

Ohio Home Care Ltd

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Inspection report

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Date of inspection visit:
22 June 2021

Date of publication:
29 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ohio Homecare Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of inspection there were eight people receiving personal care. This included older people and people 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.

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

Medicines were not always managed safely. The service could not provide assurances that people had been given their medicines as prescribed. The provider did not have effective quality assurance systems to assess, monitor and improve the quality of all key areas of the service.

Care plans and risk assessments were in place. However, they contained limited information for staff in relation to people's health needs and guidance for staff to help them support people safely. We have made a recommendation that every person using the service has care delivered in line with their needs and person-centred care plans. We have also made a recommendation that the provider implements a system for the provision of end of life care.

Not all staff had received the training necessary to effectively support all of the people who used the service. The provider confirmed that outstanding training is in the process of being completed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives said staff were kind and caring and treated them well. People were consistently supported by regular staff which helped to maintain continuity.

Staff were supported in their roles and received regular supervision to discuss aspects of their work and share information in a one to one setting. Staff told us they understood their roles and responsibilities and felt the registered manager was approachable.

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.

The service was not able to fully demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Positive feedback was received from people using the service and their relatives about staff promoting their dignity and maintaining their independence. However, the provider had ineffective systems and processes and could not ensure people were receiving care in line with their care needs.

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

Rating at last inspection

This service was registered with us on 27/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 safe care and treatment, consent to care and good governance at this inspection.

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

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

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The 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 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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ohio Homecare 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 one inspector. An Expert by Experience also supported the inspection by carrying out telephone calls with people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 June 2021 and ended on 08 July 2021. We visited the office location on 22 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager and deputy manager. We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person who received care and the relatives of six people who used the service via telephone. We also spoke with two care workers.

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 newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely in line with national guidance. We looked at the Medicines administration records (MARs) for one person who required staff to support with their medicines. The records showed unexplained gaps and occasions where incorrect doses of medicines were administered. For example, this person required two doses of medicines per day but on 14 May 2021 and 21 May 2021 we found four doses of medicines were recorded as being administered, which exceeds the prescribed requirements for that day. This put the person at risk of harm as we could not be assured medicines were received as per the prescriber's directions.
- We found two days where a staff member signed the MAR to confirm they had administered a person's medicine. However, according to the provider's electronic call monitoring system, there was no record of this staff member providing support to this person on those days. These inconsistencies meant we were not assured medicines were being administered safely as prescribed.
- MARs did not include key information for staff to administer medicines safely. For example, allergies were not documented, and the prescribed medicines was recorded as 'dosette box', rather than identified individually according to national guidance. We raised this with the registered manager who confirmed more information was available to staff within people's care plans. However, this information, including the lack of guidance for staff on actions to take in response to adverse reactions to people's medicines was absent. This indicated there was an ongoing risk to people of not receiving their prescribed medicines safely.
- Guidance for staff in people's care records around the support they needed with medicines was not always clear and contained conflicting information. For example, one person's medicines risk assessment determined they were able to self-administer medicines and were supported by their relative. However, care plans showed staff were to 'prompt' this person with their medicines but contained no information for staff on what prompting entailed.
- We looked at the care records for one person and saw staff were to administer a cream every day to treat localised pain. The visiting logs and MARs showed staff recorded administering medicines, but the MARs did not include if this cream was applied. Guidelines were not available for staff to know the thickness of application needed and body maps were not used to identify the affected area of the body to which this cream was to be applied. This meant there was a potential risk of the person not being supported with this medicine.
- All care staff had received medicines administration training. However, the provider was unable to demonstrate individual competency assessments had been carried out to ensure staff were regularly assessed to administer medicines safely. Spot checks were undertaken but there was no evidence to

demonstrate medicines practice was observed and assessed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to ensure medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had systems and processes to identify risks associated with people's care and treatment. However, comprehensive risk assessments and care documentation were not always in place to demonstrate risks to people had been adequately assessed and mitigated.
- We reviewed the risk assessment and care plan for a person who was cared for in bed and at risk of developing pressure ulcers. Their records described the care support needed as, "The carers will make sure to turn [Person] throughout the day to prevent any pressure sores from developing." No further guidance was provided for staff to know the frequency of repositioning, if any specialist equipment was required and information of who to contact in the case of skin breakdown. Therefore, we could not be assured the provider had robust systems to support people who were at risk of developing pressure ulcers.
- Pre-admission assessments, care plans and risk assessments had conflicting information in regard to the exact nature of the support required and how people's support needs were met. For instance, we reviewed one person's care plan who required support with emptying their stoma bag. It was recorded in the daily visiting log that staff were to provide support whereas in the pre-admission record it was documented for this person's relative to provide this support. The registered manager confirmed this person's relative provided the support. However, the person's care plan had not been amended to reflect that staff were not to provide this care." This meant people were not always protected from the risk of receiving inappropriate care.
- The provider had COVID-19 risk assessments in place for people who used the service. However, these assessments did not contain enough information to help ensure people, who were at higher risk of complications if they do contract the COVID-19 virus, were protected. Risk assessments identified simple precautions staff could take including the use of PPE and disinfectants but failed to take into account people's individual characteristics such as their ethnicity and age, and underlying health conditions which could increase their vulnerability.
- The provider had created an office risk assessment to record the steps needed to manage the risk of the current pandemic, but they were unable to evidence individual risk assessments carried out for their staff. This meant risks to individual members of staff had not been appropriately assessed and planned for which could put them at avoidable risk.

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.

- People and their relatives confirmed staff carried out safe hygiene practices by wearing personal protective equipment (PPE) and regularly washing their hands.
- Staff were supplied with enough PPE which included gloves, masks and aprons to help reduce the risk of the spread of infections.
- "Following receipt of the draft report, the provider confirmed they had arranged events to help staff and people with the uptake of the vaccines and as a result the majority of staff had participated in the COVID-19 vaccination programme. Staff confirmed they received regular COVID-19 testing and had undertaken

infection control training. One staff member told us, "I have received infection control training as well as how to put on personal protective equipment and remove it in a safe manner."

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and were aware of their responsibilities to protect people from the risk of abuse. One staff member told us, "Safeguarding means protecting the health, wellbeing and human rights of adults at risk of being neglected, mistreated or harmed."
- People who used the service and their relatives told us they felt safe. One relative told us, "[Person] is safe with the agency due to the care that is given."

Staffing and recruitment

- Staff were recruited in line with safe recruitment practices. The provider carried out pre-employment checks to determine applicant's suitability prior to staff commencing employment with the agency. This included checks on proof of identity and right to work in the UK.
- The provider deployed staff appropriately and in enough numbers to meet people's needs. Staff told us they had sufficient time to provide care and support to people who used the service. People confirmed they were supported by regular staff members who were punctual and reliable.
- Records for care visits showed staff arrived on time and stayed the full duration of the time allocated. One relative told us, "Staff are on time. They all stay the right amount of time".
- The provider utilised an electronic call monitoring system that allowed staff to log in and log out to record care visits. The system displayed care workers' locations in real time and would immediately alert the office of any staff problems with punctuality or missed visits so the provider could address any arising issues.

Learning lessons when things go wrong

- Where the provider was aware of incidents that had occurred, we saw evidence they were appropriately recorded, investigated to identify what went wrong so learning could take place to prevent reoccurrence. . The provider conducted internal investigations and where learning was identified, outcomes for better practice were implemented to help guide staff.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

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

- The provider's systems for identifying and supporting people who lacked the mental capacity to make decisions about their care were not robust as the provider was unable to evidence how decisions around people's care had been made or agreed. During the inspection the provider told us one person who used the service lacked capacity to consent to their care. However, when this person's care file was reviewed a mental capacity assessment established this person had the capacity to make decisions about their care .
- We asked the provider to confirm which people they supported, if any, lacked mental capacity to make decisions about their care and to provide us with information around this including mental capacity assessments and best interest decisions. However, this information was not provided.
- We found instances where some people's relatives had agreed verbally to the care of their family members' to receive care and support, on their behalf. However, the provider was unable to tell us why relatives were verbally giving consent to their family members' care, or provide evidence the relatives had the legal authority to do so.
- Staff we spoke with told us they had received training on the principles of the Mental Capacity Act 2005. However, staff training records showed only seven out of 14 staff had received this training. Therefore, we

were not assured all staff were familiar with the principles of the MCA and would be able to apply those when appropriate, for the people they were caring for.

This meant systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Not everyone needed support with eating and drinking. Where support was required this was documented in care plans for staff to help prepare meals.
- While care plans contained some information about people's likes and dislikes, there was no information recorded on how staff should prepare people's meals and what their nutritional or dietary needs were.
- Notwithstanding the above, staff were aware of the importance of ensuring people's dietary needs were met. One staff member told us, "You have to care for their nutritional needs and ensure you're giving them food that are beneficial to their immune system."

Staff support: induction, training, skills and experience

- Records confirmed all staff had received an induction into their role and the majority of staff were up to date with training the provider considered mandatory. However, we found gaps in training records with deficiencies in end of life care training, pressure care, dementia, diabetes and Mental Capacity Act 2005 training. We discussed this with the deputy manager who confirmed those staff are now in the process of completing it.
- We identified that one care worker was providing support to a person with dementia despite not having received dementia care training. We looked at the provider's initial needs' assessment for the person with dementia and saw that the assessment determined the care workers supporting this person would need dementia training.
- Staff told us they had the skills needed to meet people's needs. One staff member commented, "I feel well equipped to complete this job and I have support from my manager to meet clients' needs."
- The provider undertook on-site spot checks to ensure staff were competent in their role.
- People and their relatives told us they felt staff were knowledgeable about their roles and knew how to support them well. One person said, "I believe the staff are trained" and a relative told us, "I think the staff are trained to support."
- Staff were supported with regular one to one supervisions and appraisals to reflect on practice, discuss their current performance and identify any areas of improvement. We saw examples of staff being encouraged to enrol in further education to enhance their knowledge on providing care and support to people.

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

- The provider carried out initial assessments for all of the people referred to them to determine if the service was suitable to meet each person's individual needs safely. Assessments of people's needs included gathering information on people's health conditions, risks to them and their level of independence.
- People and their relatives told us they were involved in the assessments of people's needs. They were asked to provide details of their preferences and life history. We found this information was included in care plans to help guide staff with delivering care in accordance with people's needs and choices.
- Staff told us they were encouraged to read people's care plans to enable them to keep updated with changes in people's condition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and their relatives told us they arranged their own access to healthcare services.
- The provider recorded contact details of healthcare professionals involved in people's care in the event that they would need to be contacted.
- During staff supervision sessions the deputy manager and staff discussed the impact of care delivery for the people who used their service. This gave staff the opportunity to further enhance their learning by sharing best practice and addressing the care needs for people.
- Staff told us what action they would take if they observed a person's needs had changed. One staff member said, "You document what has changed and tell the manager so they can take it further and try and resolve it."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and their relatives told us they were supported by staff who were kind and compassionate. Comments included, "They are kind and caring and treat me very nicely" and "I think the staff are kind and considerate."
- There is a caring approach from this service, and we received positive feedback. However, we identified that further work was needed to make sure that the service had fully assessed people's needs and preferences in order to fully demonstrate a caring approach.
- Training records confirmed all staff had received training in equality and diversity. People told us staff respected their individual customs and traditions. One person told us, "Staff are respectful of my culture."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful of their homes and encouraged their independence. Comments included, "I think the staff try to motivate", "The staff are respectful, they speak nicely to [Person]" and "There is a key safe outside and it is used correctly. Staff still knock the door if they use the key."
- Staff had received dignity in care training and were able to give examples of how they maintained people's privacy and dignity prior to and during personal care. One staff member told us, "Asking [Person] for permission to complete the tasks set. Covering [Person] while I complete my tasks, give space when they need it." However, at the time of the inspection staff needed further training in end of life care, pressure care, dementia, diabetes and Mental Capacity Act 2005 training.
- Staff understood the importance of ensuring people's confidentiality by not sharing private information about people in the service with others not entitled to the information.

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

- We identified that the service needed to develop work to make sure that people using the service where they may not have capacity, were actively involved as possible in their care arrangements and making decisions. Other than that people told us they were able to express their views and be involved in making decisions about their care. One person told us, "Care plans are updated to meet my needs."
- We saw evidence in people's care records that people and their relatives were involved in creating plans to include their likes and preferences. For example, where a person had requested for a care worker to speak their language, this was arranged.
- The provider ensured staff rotas enabled staff to have sufficient time to support people. Care visits were

also monitored to ensure people got the attention required.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

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

- Although care plans contained personal information such as people's life history, likes and dislikes, there was a risk people did not consistently receive personalised care as the guidance was not detailed enough to meet people's needs.
- The provider assessed people's care needs and produced care plans and risk assessments which were regularly reviewed. These contained some information to assist staff on the tasks required for each visit. However, they were not sufficiently detailed to effectively guide staff to deliver people's care and support. For example, one person's care plan stated they needed support with oral care and meal preparation. The care plan did not provide further information on what this support entailed, including what meals this person wanted prepared or the time they would like to have it. We recommend the provider seek and implement guidance to ensure all people using the service have person centred care plans.

End of life care and support

- At the time of the inspection the service did not support any people who were at the end of their lives. During the initial assessment process, the service identified if people had end of life care needs but had no record of further conversations held with people or confirmation that people's relatives or representatives were aware of people's individual end of life preferences. This meant people might not have the opportunity to express their personal wishes and preferences for future care as the provider had not considered or explored the possibility of people's health deteriorating or unexpected changes in their condition. We recommend that the registered person seek and implement guidance on the planning and provision of end of life care in adult social care

Meeting people's communication needs

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

- People's communication needs were assessed when they started to use the service. Where a person had communication needs, these were explored by the service and they had accommodated people's wishes to be supported by a care worker who spoke their language.
- However, we found documentation was not available in alternative formats to ensure information was

accessible to people in their native language. The provider told us this was in the process of being developed and would be in place in the near future.

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

- Care plans recorded people's social interests and included information on how they liked to spend their time.
- The provider told us it was important to ensure people had a good quality of life despite the restrictions placed on some people, such as the current pandemic and people's mobility limitations. They had arranged events for the summer of 2021 including a tea party and bingo day for the people they supported to help increase their wellbeing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which described how a complaint would be handled. Staff told us if they received a complaint, they would escalate it to management.
- Systems were in place to manage complaints. At the time of inspection, one complaint had been received by the service. The provider responded to the complaint appropriately and took action to investigate it, which included gathering information from staff and sharing information with the local authority.
- People told us they would feel confident with raising concerns with the provider. One person told us, "I have seen the manager about three times, and I would go to the manager if I had a complaint, they seem on the ball."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- "The provider's systems and processes for monitoring service delivery were not always effective as they had not identified and addressed the concerns highlighted in this report. For example, their audit system for medicines management had not identified the shortfalls we found during the inspection. These had also not identified that staff were not following company procedures by ensuring that entries recorded on the MARs were legible and clear."
- The medicines audits had been delegated to a senior staff member but there was no system in place to ensure they were effective, and the outcomes were not reviewed by the registered manager to ensure any areas identified for improvement were addressed.
- Care plans and risk assessments were regularly reviewed and audited. However, these had not identified that risk assessments and care plans were not always comprehensive and accurate to address the management of risks to people and how to meet their identified needs.
- "We found the majority of daily notes for care visits were task focused and did not contain details to describe the person. For example, one person's care plan identified they were prone to having low moods and had a history of depression. However, the daily records contained little information about their wellbeing and contained information such as '[Person] is okay' and '[Person is fine]'."
- Records maintained by the provider were not produced promptly for inspection when requested. Prior to the inspection, we provided a list of documents and records to the provider that we wished to see during the inspection. We experienced delays with the provider sending us the requested information. For example, on the day of inspection we asked to see COVID-19 risk assessments, these were not provided to us until two weeks after the inspection.

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) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views and feedback from the people they supported by the use of customer satisfaction surveys to help assess the quality of the service provided. Feedback received from these surveys were positive.
- People and their relatives spoke favourably about the agency and the support provided by staff. Comments included, "I have confidence in the agency," and "It is nice to have confidence in the staff."
- Staff told us they felt the culture of the service was fair and open and felt supported in their roles. One staff member said, "If there are any issues, I can approach my manager and get the issue resolved."
- We saw evidence of regular staff engagement, through surveys, team meetings and supervisions. A social media group was also created for carers to aid communication and encourage discussions.

Working in partnership with others

- The deputy manager told us they had developed strong links with other local care provider's and various community centres to share advice and provide support to the people who used their service as well as their staff.
- The provider had arranged seminars for their care workers with a local clinician to raise awareness of the COVID-19 virus. These sessions allowed staff to have open discussions and encouraged the uptake of the COVID-19 vaccine.

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 provider was aware of their responsibilities under the duty of candour to be open and honest when things went wrong. Documents demonstrated that when some incidents had occurred with people who used the service, their representatives and the local authority were informed.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to demonstrate people's care was provided in line with the principles of the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure care and treatment was always provided in a safe way for service users.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure they had robust systems and processes which effectively identified shortfalls in the service.</p> <p>Regulation 17 (1)</p>