

Angela Czarnecka-Poulter

Sunnybanks Home Care Service

Inspection report





Little Basing
Furnace Lane
Cowden
Kent
TN8 7JU

Tel: 01342850898

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Ratings

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

Summary of findings

Overall summary

About the service:

Sunnybanks Home Care Service is a domiciliary care service that provides personal care and support for children 13-18 years of age, older people, people with learning adaptive needs/autism and people with physical and/or sensory adaptive needs. The personal care is provided by support staff completing care calls to people in their own homes. At the time of this inspection two younger adults with learning adaptive needs were using the service. They lived in a property that was owned by the registered provider.

The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

The registered provider completed most of the care calls.

The service had not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This guidance is designed to ensure that people who use social care service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs/or autism to live meaningful lives that include control, choice, and independence.

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

People's experience of using the service:

People were positive about the service. One person said, "I love living here in my home and I get all the help I need so that I can do that." Another person said, "Great here and no problems."

People had not been fully supported in the right way to manage their financial affairs and had been placed at risk of financial abuse. We have made a referral about this matter to the local safeguarding authority. In addition, we have made a recommendation about how people's consent to the receipt of support is obtained including how they are supported to spend their money.

People did not always receive safe personal care and support. This was because people had not been fully protected from the risk of fire. We have made a recommendation about how people should be supported to be safe from the risk of fire.

Care calls were not robustly organised to ensure that people consistently received the assistance they needed.

People were not consistently supported in the right way to manage their own medicines.

There were shortfalls in the arrangements to learn lessons when things had gone wrong.

Support staff did not have all of the knowledge and skills they needed to provide people with support in line with national guidance.

There were enough support staff and safe recruitment practices were in place.

People were supported to prevent and control infection.

There were enough support staff and safe recruitment practices were in place.

People were supported to eat and drink enough to have a balanced diet.

People had been helped to receive medical attention when necessary.

Support staff were courteous, respectful and promoted people's independence.

Confidential information was kept private.

People were consulted about the practical support they received and had information given to them in an accessible way.

People's citizenship rights were respected and they were supported to pursue their hobbies and interests.

There were suitable arrangements to manage complaints.

There were arrangements to treat people with compassion at the end of their lives and to enable them to have a pain-free death.

People had been consulted about the development of the service.

Improvement action we have told the registered provider to take:

We found evidence that the registered provider needed to make improvements. This was because the registered provider had not provided support staff with all the training and guidance they needed. In addition, the registered provider had not established robust systems and processes to operate, monitor and evaluate the running of the service. This had resulted in shortfalls occurring in the service.

Please see the Effective and Well-Led sections of this full report.

Please see the 'action we have told the provider to take' section towards the end of the report.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We have told the registered provider to send us an action plan to describe the improvements they will make to address the breaches of regulations. We will take this action plan into account and continue to monitor intelligence we receive about the service. We will return to visit the service in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Sunnybanks Home Care Service

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 4 June 2019.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Sunnybanks Home Care Service is a domiciliary care service providing personal care and support for two younger adults with learning adaptive needs/autism.

The service was not required to have a registered manager. This was because the registered provider was in day to day charge of the running of the service.

Notice of inspection:

This inspection was announced. This was because the people who used the service had complex needs for support and benefited from knowing in advance that we would be calling to their home.

What we did:

We used information the registered provider sent us in their Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications of incidents that the registered provider had sent us since our last inspection. These are events that happened in the service that registered providers are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

We spoke with the registered provider at the service's administrative office.

We reviewed documents and records that described how support had been provided.

We examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

Together with the registered provider we visited both people using the service in their home.

After the inspection visit we spoke with two support staff by telephone.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were not fully safeguarded from situations in which they may be at risk of experiencing financial abuse. Both people had been supported to enjoy overseas holidays since 2007 at which they had been accompanied by the registered provider and a member of the registered provider's family. The registered provider told us that both people had agreed they would pay all the costs of the holidays including those of the registered provider and their family member. The registered provider told us these agreements were fully recorded to show that each person understood and had consented to make the payments. However, we found that a record for only one year's holiday had been created. Furthermore, that record did not state that the people had agreed to pay for the registered provider and their family member to join them on their holiday.
- We asked both people about their overseas holidays. Neither mentioned they had paid for the registered provider and their family member to accompany them. Furthermore, neither knew about the detail of the costs they had incurred such as airfares, accommodation and the price of admissions to attractions such as theme parks.
- We raised our concerns about this matter with the registered provider. They assured us that in future each person would be supported by a person who was independent of the service when deciding about paying for others to accompany them on holiday. They also assured us that these agreements would be fully recorded so that both people knew what costs they had agreed to pay. However, we have referred this matter to the local safeguarding authority. This is so that any necessary further action can be taken to safeguard the people concerned from the risk of financial abuse.
- Support staff had received training and guidance. They knew how to recognise and report mistreatment such as physical and emotional abuse so they could take action if they were concerned that a person was at risk of harm. The registered provider had promptly taken action to keep one of the people safe when a person not connected with the service had inappropriately attempted to be invited to live in the people's home.

Assessing risk, safety monitoring and management:

- Risks to people's safety had not been fully assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Although the accommodation had been fitted with a smoke alarm, the people using the service had not been supported to test it on a weekly basis to ensure that it remained in good working order. In addition, neither person using the service had been given regular

reminders of the steps to take to stay safe if the event of a fire safety emergency.

- We recommend that the registered provider consult with the local fire and rescue service to determine how best to protect the people using the service from the risk of fire.
- Other risks to the people's health and safety had been identified and steps taken to reduce them. An example of this was people being supported to safely use public transport. The registered provider had checked that each person planned their journeys so they took the right number bus and had enough money to pay fares. A person said, "I had to get used to going on the bus and (the registered provider) came with me to make sure I was okay." Another example was people being supported to safely use kitchen appliances. The registered provider had supported people to not overfill the kettle and to turn off appliances when not being used.

Using medicines safely:

- People were supported to manage their own medicines. The registered provider told us they helped the people to order, store, administer and dispose of medicines in the right way.
- People were supported to complete to record each time they took a medicine. We checked two of these records and they showed that the medicines in question had been taken in the right way. We also saw that each person had an adequate supply of medicines and that these were being stored in the right way. A person said, "(The registered provider and support staff) make sure I've put my pills out in the right trays of my weekly (dosette box) so I can just take them out (of the dosette box) each day and not make a mistake."
- The registered provider had completed an assessment that said both people were able to manage their medicines. However, the assessment also said that the registered provider needed to regularly check that each person continued to be safe to do so. The registered provider told us there was a risk that a person might forget to take one or more of their medicines or take a medicine at the wrong time.
- However, the registered provider told us that in practice they only 'occasionally' checked these records to ensure that each person was safely using their medicines. In addition, we noted that these audits had not been recorded. As a result, we could not establish how often the checks had been completed and how robust they had been. This shortfall had increased the risk that the people would make mistakes when taking medicines that would not be quickly identified and resolved.
- We raised our concerns about this matter with the registered provider. They assured us that they would introduce a regular and recorded check to make sure that each person continued to order, store, administer and dispose of their medicines in the right way.

Staffing and recruitment:

- Most of the care calls were completed by the registered provider. When they were not available there were two other support staff who completed the care calls. Both people told us that in practice their care calls were reliably completed. A person said, "I'm not quite sure what time (the registered provider and support staff) will call but I know that they will arrive and there's never been a missed day."
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Learning lessons when things go wrong:

- The registered provider told us they had reviewed accidents, near misses and other incidents. They said they completed a record of each incident listing why things had gone wrong so that effective action could be taken to put things right.
- However, we noted that a record had not been created for two events that had occurred since our last inspection. On one occasion a person had fallen, twisted their ankle and had needed medical attention. On another occasion it had been necessary for the registered provider to temporarily exclude a visitor to the

people's home. This was because the visitor had caused both people using the service to become upset.

- In addition, the registered provider was not able to give us a clear account of what had gone wrong on each occasion or describe the steps taken to reduce the likelihood of the same thing happening again. These shortfalls had increased the risk of the same things happening again. We raised our concerns about this matter with the registered provider. They assured us that a robust system would be introduced to enable the service to learn lessons and make improvements when things went wrong.

Preventing and controlling infection:

- There were suitable measures to prevent and control infection. Both people who used the service told us that the registered provider and support staff assisted them to keep their home clean, maintain their personal hygiene and to do their laundry. A person said, "(The registered provider) helps me get sorted out so the housework gets done and I change my bed and don't leave things as I know I would if not reminded."
- People had been supported to have an adequate supply of cleaning materials in their home. They had also been supported to keep fixtures, fittings and furnishings clean.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- Both members of support staff had worked in the service for a number of years. Records showed that they had received introductory training before they provided people with assistance. The registered provider said that any new support workers would be required to complete the Care Certificate. This is a nationally recognised system to ensure that new support staff know how to care for people in the right way.
- The registered provider said that they and support staff had regularly received refresher training. They told us that this was necessary to keep their knowledge and skills up to date. The subjects covered included how to safely support people to manage their medicines, first aid and food hygiene. However, this training had been poorly organised and monitored. There were no records at all of the refresher training provided for one member of support staff. The registered provider told us they had not checked the training this member of staff had received and so had not identified the shortfall. The registered person had also not checked the dates when the second member of staff had undertaken various training courses. They acknowledged that four of the courses in question were, "a very long time ago and needed to be updated." These were first aid, medicines management, fire safety and food hygiene.
- Support staff had not regularly met with the registered provider to review their performance and to promote their professional development. This shortfall increased the risk that they would not continue to work in a coordinated way to provide effective support.
- We asked both members of staff about key parts of the support they provided to the people using the service. They correctly described how they would provide first aid, how they supported people to manage their medicines, how they would support the people to stay safe in the event of a fire and how they assisted the people to adopt safe food handling practices. However, neither member of staff had recognised the need to raise concerns about the arrangements used to finance the people's overseas holidays. Shortfalls in the provision of training and guidance had resulted in this oversight. In addition, the shortfalls had increased the risk that support staff would not continue to have the knowledge and skills they needed to reliably provide people with support in line with national guidelines.

Failure to provide support staff with the training and guidance they needed to reliably carry out the duties for which they were employed was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The Mental Capacity Act 2005 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 make 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 with appropriate legal authority. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS) with applications being made to the Court of Protection in order to legally deprive people of their liberty.
- We checked whether the service was working within the principles of the Act. Neither of the people using the service was subject to a DoLS authorisation.
- Each person had been supported to make everyday decisions for themselves. We saw the registered provider helping both people make decisions about the clothes they wore, how they organised their day, the television programmes they watched and the social activities they enjoyed. A person said, "(The registered provider and support staff) always ask me things and don't talk down to me. They leave it up to me to decide but they also help me not to get things wrong. I know I get too worked up about things and that's when I make mistakes."
- The registered provider told us that both people were also able to make more significant decisions. These included their use of medicines and where they lived. However and as noted above, suitable arrangements had not been made to provide each person with sufficient information about the arrangements made and the costs they incurred when taking holidays overseas.

We recommend the registered provider considers current guidance on how to enable people to make informed decisions about significant parts of the support they receive and take action to update their practice.

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

- The registered provider had assessed each person's wishes and choices before they begun to use the service. This was so their support achieved effective outcomes in line with national guidance and met each person's expectations.
- The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of support staff who provided their close personal care.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were helped to eat and drink enough. The registered provider and support staff assisted each person to plan and prepare the meals they wanted to have. This included making a shopping list for the food they needed to buy, going shopping and cooking.
- People told us about the meals they prepared. They described having a range of meals that provided them with choice and variety. A person said, "We're having lasagne and garlic bread tonight which are yummy and we'll decide later on what we're having tomorrow. It's up to us what we have."
- People had been offered the opportunity to check their body-weight. One person was being supported to achieve their goal of losing some weight. The registered provider had supported the person to liaise with a healthcare professional. This was so the person could be advised about how to enjoy a healthy diet that did not include too many sugary and high-fat foods. The person said, "(The registered provider) reminds me about not having crisps all the time and I know that's right if I want to slim down a bit. The trouble is I like crisps and so I need a lot of reminding."

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

- The registered provider and support staff helped people to receive coordinated care when they used or moved between different services. The registered provider told us that if a person needed hospital treatment support staff would pass on important information to hospital staff. This would include information about a person's healthcare conditions and physical adaptive needs so their treatment could be provided in an effective way.
- Each person had been supported to attend regular dental check-ups and to receive any treatment they needed. They had also been supported to have sight checks and to have annual well-women and well-men health checks.
- The registered provider had promptly arranged for people to see their doctor if they became unwell. In addition, they offered to accompany them to doctor's appointments so they did not become distressed. A person said, "I want (the registered provider) at appointments because I get flustered and tongue tied."

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 as Good.

Good: 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:

- People were positive about the support they received. A person said, "I get on really well with (the registered provider) and the (support workers). They're dead kind and they never mind helping me with whatever I need." Another person said, "I see (the registered provider) most days and I can always 'phone them whenever I need to and they never mind. I take it for granted that they're always at the end of the 'phone when I need them. They never let me down."
- We saw both people smiling and being relaxed in the company of the registered provider. Both chatted freely with the registered provider. They were pleased to tell the registered provider what they had been doing earlier in the day, what they had bought from the shops and how they planned to spend the rest of the day.
- The registered provider and support staff recognised the importance of providing support in a way that respected people's citizenship rights by promoting equality and diversity. This included respecting the choices people made about their identities and lifestyles. It also included supporting one person to meet their spiritual needs by attending a local church and bible group.

Respecting and promoting people's privacy, dignity and independence:

- Each person's privacy, dignity and independence were respected and promoted. The registered provider and support staff recognised the importance of not intruding into people's private space.
- Each person had a key to the front door of their home and came and went as they wished. Each person had their own bedroom that they been supported to personalise to make them their own space. The registered provider and support staff knocked and waited for permission before going in to bedrooms, toilets and bathrooms. A person said, "This is my home and I can come and go as I want. I have my own bedroom and that's mine to and so I've arranged it how I like it."
- People told us that the registered provider and support staff were consistently courteous, polite and helpful. We saw the registered provider addressing each person by their chosen names. In addition, they gave each person the time they needed to express themselves. An example of this was a person who became anxious because they wanted to speak with our inspector about several things at once. This resulted in them changing subject half way through a sentence and getting mixed up about what they had intended to say. The registered provider gently encouraged the person to speak about one thing at a time and pointed out how this would help them to say everything they wanted. After they had done this the registered provider complimented the person for having managed their anxiety in the right way and this resulted in the person smiling broadly.

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

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was the registered provider encouraging a person to decide if they wanted to save up so that they had enough money to buy some clothes. When doing this, the registered provider assisted the person to explore various alternatives including purchasing less expensive items that would not require them to save up for so long. A person said, "The registered provider and support staff help me with my money otherwise it would just slip through my fingers and I wouldn't have any left."
- Each person using the service had a care manager (social worker) who was responsible for supervising their support. This care manager was independent of Sunnybanks Home Care Limited and could support people using the service to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. The registered provider and support staff understood the importance of managing confidential information in the right way. The registered provider asked to see our inspector's identification badge before disclosing sensitive information to them.
- Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.
- Support staff knew about the importance of not using public social media platforms when speaking about their work.

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 Good. At this inspection this key question has remained the same as Good.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Each person told us that the registered provider had consulted with them about the support they received. They had recorded the results in a brief support plan. These support plans were being regularly reviewed by the registered provider in consultation with each person. This was so they accurately reflected the person's changing needs and wishes. A person said, "(The registered provider) and me have a chat every now and then about how things are going for me and I can say if I want more help with something. There's never a problem with me getting help as I only have to ask."
- Another person described how the registered provider had helped them set and achieve personal goals. They said, "(The registered provider) has helped me to use the bus on my own. They've been with me and got me used to things so I know where I'm going and how to get back home."
- People received personalised care that was responsive to their needs. This included their right to have information presented to them in an accessible manner. We saw the registered provider responding to a person who had asked them a question about a social activity they were due to complete. The person was excited about anticipating the trip out. This resulted in the person becoming distracted before receiving a reply. The registered provider recognised what had happened and quietly returned to the person's original question to ensure that their answer had been understood. The person then remarked, "Ah, I'm glad you told me that again otherwise I would have remembered it later on and worried about it."
- The registered provider and support staff assisted each person to pursue their hobbies and interests. This included going out into the community to attend college courses, meeting friends, having meals out and visiting places of interest.

People's concerns and complaints: Improving care quality in response to complaints or concerns:

- People had been given a copy of the service's complaints procedure. The procedure reassured people about their right to make a complaint and explained how complaints would be investigated. A person said, "I don't have anything to complain about and if I did (the registered provider) would sort it out for me straight away."
- The registered provider said that they would respond to a complaint by clarifying what had gone wrong and what the complainant wanted to be done about it. The registered provider also said that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
- Records showed that the registered provider had not received a formal complaint in the 12 months preceding our inspection visit.

End of life care and support:

- There were suitable arrangements to support people at the end of their life to have a comfortable, dignified and pain-free death.
- The registered provider said that in consultation with health and social care professionals a person nearing the end of their life would be asked how they wished to be supported. The registered provider was aware of the need to carefully approach this subject so that the person concerned was not unnecessarily upset.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- The people who used the service considered it to be well-led. A person said, "I have everything I need here. I know I need help to live here and that's what I get." The other person said, "It's great. I have my own home and I can come and go as I want. When I need help I can get it as there's always (the registered provider or support staff) here every day. I wouldn't like it without them."
- However, we found that the registered provider had not made suitable provision to operate, monitor and evaluate the running of the service. This was because they did not have robust and reliable systems and processes to oversee the service. Instead, a number of informal and unrecorded arrangements were used. Furthermore, quality checks had either not been completed or were incomplete and had no realistic prospect of quickly identifying and resolving problems in the service. This lack of robust systems, processes and checks had resulted in the shortfalls we have already described in our inspection report. These shortfalls included safeguarding people from the risk of financial abuse, providing suitable protection from the risk of fire and managing medicines safely. They also included providing training and guidance for support staff and enabling people to give informed consent.
- In addition, there were shortfalls related to the organisation of care calls. The registered provider told us there were robust arrangements to ensure that each member of staff knew what care calls they needed to complete. They also said that there were arrangements to confirm that care calls were being completed in the right way. However, we found that the registered provider's administrative systems increased the risk that mistakes would occur leading to care calls not being completed on time, not lasting for the right amount of time, or not being carried out at all. This was because there was no written roster to show which member of staff was due to complete a care call, no system to check that a care call had started and no arrangement to record when a care call had finished.
- There were also shortfalls noted in our domain 'safe' in relation to the systems and processes used to analyse and learn lessons when things had gone wrong. These oversights had increased the risk that avoidable accidents and untoward events would happen again and would increase the risk of people experiencing avoidable harm.
- Management arrangements had not enabled the service to fully operate in accordance with the conditions of its registration. The service's registration as a domiciliary care service meant that the people using the service were entitled to choose who provided their personal care and support. This was case even though

they rented their home from the registered provider. However, in practice little had been done to inform each person about their rights in relation to this matter. The tenancy agreement each person had signed did not address this subject. We asked both people and neither was aware they could choose who delivered their personal care. Furthermore, in reality the service was only organised to deliver accommodation and personal care for the people as part of a single package. In particular, this was reflected in how each person was invoiced and paid for their accommodation and care. This situation limited people's right to make important decisions about who provided their personal care and support.

Failure to have robust systems and processes to operate, monitor and evaluate the running of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Support staff were not fully supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. However, these documents had not been revised each year even though the registered provider said this was necessary to ensure they were sufficiently detailed and up to date. This had resulted in some of the policies and procedures being inaccurate or incomplete. An example of this was the policy and procedure concerning safeguarding people from the risk of abuse. This document did not contain information about the external agencies support staff could contact if they had concerns that had not been addressed by the registered provider.
- Support staff had not been told about updated advice from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- Support staff had not been invited to attend regular staff meetings with the registered provider to develop their ability to work together as a team. The registered provider said that they regularly spoke by telephone with each member of support staff. However, these conversations were not recorded and we could not be confident that support staff had been provided with suitable opportunities to contribute to the development of the service.
- Support staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident they could speak to the registered provider if they had any concerns about a person not receiving safe support.

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

- People had been supported to comment on their experience of using the service. There were regular meetings at which people using the service had been invited to suggest improvements to the service.
- Each person had been invited to complete a questionnaire to give feedback on their experience of using the service. The records of the meetings and the questionnaires showed that both people were consistently positive about the assistance they received.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered provider had established a culture in the service that recognised the importance of providing people with person-centred care. A person said, "I love my home and I do lots of interesting things. I wouldn't want to be anywhere else for sure."
- The registered provider was aware of the duty of candour requirement to be honest with people and their representatives when things had not gone well. However, they had not consulted guidance published by the Care Quality Commission. Also, there was no system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the

information they needed. This oversight increased the risk that stakeholders in the service might not be informed about important developments. An example of this was the registered provider not informing commissioners and the Care Quality Commission about a mistake that had been made in 2017 that had resulted in an overseas holiday being cancelled. The mistake led to the people not having the holiday for which they had already paid.

- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered provider told us that no important events had occurred in the 12 months preceding our inspection visit.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered provider had liaised with each person's care manager and attended reviews of the support each person had received.
- The registered provider had accessed a number of professional publications and websites relevant to the provision of social care services.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not established the necessary systems and processes to operate, monitor and evaluate the running of the service to ensure that people consistently received safe care and treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced support staff to consistently provide people with safe care.</p>