

Peoples Care Limited

Peoples Care Limited

Inspection report

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Date of inspection visit:
26 September 2023
28 September 2023
03 October 2023

Date of publication:
09 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Peoples Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger disabled adults and older people, some living with dementia.

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

At the time of the inspection the provider was supporting 86 people with personal care.

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

Although the issues we found did not directly impact the level of care and support people received, improvements were needed with the level of detail and information of the care records in place.

Key records related to people's care and support lacked sufficient detail or were not available at the time of the inspection. Important information and guidance for care staff to follow related to people's care and support was not always recorded or in place.

Safer recruitment practices were not always followed. The providers monitoring processes were not always effective as they had not picked up all the issues we found during this inspection. The provider had failed to notify us about all the incidents that had occurred across the service.

People were not consistently supported to have maximum choice and control of their lives as the policies and systems in the service were not always up to date. However, staff supported people in the least restrictive way possible.

People and their relatives were happy with how their care and support was being delivered. People had regular care staff where some had worked with people for many years. People told us they felt safe and staff had a good understanding of their needs.

People and their relatives told us the flexible nature of the care had a positive impact on their lives and helped them to remain as independent as possible.

People and their relatives praised the positive benefits of having staff who spoke their first language to aid communication and to understand their cultural needs.

People were supported by staff who felt valued and supported in their role. Staff spoke positively about the management team and felt proud working for the organisation.

People and their relatives were positive about the management of the organisation and told us the

management team were available, flexible and worked hard to accommodate their needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

The last rating for the service was good (published 30 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We had also received anonymous concerns in relation to allegations care was not being provided due to misuse of direct payments, but the funding authority was still being invoiced. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

As a result, we shared this information with the relevant local authority Fraud Team and they carried out their investigation at the same time as our inspection.

We found no evidence during this inspection that people were at risk of harm from these allegations.

Enforcement and Recommendations

We have identified 3 breaches in relation to safe care and treatment, recruitment practices and good governance.

We have made two recommendations about how people's communication needs are recorded and how the provider ensures they are working within the principles of The Mental Capacity Act 2005 (MCA).

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Peoples Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector and a Bengali interpreter. A Bengali interpreter was required because a considerable number of people using the service and their relatives could not communicate as effectively in English as it was not their first language.

Service and service type

Peoples Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second and third day of the inspection.

Inspection activity started on 26 September and ended on 20 October 2023. We visited the office location on 26, 28 September and 3 October 2023 to see the registered manager and to review a range of records related to the service.

We requested a range of further documents related to the inspection that was sent to us by the management team between 11 and 20 October 2023. We made calls to people who used the service, their relatives and care staff between 4 and 10 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. We used the information the provider sent us in the provider information return (PIR), which was sent in on 7 December 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the local authority quality monitoring visit reports, as they had carried out numerous home visits to people between 6 and 13 September 2023 in response to the allegations received about care not being provided. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to 25 people's care and support. This included people's care plans, risk assessments and medicines information. We reviewed 9 staff files in relation to recruitment, training and supervision. We reviewed records related to the management of the service, which included safeguarding incidents, complaints, staff timesheets, minutes of staff meetings and a range of policies and procedures.

We spoke with 4 staff members. This included the registered manager, the system support and monitoring officer and 2 care coordinators.

We also spoke with a number of care workers, which included face to face and via email and telephone. We asked the registered manager to share a questionnaire with all active care workers to give them an opportunity to provide feedback about their experience of working for the service. We received feedback from 26 care workers.

We contacted 27 people and managed to speak with 5 people and 11 relatives. We also spoke with 4 health and social care professionals who had experience of working with the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at further records related to people's care, a training matrix and further quality assurance records.

We provided formal feedback to the management team via email on 19 October 2023.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Safer recruitment procedures were not always followed to ensure staff were suitable to work with people who used the service.
- The provider did not follow their legal requirement to have a record of full employment histories and interview assessments were not being completed to record any gaps in employment.
- Appropriate references for staff that had previously worked in the health and social care sector had not been sought in line with legislation.

We found no evidence that people had been harmed but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager who stated that although they had told their management team about this requirement, they acknowledged this had not been done. We shared the related guidance and legislation with the management team during the inspection.
- At the time of the inspection the provider did not have an electronic call monitoring (ECM) system in place to confirm visits had been made. Feedback about timekeeping was generally positive, and people and their relatives told us there were occasions when care workers had stayed longer than scheduled.

Using medicines safely

- The provider did not have clear systems in place to ensure people's medicines were managed safely. There were inconsistencies in people's care records on whether they were being supported or not, and it was unclear the full level of support that was being provided to people.
- Where support was being provided, medicines records were not being completed or were not available to be reviewed during the inspection. This meant the provider was not following their own medicines policies and procedures.
- For example, samples of people's care records and feedback from people and their relatives stated they needed support with their medicines and care staff were responsible. However, there was no medicines information available. This meant we could not be assured what medicines people had been given and staff were not following best practice.
- There were no records of medicines competency assessments for staff to confirm they had been assessed as competent before supporting people.

Although we found no evidence that people had been harmed, the provider failed to have robust processes in place to support the management of people's medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider after the inspection to ensure they were aware of best practice.
- We also advised the provider during feedback to review people's medicines support as a matter of priority to confirm the correct level of support being provided and ensure they were working in line with the relevant guidance.

Assessing risk, safety monitoring and management

- The provider did not always have clear processes in place to assess people's level of risk in relation to their care. Although assessments were in place before they started to provide support, care records lacked specific detail and clear guidelines for staff to follow to mitigate any possible risks.
- Information about the risks related to the management of diabetes, epilepsy and distressed behaviours were not fully assessed. This included a lack of clear guidance for what staff needed to do if people's health deteriorated or how they could respond appropriately.
- Where there were risks related to a person being supported in the community, there was no information or guidance about safety measures, or how to manage any situations where the person became upset or distressed, or any triggers or how to deescalate any situations that might arise.

Although we found no evidence that people had been harmed, the lack of information within risk assessments created a risk to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the management team who acknowledged more detail was needed. Despite this, feedback was positive about staff understanding people's needs and keeping them safe. This included positive feedback about the use of mobility equipment, such as hoists.
- A person said, "With the hoist, they know how to use this and they make me feel safe and comfortable. They came out and showed staff how to use it."
- A health and social care professional was positive about the support provided to a person in times of a mental health crisis. They added, "They have stayed above the time to make sure they are safe and their immediate needs are met."

Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff had a good understanding of their safeguarding responsibilities.
- Staff completed safeguarding training as part of their induction and were regularly reminded about reporting safeguarding concerns. Staff were confident any concerns or issues raised would be dealt with appropriately and in a timely manner.
- Where concerns were raised or incidents occurred, safeguarding procedures were followed with investigation reports shared with the relevant health and social care professionals. Health and social professionals told us the provider reported any incidents or concerns in a timely way.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow and the need to complete an incident report.
- Staff told us there was a supportive culture to ensure incidents were reported and were given

opportunities to learn by discussing incidents in team meetings.

- A care worker added, "I was involved in a recent incident regarding medicines and this prompted a review of our medication procedures. Learning from this event is an essential part of maintaining and improving the quality of care."

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. Staff completed infection and prevention control (IPC) training and confirmed they had access to sufficient supplies of personal protective equipment (PPE).
- IPC responsibilities were discussed during supervision and team meetings and spot checks were carried out in people's homes to ensure staff were following best practice.
- People and their relatives confirmed staff wore the relevant PPE when in their home. Staff confirmed they were well supported in this area and were regularly updated with guidance and reminders about their IPC responsibilities.
- A care worker said, "We had training on how to don and doff our PPE, when to wear it, how to wash our hands and how to remove and dispose of it. It was explained well."

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The provider had an awareness of their responsibilities around the MCA. The management team sought people's consent to care and where appropriate, involved people's relatives in best interest decisions about their care.
- Staff had a good understanding of the importance of involving people in decisions about their care and respecting their choices. People and relatives confirmed this. A relative said, "They do seek their permission. I have seen this and as they can speak in their language, it makes them feel comfortable."
- However, people's care records were not always clear about their ability to be involved in and supported to make specific decisions about their everyday care. For example, where a person lacked capacity, there was no further information about how staff involved the person.
- Although staff had a good understanding, there were no records to confirm staff had completed any specific training module around the MCA.

We recommend the provider consider current best practice guidance to ensure they are working within the principles of the MCA.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a training and induction programme when they started at the service. This consisted of practical modules delivered by the registered manager, along with further training modules delivered by an external training provider.
- The induction programme was focused on the Care Certificate. The Care Certificate is an agreed set of

standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff were positive about the training and supervision they received to support them in their role. People and their relatives were also very positive about the skills and experience of the staff team they worked with.
- We identified 3 staff members that had not completed specific training for supporting people with a learning disability and/or autism, which was now a legal requirement. We discussed this with the registered manager and saw they were aware of this requirement as other staff members had completed training in April 2023.
- We saw they had booked further training sessions between 17 October and 15 November 2023 to ensure all staff had completed the necessary training.

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

- People were supported to eat and drink as this was part of their agreed care and support needs. Although care records lacked specific detail about specific foods and people's preferences, staff had a good understanding of people's preferences and told us how they communicated with people and their relatives to ensure people's nutritional needs were met.
- We discussed this with the management team who acknowledged more information was needed within people's care records. They highlighted new staff were informed verbally about people's needs and shadowed senior care staff before providing care.
- People and their relatives were positive about the support and felt staff had a good understanding of their support needs. Feedback highlighted staff understood people's cultural preferences and knew how to prepare any preferred cultural dishes.
- A relative added that due to their family member's health condition, support during mealtimes could take longer than usual. They said, "[Staff] involve them and always talk with them throughout. They are patient, respectful and it is never rushed. I think it is very professional."

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

- The management team told us they had regular communication with people and their relatives to see if any further support was required. We saw samples of correspondence where staff had raised concerns if people's health and wellbeing had deteriorated to the relevant health and social care professionals.
- Staff told us it was important for them to monitor people's health and wellbeing and said they were regularly reminded to report any concerns or changes in their health directly to people's relatives and the management team.
- Staff told us how they would respond in the event of an emergency or if a person became unwell. Staff were confident the management team would take the appropriate action.
- People and their relatives told us staff responded appropriately if there were any concerns about their health. A relative told us staff also supported their family member to medical appointments and had been flexible around this. They added, "This can take a long time and they are very patient. It helps us."

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

- People's needs were assessed in relation to their care and support. An initial assessment was carried out before care started and the provider had access to people's local authority assessments to get further information about their support needs.
- We saw the provider had moving and handling requirements for specific care tasks to ensure care was delivered in line with best practice. However, not all records had the same level of detail or guidance that had to be followed.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People and their relatives told us they were very happy with how well they were treated and were positive about the caring and compassionate attitudes across the staff team. This had helped to build trust as some care staff had worked with people and their families for many years.
- Comments included, "From observations, they have a very good relationship. When [family member] sees them, they smile, so we know they are happy" and "The caring nature and how happy they are, has had a positive impact on their life."
- Relatives told us staff showed empathy and patience and tried hard to reassure them if they became upset, agitated or distressed. Relatives also appreciated times where staff would stay longer if care tasks were taking longer than usual.
- Where a person had been upset with how staff had used the wrong pronouns and been misgendered, the management team apologised, liaised with the person to address their concern and discussed the topic in a team meeting.
- A health and social care professional told us during a home visit to a person they were reviewing, the care worker arrived with some homemade food as they knew the person was low on food. They said, "I felt this was a lovely gesture with true caring intentions."

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

- We saw people and their relatives were fully involved in assessments and reviews about decisions related to their care. A relative said, "Yes, we are always fully involved. They liaise with all of us about the care, asking for our feedback and what we want."
- Due to the flexible nature of the funding arrangements, the management team had regular contact with people and their relatives to discuss the current care and if any changes or further support was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity and helped them to remain as independent as possible. People told us the flexibility of the care helped to promote their independence.
- Spot checks were carried out to observe how staff engaged with people and if they were treated with dignity and respect. Staff were also reminded about maintaining confidentiality and professional boundaries at all times.
- Feedback was positive about how staff respected people's privacy during personal care. A relative added, "I do monitor this and I have to say it is done carefully. I feel it is a good part of the service." Another relative highlighted although they only had 3 calls a day, care workers took great care and effort in ensuring their

family member was always kept clean at each visit, which was important to them.

Is the service responsive?

Our findings

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

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

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's communication needs were assessed and recorded during their initial assessment, but improvements could be made with the level of detail recorded for staff to know the best way to communicate with them.
- For example, records for a person stated, 'Always try and keep client calm by providing effective communication', but there was no further information included about their communication needs or how staff could communicate with them.
- We discussed these examples with the management team who acknowledged this and said they would update the care records with more detail.
- The provider had an awareness of the AIS and could provide information in alternative formats if needed.

We recommend the provider consider current best practice guidance to ensure people's communication needs are updated with clearer guidance in place.

- We signposted the management team to information on the CQC website to help support their understanding and make them aware of best practice. This included guidance around easy read documents to ensure people were fully involved.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received personalised care from staff who knew them well and had a good understanding of their care and support to ensure their needs were fully met.
- Due to the funding arrangements, people and their relatives told us their care could be used in a very flexible manner to ensure it was scheduled at times that suited them and worked around their daily schedules.
- A person told us despite their health condition not improving, the flexibility of the service helped to improve their quality of life. They added, "I like to wake up late, so they are flexible around my schedule and it really helps with my day to day life."
- Staff confirmed they observed people's care before working independently which helped them to understand how people wanted their care. A relative said, "The carer really understands their needs. They know if they want to go to the toilet, if they are hungry or if they are unwell."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and/or be supported in the community if this was an agreed part of their care, which also helped people to avoid social isolation.
- People and their relatives told us they were regularly supported to access activities, local clubs and amenities, including support to the local mosque. A relative said, "They understand [family member's] routine and they are flexible with the schedule, working around us. They really enjoy going out with the staff and this helps improve their quality of life."
- We saw the provider supported people's cultural needs. It was clear from the feedback we received people were receiving culturally appropriate care. Staff were able to communicate with people and their relatives in their first language. People and their relatives emphasised how important this aspect of their care package was.

End of life care and support

- Where end of life care was being provided, staff had completed specific training to support them to meet people's needs at this sensitive time.
- Staff were positive about the training and support they received in this area. A care worker said, "We have had training to help have difficult conversations and provide emotional support. I have also received guidance on how to manage my own well-being as caring for individuals on end of life care can be emotionally draining."
- We saw records for a person receiving end of life care had not been completely updated since their previous hospital discharge, which the management team acknowledged.
- We signposted the management team to information on the CQC website about this area of support to help develop their approach and make them aware of best practice for any future support to be provided.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any concerns or complaints with the service provided. The complaints procedure was discussed with people and their relatives at the start of the service, with translation support if needed.
- People and their relatives were given opportunities to raise any complaints they might have and were asked if anything could be done to provide a better service. Samples of formal complaints showed the provider followed their procedures and apologised where needed.
- People and their relatives told us they knew how to complain and felt comfortable raising any issues or concerns. They felt the management team were responsive and confident their complaints would be resolved.

Is the service well-led?

Our findings

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

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

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

- We were not fully assured the provider had effective systems in place to monitor the quality of their service. The provider's own policies were not being followed and improvements were needed with the level of detail in paperwork and record keeping across the service.
- There were a range of records that were not readily available, which included people's daily logs and timesheets from care workers. Although we were told staff returned daily log records on a regular basis, this was not being done or addressed by the management team.
- Where samples of daily records were completed, they included little to no information about the care provided, with only basic tasks being checked off. Information about people's moods and general wellbeing was not routinely recorded.
- There were samples of daily logs that were inconsistent with the number of hours people were allocated, including examples where entries did not align with staff timesheets. There was no evidence this had been picked up as part of the quality assurance process.
- As there was no clear system of audit in place and we could not review samples of key records, this meant the provider was unable to identify any areas of improvement or ensure correct levels of care were being provided.
- The provider had failed to notify CQC of all safeguarding incidents and other notifiable incidents since the last inspection, of which they have a legal requirement to do so.
- We discussed these incidents with the management team during the inspection where they acknowledged not all of them had been notified at the time, due to their interpretation of the guidance. Notifications were submitted after the inspection. We reminded the provider of their responsibilities to notify the CQC in a timely manner.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the management team during the inspection who acknowledged where improvements were needed. The registered manager highlighted this was in part due to wanting staff to spend more time with people rather than spending more time completing records.
- We also discussed the allegations we received about care not being provided but being invoiced to the

local authority. The registered manager refuted all allegations and told us they always informed the local authority of cancelled visits, including when people were admitted to hospital.

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

- The overall feedback from people and their relatives was positive about the open and supportive culture and the positive impact the care had on their health and wellbeing. People and their relatives told us staff stayed longer if needed care staff worked hard to ensure people had a better quality of life.
- Comments included, "With the care I have noticed improvements in their health and how they communicate", "They do all they can to give [family member] the best possible life at this time" and "I'd definitely recommend them. The support outside has helped with their general wellbeing."
- All care workers were positive about the communication and support from the management team. A care worker said, "I have been working with People's Care Ltd for a while now, and I must say that it has been an incredibly rewarding experience. The team's commitment to maintaining a compassionate and respectful approach to our clients' needs is evident in everything we do. I'm proud to be a part of such a caring and professional organisation."

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

- People and their relatives told us they felt involved and updated about the service and had opportunities to give regular feedback about their care. Feedback confirmed the provider tried to be flexible and accommodate changes in visit times and support provided.
- A relative said, "We have a great relationship with them, including the rest of our family. They come to our home, always ask for feedback. We get a yearly review. I am very happy with the service and would definitely recommend them."
- Staff also confirmed they felt valued, were treated fairly and equally and were fully supported in their role. Comments included, "All colleagues are very supportive and I get all the help I need if I need anything", "The best thing is I am respected" and "My positive experience includes personal growth and a sense of contributing to the well-being of others."

Working in partnership with others

- The management team worked closely with a range of health and social care professionals. We saw examples where any issues or concerns with people's care was shared, requesting further support and advice.
- Feedback from health and social care professionals was positive. A professional explained how the service had supported a person in very difficult and challenging circumstances. They added, "They are reactive and responsive when dealing with [person] in times of crisis. They are very supportive and have developed a good rapport which has been a positive step in meeting their needs."

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

- The registered manager was aware of their responsibilities and understood the duty of candour. They were able to explain the need to be open and honest if anything went wrong.
- A relative told us the provider would always contact them if they identified any issues with the care. They added, "They call me to let me know, deal with the issue and follow up with me."
- People and their relatives had positive feedback about the openness of the service. A relative said, "I have had the service for 18 months and although there has never been an issue or the need to complain, I'm very confident it would be dealt with and I'd be informed and listened to."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (1) (2) (a), (b) (g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17 (1)(2)(c)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always ensure recruitment procedures were operated effectively.</p> <p>Regulation 19 (1)(2)</p> |

