Homesaints Limited

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Inspection report

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not support anyone with a learning disability or an autistic person. The registered manager told us they intended to remove this specialism from their registration as they did not intend to support people with a learning disability or autistic people at this time. However, we assessed the care provision under CQC's Right Support, Right Care, Right Culture (RSRCRC) policy, as it is currently registered as a specialist service for this population group.

About the service
Homesaints Limited is a domiciliary care agency providing personal care to people living in their own homes. People had various support needs and health conditions such as, dementia, multiple sclerosis and diabetes. At the time of our inspection there were 22 people using the service in receipt of personal care.

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
Right Support:
People were supported by staff who were caring but people did not always have their choice for their preferred gender of staff respected. Systems did not always ensure that all aspects of risks to people had been assessed and measures put in place to reduce them.

The rota was not planned in ways that meant care visit times were carried out at times people expected them. This resulted in people believing staff to be late, which impacted on their wellbeing.

People were supported with their medicines where required. Staff also understood how to support people in ways that promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:
People were supported by staff who understood them and what they liked and most care was personalised.

However, there was some aspects of care that was not person centred and resulted in concerns about care visits, meals and risks.

Staff ensured information was in formats they could understand, such as verbally or in writing.

People told us staff were kind and caring and treated them with respect. Staff understood how to promote people's dignity and privacy.

Right Culture:
People were supported by staff who had not received all of the appropriate checks on their suitability for the role. Staff had a good understanding of how to promote people's rights to make choices as well as how to recognise or report abuse and safeguard people they were supporting.

The registered manager promoted person centred approaches but these were not always delivered as required. Checks on staff knowledge and skills were made to ensure they could meet people's needs. The registered manager completed various audits of care and records, but these were not always effective at identifying concerns.

People were not always supported to identify clear goals to promote their independence and ensure care was personalised.

The provider did not ensure complaints and outcomes were recorded.

We have made a recommendation about ensuring people's meals and drinks were clearly recorded and the provider review recruitment records and practices.

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 12 May 2021 and this is the first inspection.

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

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, personalised care, records and quality assurance systems at this inspection. 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 and local authority 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Homesaints Limited

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people in the office to speak with us.

Inspection activity started on 4 August 2022 and ended on 23 August 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls, written and verbal feedback to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

Our inspection activity began on 4 August 2022 when the Expert by Experience spoke with five people and 10 relatives about their experience of the care provided. We spoke with the registered manager on 4 August 2022 to agree all documentation that we required to be submitted to CQC for review.

Between 11 August 2022 and 19 August 2022, we reviewed four people's care records, two staff files and a variety of other assurance records and policies. We spoke with 10 members of staff including the registered manager and care staff. We communicated with two professionals. We continued to clarify information with the registered manager. We gave feedback to the registered manager about the inspection on 23 August 2022.

Requires Improvement

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 of 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.

Assessing risk, safety monitoring and management; Staffing and recruitment

- The registered manager had assessed risks to people and implemented measures to reduce the risk. This included health condition specific risks such as falls, diabetes and dementia. Risks were regularly reviewed and updated where changes had occurred, but the reviews had not identified the areas for improvement we found.
- Risk assessments did not show enough information about 'how' staff should support a person to ensure safety and personal preferences were not always considered. Some information within the risk assessments was contradictory and did not match up to care plans and agreed care visits times.
- For example, falls risks had not considered footwear or if a person required their glasses. There was no information about how to approach a person if they became confused or upset. One risk assessment said a person should be free from distractions while eating, but then stated they eat while watching television. Another person's care plan stated they needed to be supported to change sitting position every six hours to prevent pressure ulcers occurring. However, care visit times had been planned with an eight and half hour gap making the position change every six hours impossible for staff to do. This could lead to confusion by staff, different approaches being used, and increased risks to people.
- The registered manager did not have a structured system in place for monitoring on the day if care visits were late without relying on people, their relatives or the staff to call in and tell them. It was important they had a system that allowed them to monitor daily care visits in real time. This would ensure people could be informed about the reason for any late visits and identify anyone who required time specific care or medicines who may then be at risk of harm from a late or missed care visit. A relative told us, "There have been times when the [staff] haven't turned up until 8pm to give my [family member] their evening meal. My [family member] says it's too late. It's supposed to be between 5pm and 7pm. All the times are a bit approximate, and [staff] can be one and half hours late."
- People told us there were always enough staff to support their needs and they mostly had regular teams of the same staff support them which gave a continuity of care. However, they also told us that staff were often late and they were not always informed. One person told us, "The [staff] are not always on time, maybe by 30 minutes, because of accidents etc. Sometimes they phone me, sometimes they forget. They haven't missed a visit but once got so late that I said don't bother, because it was nearly time for the next one." A relative said, "There are variations on times. It's meant to be from 7.30am-8am but more often it's 9am before [staff] come, which my [family member] doesn't like. Lunch can get a bit late and when I phone, they'll say there's someone on the way. It can get into the afternoon, for example, 3pm."

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12(2) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

The provider responded during the inspection and agreed to conduct a full review of care visit times and risk assessments.

● A review of records showed that care visits were mostly on time and staff were staying for the full length of the agreed time. However, people told us they were not always sure what the agreed time was for staff to arrive. Social care visits were also not always planned with agreed schedules, which led to further confusion for people about when they would occur. We discussed with the registered manager the importance of clarifying with people agreed times for care visits. We also discussed providing a rota for the people who wished it so that people knew who would be coming and when. Because times were unclear this might have impacted people's views that care visits were late.
● The provider had systems in place for conducting pre-employment checks such as Disclosure and Barring Service checks, (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, gaps in staff members employment history had not been explored and recorded. This meant the provider could not be assured of the staff members good character and suitability for the role.

We recommended the provider consider the requirements for assuring themselves of staff suitability for their role and take action to update their practice and records accordingly.

Using medicines safely
● Not all people being supported needed help with their medicines as they were able to do this themselves or received support from their relatives. For people who did require support with medicines, this was given in ways that suited each person at the correct time. However, care plans were not always clear as to who was responsible for the management and ordering of people's medicines.
● Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to give medicines safely. People told us they had no concerns about medicines support from staff. One person said, "As far as I know, medication is being done correctly and the medicines chart is being completed." A relative told us, "All the medication is done correctly. There have been no issues."

Systems and processes to safeguard people from the risk of abuse
● The registered manager had systems in place to safeguard people. People told us they felt safe because they were supported by a small team of the same staff who understood how to support them. One person told us, "I've got a hoist [the staff] use it to get me out of bed and put me back in. I feel safe. We've had no accidents anyway." A relative said, "The [staff] give my [family member] a full body wash each day and they are very happy with everything. They feel completely safe and happy with their care."
● The registered manager monitored incidents and accidents and supported staff to reflect when things went wrong. They used this information to look at ways of improving future practice.
● Staff received training in safeguarding and were able to demonstrate a good understanding of how to recognise and report abuse and keep people safe.

Preventing and controlling infection
● Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. This included training on the COVID-19 pandemic and how to safely use Personal Protective Equipment (PPE), such as gloves, masks and aprons. Staff understood how to help prevent the spread of infection.

● People told us they were happy with how staff minimised the risk of infection spreading and wore PPE. One person said, "[The staff] wear masks and gloves and when they've finished, they take them off and wash their hands. They will put an apron on if necessary; it depends on what they're doing."

Requires Improvement

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.

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

- People were supported to eat and drink where this was needed. This included supporting people with a variety of types of diets to meet their medical or cultural needs.
- Where people required monitoring of food and fluid intake there were charts in place. However, these did not include targets for food and fluids or give guidance for staff about what to do should a person have too much or not enough. The charts also led to confusion as food and fluid intake was written in one section. This made it unclear if the amounts consumed were in relation to the persons fluids or food.
- Most people were happy with the support for meals, for example, one person told us, "I can honestly say I have excellent care. The [staff] make me a sandwich and a drink. I don't think there's anything they could do better." Another person said, "The staff get me my breakfast, dinner and tea, and a cup of tea. They leave the kitchen clean."
- Not all people felt their needs in relation to meals were fully met. One relative told us that staff did not always cook the meals requested for their family member. A person told us how staff did not understand how to make their preferred meals or have enough time in the allocated hours to do so. This had resulted in them not getting hot evening meals. Another person told us how late care visits impacted on them having to get their own meals as it got too late.
- The registered manager had reviewed concerns and agreed a short-term solution. They were also in the process of requesting a review of people's funded hours and to ensure staff could fully meet their needs where this was an issue.
- Staff told us they had completed food hygiene training and they described how they supported people to maintain a good balanced diet and stay hydrated.

We recommended the provider consider current guidance on recording food and fluid input and take action to update their practice accordingly.

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

- The registered manager completed an assessment of people's needs prior to them using the service. Assessments were detailed and included people's personal preferences and history.
- The registered manager worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs
- The information gathered at assessment was used to develop people's care plans. These plans considered people's needs and choices and what decisions they were able to make for themselves.

Staff support: induction, training, skills and experience

● The registered manager provided an induction programme for new staff which included training and shadowing experienced members of staff. Staff were then supported with continual learning, observations of their practice and individual supervisions and appraisals. This was followed up with individual supervision sessions. A staff member said, "We have regular supervisions and team meetings. The registered manager gives staff the chance to contribute and bring ideas to improve the day to day care we give to [people] the clients."

● New staff completed the Care Certificate and more experienced staff were encouraged to apply for further qualifications to support their chosen career path. 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.

● The registered manager had provided staff members with access to vehicles and payments for fuel to support them to be able to continue providing care during this period of increased fuel and cost of living crisis.

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

● The registered manager worked with other professionals to ensure people had the right support and equipment in place to meet their needs. Staff also worked with people to ensure GP and hospital appointments and outcomes were met. One person told us, "When my chest has been bad, the [staff] have noticed and advised me to get a doctor. They know when I'm feeling well and unwell." Another person said, "I went down with COVID-19 and one of the [staff] rang 111 and spoke to them for me, because they were worried about me." A relative said, "My [family member] is prone to falling and if the [staff] find them after a fall, they'll talk to the ambulance [crew] and wait with them, and let me know."

● Staff recorded important information about people, their needs, daily routines and preferences at each care visit. The information was made available when people visited other providers of care, such as hospitals. This meant these details were available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

● The registered manager made referrals to specialist health and social care professionals such as district nurses and occupational therapists when needed. Professionals we spoke with were not aware of any concerns.

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 MCA 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.

● No-one being supported required a Court of Protection order. However, people were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer.

● People had given consent for their care and medicines support. People told us staff always respected their

choices.

Good

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 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 told us staff treated them with kindness, that they were caring and polite. One person told us, "[The staff] are very kind and thoughtful. Each and every one of them takes time with me. They go the extra mile." A relative said, "I can hear [staff] and my [family member] laughing. They're chatting away and getting on fine. My [family member] sorts out what they want to wear and the [staff] help them to dress."

● Staff were aware of people's needs in relation to how their personal beliefs and culture impacted their care. For example, for one person who had Muslim faith and another person's preferences with dress.

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

● People told us staff always gave them choices and asked their views on the care before care was delivered. People were encouraged to speak up and had confidence that if anything needed changing the registered manager would implement this.

● People and their relatives told us they were fully involved in formal reviews of their care as well as informal processes for giving feedback. One person told us, "My care plan was transferred from [my previous care company]. Everything is being covered. I can ask [to see my care plan] and it's right what they put about me, a whole picture of what they've done and how I am. It's good for the next [staff member] to see." A relative said, "[The registered manager] came around and went through the care plan. My [family member] was actively involved and was able to share their views."

Respecting and promoting people's privacy, dignity and independence

● Staff understood how to maintain people's dignity and promote their independence. They did this by ensuring people had the opportunity to do what they could for themselves such as when cooking or receiving personal care. Staff spoke about people in respectful language and understood why people might become frustrated at no longer being able to do things for themselves. A relative told us, "My [family member] always has a clean nightie, and a wash or a shower if they ask for one. They always look clean; that's important for their own dignity."

● One staff member explained, "I try my best to let [people] do what they can do but if they are struggling then I do it for them. For example, giving someone a shower, if they can use their hands maybe they can wash their face. I give them their dignity as well by making sure when doing personal care, the curtains are shut, the door is closed, and they are covered up as much as possible."

● One relative gave an example of how staff promoted their independence when they had fluctuating abilities and strength. They told us, "The [staff] will say 'If my [family member] says no, we're not going to push them'. They can refuse their exercise etc. They're very respectful to my [family member]. [Staff] have a bright, breezy 'hello, how are you today?' They use my [family member's] name and treat them like a

person."

Requires Improvement

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; Improving care quality in response to complaints or concerns; End of life care and support

- People's care plans would benefit from further details about people's likes and dislikes and general information about health conditions. Information about conditions such as diabetes, dementia and multiple sclerosis, the main symptoms and impact of these on individual people for staff awareness would promote the right support for people.
- Some people felt the service could improve in relation to time keeping, meals and choice of gender of the staff who supported them. One person told us, "The [staff] make me a drink and make a sandwich for lunch. There should be a [hot] evening meal, but I've given up trying." A relative said, "My [family member] was not asked [about the gender of staff] and they were a bit concerned about being woken up by a male [staff member]. It was a bit of a shock for them." Another relative said, "My only quibble is the timings [of care visits]. There's no rota, no set times, only roughly this or that time. I would like to see something more accurate regarding the timings."
- Language used in care plans would benefit from being more 'person-focused' and respectful. For example, explaining a person needs support to use the toilet rather than 'toileted' or explaining how a person indicates they wish support to go ahead or not rather than 'co-operated'.
- The service had a complaints process in place that people and staff were aware of. However, less serious complaints were not being recorded here. This meant it was difficult for the registered manager to analyse complaints for trends. Action taken was not always formally recorded. This meant that the culture and systems did not promote empowerment of people and improving care.
- People's wishes for resuscitation and if they had a 'Do Not Attempt Resuscitation' order (DNACPR) in place was recorded. However, the concept of serious illness, death and dying had not been approached with people or recorded in order for staff to be aware of their wishes should these circumstances occur. This is important to ensure emergency health professionals can be given accurate information about peoples wishes which could impact the correct treatment being given.

People's preferences were not fully explored meaning care was not person-centred. Concerns were not always responded to with a view to improving care. People's care needs in relation to meals, care visit times and choice of staff were not always upheld. This was a breach of regulation 9(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed they had addressed concerns raised and agreed solutions with relevant people in relation to meals and choice of staff. They agreed to review care plans and preferences with people to ensure it fully met their needs and contained all information staff would need to provide personalised care.

● People had care plans in place, which included some personal preferences and staff told us the care plans gave them enough guidance on how to respond to people's needs safely.
● Staff had built good relationships with people who spoke highly of the care they gave. Staff knew people well. A relative said, "[Staff] are very approachable, very good with my [family member]. They are calm, will listen and reassure." People's choices about their day to day care were respected. One person told us, "The [staff] don't 'push' me. I wouldn't allow them to, but they do respect my wishes."
● People knew who to speak with if they were not happy with the care they received. They told us they would speak with the registered manager, other staff or their relatives if they had concerns. One person said, "If I had a problem, I'd go to the [registered manager] and they would sort it out. At the start [of my care with Homesaints Limited] I spoke to the [registered manager] about a [staff member] who was rude and aggressive, and they did [resolve it]. They are a good listener."
● Compliments received had included comments such as, one person who was happy with a change of call time to early Sunday to enable them to attend church. Another person thanked the staff for helping with their physio exercises. Their nurse was very happy with their progress as a result of the support.
● The service was not currently supporting anyone receiving end of life care. The registered manager had an end of life care plan in place for use when required. This blank template was very detailed in terms of prompts to consider all aspects of care for both the person and their relatives and partners.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs had been assessed and recorded in their care plans. This included if there were any cultural preferences. Staff were aware of people they supported who needed them to communicate differently, such as writing things down and allowing them time to read through and digest the information before responding.

Requires Improvement

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

- The registered manager did not ensure that systems and practices always followed the guidance in the RSRCRC policy. Staff rotas were not planned or structured for some social care visits, meaning these did not always occur in ways people wanted. Rota's did not take into account people's preferences for a choice of gender of the staff supporting them. This meant person centred approaches were not always promoted or delivered.
- People were unclear what the agreed time was for their care visit which led to confusion about whether care visits were late and caused some people distress when they were not informed. Concerns were not always responded to with a view to improving care. People's care needs in relation to meals, care visit times and choice of staff were not always upheld.
- The registered manager told us they kept up to date with the latest guidance and networked with other providers. However, there were gaps in the registered managers knowledge in relation to current best practice and statutory guidance that the registered manager was obliged to have regard of such as the RSRCRC policy, the Quality of Life tool and the Accessible Information Standard.
- Information about the services capacity to meet people's needs and supply information about how they are managing the COVID-19 pandemic had not been submitted to the CQC. This information was important to be shared so that CQC can risk assess service and ensure people are safe.
- Quality assurance systems included many audits completed by the registered manager. However, these had not identified the concerns raised during this inspection in relation to recruitment, care records and risk management so were either ineffectively designed or ineffectively carried out. This meant there was no plan of action and no timescales as to how these concerns would be resolved.

Systems were ineffective for assessing and monitoring the quality of care, safety and personal needs of people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed they will be reviewing all care records, audits and quality assurance systems and rotas with a view to better identifying concerns and improving care.

- Staff had a good understanding of their roles and had received all relevant training. The registered manager told us they had plans to provide staff with further training in the next few months about people's

various health conditions.
● The registered manager and staff had built good trusting relations with people and their relatives which promoted open conversation and empowered people to speak up.

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 need to be open with people when something went wrong. People told us the provider was very quick to resolve concerns and apologised when things were not right. People told us this was mostly verbal, and they would prefer to have more formal responses in writing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager regularly sought people's views about the care through both formal and informal means such as surveys and face to face discussion. They often provided care themselves to ensure they could check people were happy with how it was delivered and have other opportunities to give feedback. A relative said, "Any concerns, you can raise it with [registered manager]. For example, my [family member] needed shopping doing, so it was incorporated into the care plan, no problem."
● Staff told us they felt supported by the registered manager and felt comfortable to raise and concerns or make suggestions for improving care. One staff member told us, "[Registered manager] is good. If I need anything like PPE, immediately I call them, and they will bring it for us as well as fuel for our car. [People]really like them too as they know them and know they are hard working." Another staff member said the registered manager was very approachable, helpful and good at acting quickly if there is a problem, and taking it very seriously if people or staff report something is wrong The staff said, "The registered manager made sure things were OK straight away and solve any issues. When there is something I don't understand, I feel really comfortable and confident as I know I can speak to them ."

Continuous learning and improving care
● The registered manager had discussed career pathways with staff and had plans to support them to continue their learning by way of further qualifications in care.
● Staff told us the registered manager also gave them the opportunity to reflect on their practices and share ideas with a view to improving. One staff member told us, "Not too long ago we had a meeting to discuss how we can improve our service and how we can do our best for [people]."

Working in partnership with others
● The registered manager contacted relevant health professionals and worked in partnership with them to provide people's care needs. This included the right equipment in their homes to promote mobility and safe care.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's preferences were not fully explored meaning care was not person-centred. Concerns was not always responded to with a view to improving care. People's care needs in relation to meals, care visit times and choice of staff were not always upheld.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were ineffective for assessing and monitoring the quality of care, safety and personal needs of people using the service.