

Havesters Care Ltd

# Havesters Care Ltd

## 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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Havesters Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service was supporting 92 people at the time of the inspection. 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

People's care plans were up to date and contained person centred information. However, not all people's risk assessments contained information which would enable staff to understand how to keep them safe and mitigate the risk of harm. This placed people at risk of not receiving the appropriate care and treatment they required. We have made a recommendation about this in the report.

There were quality assurance systems in place based on a range of audits. However, we found these needed to include more detail to enable them to be effective. They had not identified all the concerns identified in this inspection. People and their relatives gave us mixed feedback. While some told us, they were happy with the care provided and staff were caring and compassionate, others felt they did not always get a good service.

Staff did not feel supported in their role and felt they were not listened to if they raised concerns. This impacted on the culture of the service. We have made a recommendation about this in the report.

The management team had processes for monitoring visits. Although some people, were satisfied they received visits on time, others said they were not always told when staff were running late. Staff told us they did not feel they had enough time to travel to visits.

Staff understood the importance of safeguarding people they supported, and they knew how to report any signs of abuse, or any accidents and incidents.

Staff had completed training in the safe administration of medicines and had their competency assessed to do so safely. People were happy with how they were supported around their medicines.

Staff received an induction into their role and had received training that equipped them to support people. Safe recruitment procedures were in place to help ensure only suitable staff were employed.

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. However, further improvements were needed to ensure records were made for all decisions made using The Mental Capacity Act 2005.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider remained in breach of regulation.

At our last inspection we recommended that the provider consider current guidance on the management of medicines, review current guidance on ensuring staff have skills, knowledge and experience, consider current guidance on supporting people with their nutrition and hydration and consider guidance on the implementation of the Accessible Information Standard. At this inspection we found the provider had acted on these recommendations and made improvements in these areas.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 27 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve consent to care, notifying the commission of significant events, fit and proper persons employed and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. In addition, we received concerns in relation to staff training and lack of skills leading to neglect of people receiving a service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Havesters Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

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 a continued breach in relation to governance systems at this inspection. In addition, we have identified areas for improvement and have made recommendations in relation to risk assessments, acting on staff feedback and improving the culture of the service.

#### 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?

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 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** ●

# Havesters Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by one inspector and two Experts 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 who was also the provider.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 August 2022 and ended on 12 September 2022. We visited the location's office on 30 August 2022.

#### What we did before the inspection

Before the inspection we reviewed information, we had received about the service, including previous

inspection reports, information sent to us by the public and notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with fourteen people who used the service and seven relatives of people about their experience of the care provided. We spoke with the registered manager, care coordinators, office staff and care staff. We reviewed a range of records. This included thirteen people's care records and multiple 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 audits, policies and procedures were reviewed. We received feedback from two external professionals.

# 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 requires improvement. At this inspection the rating for this key question has remained 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

At the last inspection the registered person had failed to maintain an accurate, complete and up to date record in respect of each service user. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made but further time was needed to ensure all people had sufficiently detailed risk assessments where required.

- Risks to people had been assessed and were reviewed. However, not all people's care plans contained sufficient detail to mitigate known risks. Although some people's care plans did have detailed information about risks, this was not consistent. For example, one person had a diagnosis of diabetes and another person had a history of significant depression. Risk assessments lacked detail or were difficult to find within people's electronic care records, to ensure staff understood how to mitigate the risk associated with these needs. This is important so staff are able to recognise changes to people's health and wellbeing and know when to seek external medical intervention. This was discussed with the registered manager who told us they would review and update risk assessments to ensure they contained sufficient detail to mitigate risks.

We recommend the provider seek advice and support from external professionals to update information about health risks within people's risk assessments.

- The registered manager and senior staff assessed risks to people prior to them receiving a service. The level of detail recorded within risk assessments was inconsistent, as while some contained a good amount of detail, others did not. It is important information about all known risks are captured, to enabled staff to understand people's individual care needs and what action they should take in the event of them being unwell.

- People and relatives gave us mixed feedback about staff understanding their needs and how to safely use equipment. Comments included, "[Relative] has a bath seat and they all seem to know how to use it and they also use a stair lift which they [staff] all know how to operate", "Some of them [staff] haven't a clue though and I have to tell them every time what needs to be done" and "[Relative] has to be hoisted, there are two carers, they all seem to know how to use the hoist." The provider had sought feedback from people and was acting on concerns raised.

- Staff we spoke with had a good understanding of people's needs and told us they supported people



regularly and any changes to their needs were updated on the electronic care record system. This mitigated any immediate risks. One staff said, "We support people's wellbeing, empower them to do as much for themselves as possible and know them well, as we support regular clients [people]."

### Staffing and recruitment

At the last inspection, the registered person had failed to ensure all the required information specified in Schedule 3 was available for each person employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- Staff underwent robust pre-employment checks to ensure their suitability for the role. Recruitment procedures were safe, to help ensure only suitable staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us staff were allocated care visits within one area, to help people to have consistent staff who did not need to rush. However, feedback we received from staff indicated they did not have enough time to travel to each person in between visits. Staff comments included, "[Provider name] makes us travel up and down, it is not easy" and "Calls [care visits] are not near each other and sometimes it can be hard to get to everyone on time." We discussed this with the registered manager who told us visits to people are arranged within local areas, but they do sometimes need staff to work outside of these areas to meet the demands of the service.
- We received mixed views from people and their relatives about being supported by staff who knew them well and were on time. Comments from people and their relatives included, "Staff don't always turn up on time and they don't call and let us know anything about it", "The ones [staff] that do come regularly are really good", "The times [of visits] they [staff] come are not good, sometimes they come an hour after they have already been", "They are more or less always on time, although sometimes they are a bit early, but that doesn't worry me" and "I have three regular ones [staff] and they are all excellent and caring."
- The provider had a live electronic record system in place that monitored the times of visits and if staff were running late. They told us they contacted people or arranged an alternative staff member to visit, if staff were going to be more than 30 minutes late. We reviewed this system and records confirmed that most calls were provided within a 15-minute window of when they were scheduled.

### Using medicines safely

At the last inspection, we recommended the provider consider current guidance on the management of medicines for people in the community and update their practice accordingly. At this inspection, we found the provider had acted on this recommendation.

- Safe systems were in place should people require support with their medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Staff recorded when they had administered medicines on their hand-held electronic recording devices. This information was immediately available to office staff who would be alerted if staff had failed to administer prescribed medicines, meaning prompt action to rectify this could be taken.
- The provider had a system in place to audit medicines administration and took action to support staff to retrain or review what had happened if errors occurred.
- However, some people's medicines care plans lacked detail to identify associated risks such as where people lacked capacity to fully understand their medicines. We have described this further in the effective part of this report.

- Where people had allergies to specific medicines, this was identified within their care plan. However, one person was allergic to penicillin and there was insufficient detail for staff to recognise signs and symptoms should the person have an allergic reaction and what action they should take. We discussed this with the registered manager who told us they would update people's medicines care plans.

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

- Appropriate systems were in place to protect people from the risk of abuse.
- The registered manager was aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.
- People and their relatives told us they felt safe and the staff knew what they were doing. Comments we received included, "Yes [person] is safe with them", "[Person] feels safe" and "Yes, they are safe, we have no trouble with them [staff]."
- The provider had appropriate policies and procedures in place to protect people from abuse.
- Staff knew how to recognise abuse and protect people. We saw records that confirmed when abuse was suspected, staff took immediate action and reported concerns to the management team. One staff member said, "I have done safeguarding training and know to report any concerns and write them down, I talk to people to make sure they are alright." Another said, "The welfare of the client [person] should be put first always and I report anything to my [registered] manager who tells [local authority] safeguarding or CQC."

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were reported. The registered manager reviewed the reports and took appropriate action to reduce the risks to people, including contacting other healthcare professionals where necessary.
- Staff were informed of any accidents, incidents and near misses via the electronic care record system or through staff emails and team meetings.

# 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 requires improvement. At this inspection the rating has remained 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

At the last inspection the provider had failed to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation. However, we found improvements needed to be embedded and records of mental capacity assessments further improved.

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.

- People had given consent to their care and support needs being met, where they were able to. Each person had an assessment in place which documented the support they needed to help them make informed decisions about their care.
- Staff demonstrated they had knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. One staff member described how they support decision making; "I ask them [people] what they would prefer, for instance when they have had a wash I support them to choose the clothes they want to wear and if they prefer their breakfast in bed or in the living room."
- Mental capacity assessments had been completed for people where required and were appropriate for the care and support decisions being made. However, some people who had a diagnosis of dementia and

required their medicines administering to them, did not have a decision specific MCA in place for this. We discussed this with the registered manager who took immediate action to address this.

#### Staff support: induction, training, skills and experience

At the last inspection we recommended the provider uses current guidance on ensuring staff have the skills, knowledge and experience to deliver effective care and support and embed this into their practice accordingly. At this inspection we found the provider had partially acted on this recommendation to address staff training, but further improvements were needed to ensure staff felt supported.

- People were supported by staff who had received training to help ensure they could meet people's needs safely and effectively. The services training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling, health and safety and medicines. Records showed staff were supported to work towards achieving 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.
- People and their relatives gave mixed views about staff knowledge and experience. Comments received included, "I am not sure if they [staff] have enough training", "They [staff] are all well trained and clever ladies" and "The people [staff] who come to me all seem very well trained and know what I have to have done."
- Staff received supervision to support them in their role. Supervision is a good way for staff to seek support, discuss their progress and raise any concerns they may have. However, some staff told us they did not always feel supported or listened to if they did raise concerns. One staff member said, "We [staff] have raised concerns with the [registered] manager but we are not listened to and nothing changes." We discussed the feedback we received from staff with the registered manager who told us they would review how they supported staff.
- Staff received an induction into their role, although this did not always recognise when staff lacked experience or confidence and may require further support before working on their own. One staff member said, "Honestly I thought it [the induction] was too quick for me to get in the field. There was not much time for me to grasp everything I needed to know." We discussed this with the registered manager who told us staff work with senior carers for a week to enable them to monitor their skills and knowledge. Competency checks were completed to agree staff met the required standard.

We recommend the provider review their systems to support new staff and how they receive and act on feedback from staff, to ensure they are listened to and feel valued.

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

At the last inspection we recommended the provider consider current guidance on supporting people with their nutrition and hydration needs and take action to update their practice accordingly. At this inspection we found the provider had acted on this.

- People who required support with their nutritional needs had information about their dietary needs recorded within their care plans. Although some people's care records had good detail about their nutritional needs, others required updating to ensure staff would always understand how to support people. For example, most people's nutritional needs were met by their relatives. However, information captured in their care plans needed improving to ensure staff would understand what to do if the person's relative was unavailable. We discussed this with the provider who told us they would review people's care plan to ensure there was sufficient detail.

- People who were supported with food and drink told us staff understood how to meet their dietary needs and wishes. One person said, "They [staff] will offer me choices about what I want to eat and always ask me what they can do for me."

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

- People's needs were assessed prior to the service starting. This was to ensure their needs could be met. These assessments were completed with people and/or their families if required, and in accordance with the person's wishes.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual wishes and these were respected.
- People's care records demonstrated their needs were reviewed and updated where required. However, some people and their relatives felt they were not always involved in these reviews. We discussed this with the registered manager who told us they were working to improve how they involved people in reviewing their care and support and captured this information.

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

- Information about people's health needs was recorded in their care plans.
- The registered manager gave examples of working with other professionals such as district nurses and GP's to ensure people received the care they needed.
- Staff understood when to raise concerns about people's health and wellbeing. They discussed this with the registered manager or senior staff who would contact external professionals if needed.

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant further improvements were needed to ensure people's needs were always met.

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

At the last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider remained in breach of this regulation. Further improvements were needed to ensure all essential information was recorded within people's care plans.

- People's care plans contained person-centred information which described their life history, people who were important to them and their likes and wishes. However, while some people's care plans contained detailed information, others had limited information and needed further development. We discussed this with the registered manager who told us they were continuing to work on these and make improvements. The provider had recently sought advice and support from an external care consultant and had an action plan they were working on. This identified areas that required action.
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received. For example, one staff told us, "Person centred care means offering care according to the preferences and choices of each person." Another said, "We always care for individuals [people] whilst taking into consideration their specific needs, preferences, choice beliefs and values."
- Most people we spoke with told us they and their relatives were involved in developing their care plan and any changes needed. However, this was not consistent, and some relatives told us they had not seen the care plans. One relative said, "We were involved with [relative's] care plan and we do have access to the original one", while another said, "I have no idea where it [care plan] is written down so I can't say we have access to it. I have no idea where the information is stored." We discussed this with the registered manager who told us, "Most of the clients [people] and relatives ask for access [to electronic care plan] and this will be granted once all protocols of consent from the client are done." However, following this feedback they took action to ensure people would have paper copies of their care plan in their home.

The failure to maintain an accurate, complete and contemporaneous record in respect of each service user was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

At the last inspection we recommended the provider consider guidance on the implementation of the

Accessible Information Standard and update their practice accordingly. At this inspection we found the provider had acted on this to improve accessibility to information.

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 were identified, recorded and highlighted in their care plans. We saw evidence that communication needs were met for individuals. The provider had an Accessible Information Standard policy, which staff understood.
- People and their relatives could have access to their electronic care records. However, not all people were aware of this. The registered manager was taking action to ensure people had a copy of their care plan and this would be in a format they could easily understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. However, people and their relatives did not all know how to raise any concerns they might have about their care and support.
- We received mixed views from people and their relatives about how to raise concerns and if they were acted on. Comments included, "We don't have any contact details or any information on how to get in touch with the office", "I did phone and complain and the woman on the phone was quite off with me and it upset me", "I have no concerns and no problems with Harvesters" and "I have rung [registered manager's name] a few times and everything I have asked she has done." We discussed this with the registered manager who told us they would ensure information about how to contact the office was updated for people.

End of life care and support

- The registered manager told us no one was being supported with end of life care at the time of our inspection.
- A policy was in place which outlined the standards of care people could expect at the end of their life and how this would be delivered. Staff had received end of life training.
- While some people's care plans captured their end of life wishes, this was not consistent. We discussed this with the registered manager who told us they would revisit this with people and record if people had chosen not to disclose their wishes at this time.

# 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 requires improvement. At this inspection the rating has remained 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

At the last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service, to monitor and mitigate risks and to maintain accurate and contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider remained in breach of this regulation. Further improvements were needed to ensure an accurate and contemporaneous record of people's needs were completed, monitored and the quality and safety of the service was improved, to effectively monitor and mitigate risks.

- The registered manager was also the provider of the service. Following the last inspection, they had reviewed their systems and processes to monitor the service. However, the quality assurance systems in place had not identified all of the areas that need further improvement including, care planning and associated risks, staff support, person-centred information and MCA records.
- Audit processes had failed to ensure themes and trends were identified and action taken where required. We spoke to the registered manager about this and they told us they would review their audit process and add detail to be able to clearly identify where action was needed and a timescale in which it would be completed.
- The service had significantly increased the number of people they supported since the last inspection. This meant that although some people's care plans were improved, others did not have sufficient information. We discussed this with the registered manager who agreed to review how they ensure information of sufficient detail is recorded in all people's care plans.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service, to monitor and mitigate risks and to maintain accurate and contemporaneous records, was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a management structure in place, consisting of the provider who was also the registered



manager, an independent senior manager and senior staff team. They were clear about their roles and responsibilities. Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control.

- The registered manager was responsive to our feedback and told us they recognised where further improvements were needed. They took immediate action for some areas we identified and told us about some of the changes they were going to implement following the inspection.

At the last inspection the provider had failed to notify the Commission without delay of a notifiable incident is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found enough improvement had been made and the commission had been notified of the required events.

- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

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

- Staff were clear about their roles and had a job description and employment contract which specified the provider's expectations.

- Protected characteristics, including sexuality, religion, race and disability, were identified within people's care plans, respected and supported.

- The registered manager told us they sought feedback from people through reviews of their care, feedback forms and observations of staff providing their care. However, the analysis of feedback received lacked detail to enable the registered manager to understand where improvements were needed or take action in relation to individual people's care and support. For example, we saw one feedback form completed which was positive, but there was no system to effectively monitor themes and patterns of the feedback from people in order to take action. We discussed this with the registered manager, who told us they would improve the analysis of the feedback they received.

The failure to effectively review and analyse feedback from people so improvements could be identified and acted upon, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives we spoke with gave mixed feedback about the service they received. While some were very happy with the service, knew the staff who supported them and felt safe, others were not. Comments included, "The carers [staff] have all been wonderful, they are polite, there is nothing they won't do for my parents, and they have been amazing", "Management are easy to talk with and the carers [staff] are happy to come here. I have called the office a few times to say how happy I am with my care", "The carers [staff] don't chat with [relative], they just come in, do the least they have to do then go." and "I do know the manager, but I don't know her name. I can talk to her, but she is not always approachable." We discussed this feedback with the registered manager, who told us they would take action to improve the areas we had identified in this inspection and they were committed to ongoing improvement.

- External professionals also confirmed that although some people were very happy with the service they received, this was not the case for all people. An external professional said, "Some of the clients [people] who use the agency have no complaints or concerns and are happy with the care that's provided. However, other clients and families have requested change to a different care agency, because of poor or lack of

communication."

- Staff told us they felt the registered manager did not act on concerns they raised, and they felt undervalued. It is important that staff feel valued and listened to, as this demonstrates an open and inclusive culture, where staff understand the value of the service reflect this onto the people receiving a service. Staff feedback was discussed with the registered manager who felt they were open and encouraged staff feedback through supervisions and regular staff meetings. However, feedback from staff demonstrated these had been ineffective. At the time of the inspection and six out of seven staff spoken with felt underappreciated and undervalued. One staff member said, "The [registered] manager is unapproachable, we have a meeting but nothing changes."

We recommend the provider seek advice and support to consider how to improve the culture in the service and increase staff value.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. We saw records that demonstrated the registered manager reviewed all incidents and apologies were sent to people where needed.
- The registered manager was aware of their responsibilities regarding duty of candour.

Continuous learning and improving care; Working in partnership with others

- The registered manager described how they were working with partner agencies to improve outcomes for people. They were being supported to make improvements by a local authority professional from a team focussed on improving quality.
- In addition, following the last inspection the provider had engaged an external care consultancy to independently review the quality of the service. This had enabled them to develop an action plan which they were working through to make the required improvements.
- Where changes to people's need were identified, advice and support was sought from external health and social care professionals. An external professional told us, "The [registered] manager has also been proactive when I request for extra support for clients [people], as well as when I inform them about concerns, I receive from clients and their families."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective systems in place to assess, monitor and improve the quality and safety of the service, to act on feedback from service users, to monitor and mitigate risks and to maintain accurate and contemporaneous records.</p>