sought from staff, relatives or health professionals. Gathering this information would provide them with information on how to improve the service they provide.

# 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 service since it was registered. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- On the day of inspection, the Provider was unable to provide us with evidence that assessments of people's needs had taken place. The provider told us that the previous registered manager had been responsible for this. However, the provider had no oversight of the service to monitor and check these had taken place.
- One service user who had started using the service the day before did not have an assessment, care plan or risk assessment and they were at risk of choking due to known swallowing difficulties. We raised these concerns with the Provider and the manager went out on the day of the inspection to complete an assessment.
- We spoke with one health professional who was involved with a person who use the service. One health professional told us; they had not had any engagement with the service but had arranged to carry out infection control competency assessments for a procedure care staff members carry out for their client.
- Speaking to staff it was clear they knew people's needs and wishes well.

Staff support: induction, training, skills and experience

- There was not a consistent and robust induction programme in place to evidence the care staff members had all completed an induction. The induction documents often had not start date recorded, date induction had taken place or signatures to say the induction had been successfully completed. A staff member did tell us they had shadowed a senior carer when they joined the service, to get to know people's needs.
- The training matrix we were provided with did not include any specific health conditions that people who are being supported had. There was not a plan in place for any training for known health conditions such as; Parkinson's disease, catheter or stoma care, cerebral palsy, alcohol or drug dependency, behaviours that may challenge, to name a few.
- The provider was unable to provide us with staff meeting minutes as they had not kept written evidence of the meeting which had taken place. The provider and care staff members told us that meetings took place weekly. The provider sent us typed copies of three care staff meetings following the inspection. One care staff member told us, "We have staff meetings, we had one last week we discussed data protection, safeguarding and concerns around clients".
- Staff files we looked at did not contain any evidence of qualifications obtained from outside organisation such as vocational qualifications as detailed on their application form. The Provider could not be assured the staff members held these qualifications as they did not have their certificates.

- A member of staff told us they felt, they had enough training and support from the management, to be able to meet the needs of people and to keep them safe.
- We saw evidence that care staff members received supervisions and they also told us that they had to opportunity to speak to the provider if they needed to.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff had not received training in, people's rights under the MCA and when to act in their best interests to ensure peoples safety and welfare is maintained.
- Staff told us how they offered choice, gained consent and respected people's choices.
- People we spoke to also told us that care staff members spoke to them and gained consent. One person told us, "They [care staff] do everything by the book, they talk to me all the while they are supporting me. They always ask my consent before doing anything, I like all the carers".
- Care plans we saw on the day of the inspection, demonstrated that the provider had not considered people's capacity and when they may need to act in people's best interests.

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

- We saw from records that people were given choice of meals and drinks and were able to, make their own decisions of what meals they would like.
- One person who was supported with the preparation of their meals has their shopping done by their family, who ensure they have the food of their choice available.

# 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 service. This key question has been rated requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect. Whilst individual care staff members may be caring the Providers systems and processes do not mean people are always cared for.

Respecting and promoting people's privacy, dignity and independence

- Staff gained access to people's homes by using the key safe. They were not adhering to their own policy which stated, where the person had a key safe or staff held a key to gain entry to the property there should be a care plan and risk assessments in place to provide staff with guidance about the privacy and the security of individuals home.
- Care records we reviewed, staff had recorded that they had left the property secure and the person was safe.
- The providers lack of some system's and processes meant that people may be at risk of receiving care that did not meet their needs.
- People and relatives, we spoke to were overall complimentary about the staff. One person told us, "They [care staff] don't rush me, they always make a little bit of time for me, so every day we have a quick chat. I am very happy with the service and want to continue receiving care from them". Another person told us, "The staff keep my privacy and dignity. They wash me in the bathroom and keep me covered. I never feel embarrassed, they are good at what they do. I never feel rushed the staff will sit and talk to you and that makes a big difference".

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

- There was no evidence of people's views about the service being gathered and reviewed to ensure the service was meeting their needs. However, we were provided with compliment which they had received from people using the service and relatives. The provider told us they speak to people regularly and people told us they see the provider, but there was no documentation to support this.

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

- Training records showed that not all staff had received training in equality and diversity.
- Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes.
- Staff knew people well and people told us they had a good rapport with them.
- People we spoke to and their relatives told us, they were treated well. One person told us, "I find the carers talkative, friendly and helpful. All my care needs have been met to a high standard. I have complex needs and my routine is a lot for a carer to learn, however the carers have picked this up really quick. They are always punctual and finish my call on time".

# 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 service since it was registered. 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; Improving care quality in response to complaints or concerns

- We were told by one relative, "There is no care plan, they started to care for Mom straight after she came from hospital, so it is an emergency package set up by social services. [Name] provider said there will be a care plan and said I could be there to be part of it, but this was about a week ago and I've heard nothing since. One of the people using the service told us, "I have a care plan, we wrote it together. [Name] the provider spoke to me and it was written out. It changes if my needs change".
- People we spoke to told us they were provided with personalised care and support that was responsive to their needs. We were told, "I have the office phone number if needed and when we have had a few hiccups these have been sorted. I have spoken with the manager who is very responsive". A relative of a person using the service told us, "We had one male carer who is very good it was the first time we've seen him. He wanted to help and get to know relative's [Name] needs, he [Carer] is very patient and has a great rapport with [Name].

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 careers.

- We spoke to the provider who said that they were aware of the AIS, but they did not have any alternative formats for communication in place at this time. AIS should be in place for prospective service users for who the standard printed information is not suitable.
- People told us they knew how to complain.

End of life care and support

- The service was supporting one person with end of life (EOL) care at the time of the inspection. We found that this person did not have a care plan in place. However, on the day of the inspection this person's care package was taken over by other health professionals.
- Care plans did not incorporate advanced decisions or end of life planning. There was a policy in place and the provider told us about how they would support service users, family members and staff in the event of deteriorating health or death, in a dignified and respectful way.
- Staff had not received training in EOL care.

# 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 service since it was registered. 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

- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection.
- There was not a robust auditing system in place, there were no audits completed at all. This meant the service had not been operated effectively and had failed to identify the concerns we found during the inspection.
- The provider had failed to identify that accurate records relating to people's care were not being maintained, to ensure staff had access to consistent and accurate information about people's support needs. For example, they had failed to identify that there was a lack of information in care records, such as the support people needed. This could have resulted in service users receiving incorrect support and treatment.
- Suitable care plans and risk assessments were not in place. We reviewed care plans which highlighted that plans for specific known health conditions were not in place to provide care staff with knowledge of the persons condition and how to support them. We also saw that risk assessments for known risks to people were not in place. We were provided with some revised care plans following the inspection, which did show some improvement. However, they needed further improvement to ensure they provided enough guidance and detail for care staff members to support people, in the way they wanted.
- Lack of audits had failed to identify prescribed medications had not been recorded on the Medication Administration Records, the provider failed to maintain the records with up to date information for each person to include, the name of the medication, dosage and frequency to be administered.
- The Provider had failed to identify they were not consistently following their own policies.
- The Provider did not understand their responsibilities to notify us of certain events such as abuse, and serious incidents. They were advised to update their knowledge of the regulations to include notifiable events.
- After the inspection the provider gave us an action plan detailing what improvements they plan to make. However, we found this was not specific with which audits would be implemented and certain timeframes for completion of things, were not clear. This will be discussed with the provider so they can make the action plan more effective.

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

- People and relatives said they felt able to speak with the Provider and care staff members at the service when needed and they felt listened to and concerns were acted on.
- This is still a new service and the provider had not sought recent feedback from people using the service, relatives or health professionals. At the time of the inspection there was not a system in place to plan or hold care reviews with people to discuss the quality of the support and service they receive. We saw evidence of compliments from people using the service and their relatives about the care and support they receive.

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

- We were aware that concerns had been raised by the local authority this was due to care packages being handed back to the local authority at very short notice as they were unable to provide the calls to which they had agreed. The Provider told us that the former registered manager had dismissed 14 care staff members, and this resulted in them not having the care staff to meet the people's needs. This was the reason why had to hand these packages back to keep people safe. We explored with the Provider if there could have been alternative actions taken with care staff rather than dismissal. They did not provide us with any evidence that other options had been considered, which would have had less of an impact on people's needs being met.
- The registered manager understood their responsibilities about duty of candour and promoting an open and honest culture.
- The staff member we spoke with told us that they felt supported by the management team and said if they made suggestions they would be listened to. One care staff member told us, "I can go to the office staff or the provider at any time and they are very good and will listen. The provider goes out of her way to listen to her staff". Another staff member we spoke to said, "We are supported well by management, the recent departure of the manager saw a smooth transition to [name] the provider. We are well supported by both [Name] the provider and the care coordinator. They are approachable and have an open-door policy. They keep us up to date with new processes and we are kept in the loop. We have regular supervisions and we also have a group chat in an app where we can raise concerns with management and pass information on to other staff. This is confidential and only used by the staff team.
- People we spoke with told us that they knew how make a complaint and they would ring the office if they had any problems.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

Continuous learning and improving care

- The provider was not able to provide evidence that care staff had received appropriate manual handling and medication training. They had not sourced the training we identified as required to meet people's care and support needs at the time of the inspection. Some training had been provided for staff and completed however, the provider was unable to provide information about the contents of this training or it's suitability. The provider has told us since the inspection took place, they are planning to engage with a new training provider to complete accredited training for themselves and the care staff members.
- After the inspection the provider, provided us with an action plan identifying the need to implement and improve the following processes; pre-assessment, care planning including end of life care, risk assessing, recruitment, Infection control, AIS, compliments and complaints monitoring, implement and auditing

system, training specific to people's needs and the provider and manager to update their knowledge of CQC's key lines of enquiry (KLoE's) and notifiable events.

Working in partnership with others

- We contacted a health professional after the inspection took place. They told us that they were working with the provider to assess staff competencies.
- We saw from records that they had engaged with other health professionals to support people with their changing needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that people using the service received safe care and treatment.</p> <p>The provider failed to ensure care plans and risk assessments were in place and completed with enough detail to give care staff the knowledge and information they needed, to be able to support people safely. This included the lack of care plans and risk assessments for people with known, complex, health conditions.</p> <p>The provider failed to ensure people received their medication safely.</p>

### The enforcement action we took:

A NoP was issued to impose positive conditions, to help guide the provider with improving the safe care and treatment for people using the service.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to implement robust systems and processes to ensure they had oversight of the service and identify where improvement needed to be made.</p> <p>The provider failed to ensure they carried out audits thus failed to identify the concerns we found during the inspection.</p>

### The enforcement action we took:

A NoP was issued to impose positive conditions, to help guide the provider with improving the governance and oversight of the service they provide.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to implement robust</p>

systems and processes to ensure they had oversight of the service and identify where improvement needed to be made. The provider failed to ensure they carried out audits thus failed to identify the concerns we found during the inspection.

**The enforcement action we took:**

A NoP was issued to impose positive conditions, to help guide the provider with improving the safe recruitment processes.