

Montecare Solutions 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Montecare Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for adults, some of whom may be living with dementia, have a physical disability or a learning disability. The service does not provide nursing care. At the time of our inspection the service was supporting 79 people with 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

Governance systems in place were not always effective at identifying areas of concern as they had not identified those found at this inspection, and enough improvement had not been made since the previous one in October 2018. At the previous inspection in October 2018 the provider had also failed to make improvements to the service and was also rated requires improvement overall at the inspection in February 2017. This was therefore the third consecutive inspection where the provider had repeatedly failed to improve, and breaches remained in place.

Systems had failed to identify where records were not robustly completed. There was no formal auditing system for monitoring people's care plans, this meant the service had failed to identify when risk assessments were not adequately completed. Risk assessments did not all contain sufficient information to mitigate risks to people and still required further development. Additionally, staff supervision had not been consistently maintained.

Where recommendations had been made at the last inspection, sufficient improvement had not been made. At the last inspection we made a recommendation regarding Improvements in relation to the application of the Mental Capacity Act 2005 (MCA) and the management team not being up to date with best practice.

At this inspection we found improvements had been made in part in relation to training for staff in the application of the of the Mental Capacity Act 2005 (MCA) however people had not always had their consent formally sought and their involvement in care planning was not fully evidenced.

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, we did identify records of best interest decisions were not always in place or fully completed.

People told us they felt safe with the staff that support them. People received their medication as prescribed. Staff had been recruited safely.

Staff were intuitively caring and treated people with respect, and people's privacy and dignity was

maintained. Feedback from people said staff were kind and caring. Staff were able to describe how they ensured people's dignity was respected.

Staff felt supported and they received induction, ongoing training and supervisions. People's nutritional needs were met.

People had the opportunity to give feedback on the service. People and their relatives were positive about the management team.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 November 2018) and there was a breach of regulation, good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made/sustained, and the provider was still in breach of regulations. The service is therefore rated requires improvement at this inspection.

At the previous two consecutive inspections in February 2017 and October 2018, this service has been rated requires improvement. The provider has repeatedly failed to address concerns from previous inspections to improve the rating to at least good. Since being registered under Montecare Solutions Ltd in 2012, the service has fluctuated between good and requires improvement ratings and has not improved at the last three inspections. This demonstrates a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to governance systems. 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

As this is the third consecutive inspection we have completed where the provider has been rated requires improvement and has made little or no improvements. 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 continue to monitor information we receive about the service until we return to visit as per our re inspection programme. If we receive any concerning information we may inspect sooner.

It should also be noted that the service was in the process of transitioning to new providers and a change of leadership was anticipated at the time we inspected, and we intend to meet with the provider following this inspection.

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 well led

Details are in our Well Led findings below

Inadequate ●

Montecare Solutions 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector and one 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:

Montecare Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service predominantly to older adults in Clacton, Harwich and the surrounding areas. At the time of our inspection the service was supporting 79 people and employed 35 members of staff.

At the time of inspection the service had a new manager registered with the Care Quality Commission who had only been in post since August 2019. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the service was going through a process of transition and change of leadership the new registered manager was also to be the new provider. The previous provider had de registered as manager but still had regular contact with the service.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site activity took place on 31 October 2019 and 5th November 2019 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people and six relatives of people who use the service to ask about their experience of the care provided. We spoke to members of staff including the deputy manager, registered manager, and another prospective director of the company. The previous provider for the service also attended the location on the day of inspection and was spoken to briefly.

We reviewed a range of records. These included eight people's care and medication records. We also looked at six staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's safety and wellbeing were identified and assessed. Individual risk assessments were in place and included for example, the risk of falls, risks associated with specific healthcare conditions, and within the environment. At the last inspection, we identified that these were based on a tick box system and required further development as they contained limited information. Little progress in developing these assessments had been made since the last inspection. For example, one person who required hoisting did not have clear guidance for staff and the risk assessment just stated "Hoisted". This person's risk assessment was last reviewed in May 2018. There was also no information on what equipment was used regarding type of hoist or size of sling used. We raised this with the registered manager who advised us they intended to review all the care plans and risk assessments going forward, however they had already identified this as an action and started to do this. They also assured us further guidance for staff would be recorded in more comprehensive detail.
- People were protected from avoidable harm. People told us they felt safe receiving care. Their comments included, "They help me get on to the shower chair and back into my wheelchair, yes I feel safe." And "Yes mainly, one or two I wonder do you know what you are doing, but I trust them when they put me in the sling and hoist." One relative told us, "Yes definitely, I know [relative] is happy with them, [relative] is relaxed with them and trusting of them."
- When accidents and incidents occurred, staff completed reports about what happened. The reports were reviewed by a member of the management team.

Whilst we acknowledge staff knew people and their care needs well and there was no impact to suggest that people's individual needs were not being met or they were not safe. We recommend that the service ensure that all risks to people's safety and wellbeing are fully recorded and mitigated and clear guidance is provided to staff on how to manage the risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "They are all very caring and I feel safe when they are here." A relative told us, "They have two of them come every time, they (carers) do it as they are trained to do."
- Staff were trained in how to recognise signs of abuse and were clear on how to report concerns. The registered manager understood their responsibilities in relation to safeguarding and how to report and investigate concerns. They managed and investigated any concerns, this provided consistency in investigating and ensuring lessons were learned.

- Safeguarding referrals had been made to the local authority when necessary.
- There was a twenty-four hour on call system in place to cover any emergency situations and ensured staff were well supported outside of office hours.

Staffing and recruitment

- People were cared for by staff who had been appointed following safe recruitment processes.
- New staff were appointed subject to satisfactory checks. This included identification, employment and character references, as well as clearance from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people.
- We did note that where staff were required to provide up to date paperwork such as evidence that they had valid insurance and MOT documentation for vehicles, that this was not always obtained despite a number of requests and had not been followed up by the service. The new registered manager told us they had identified this and was addressing this. They also advised that the paperwork currently used for recruitment was to be reviewed and updated as part of the new processes.
- There were enough staff available to ensure people received their expected care visits. People told us they generally knew who to expect and said the office informed them if there were any changes. A new computerised system was in place to monitor staff punctuality and attendance at visits. This also ensured that any missed visits were picked up quickly and attended to. Staff had taken time to get used to this but told us it was now working well.
- People told us they were happy with their regular carers but when they did not receive them, call times could vary. One person told us "They have been late a couple of times, they forgot us about two months ago, I phoned, and they did come, they had been held up, they sorted us out."
- Staff told us that generally they had enough travel time to get to people between calls.

Using medicines safely

- People who required assistance with the administration of their medicines were supported by staff who had received medicines training.
- People's care plans contained clear guidance for staff to follow, to ensure people received their medicines safely.
- Records showed people received their medicines as prescribed. Medicines administration records were up to date, there were no gaps or errors in the records reviewed at this inspection. One relative told us, "The carers give it to [relative], they prompt them to take it, but they don't always take it and so then they follow it up at the next visit, they have a book where they write everything." Another relative said, "They dish the medication out for [relative] 4 times per day, they are near enough on times, it has been late sometimes, but it has been ok."
- Audits of medication records had been increased since the last inspection although documentation still required further detail to evidence actions taken in response to any anomalies identified. The new registered manager stated this would be addressed so all actions were clearer.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- The risk of cross-contamination or infection were reduced as staff had access to and knew how to use personal protective equipment (PPE). The PPE included items such as gloves and antibacterial hand gel. The PPE supplies were kept in people's homes, as well as at the office to ensure staff always had access.

Learning lessons when things go wrong.

- When things had gone wrong appropriate action was taken and processes put in place to prevent a repeat.
- The registered manager told us since coming into post they had recently implemented a new system to learn lessons when things had gone wrong. We will check this on our next inspection. They used staff meetings to discuss issues of concern and ensured any changes as a result of learning from incidents was shared with the staff team.

Is the service effective?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same.

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.

At the last inspection, we recommended that the provider research best practice and source training for staff around best interest decision making in line with the Mental Capacity Act 2005 Code of Practice. This had not been fully met. Records regarding best interest decisions and consent still required improvement.

- Where required, people's mental capacity had been assessed and the staff had consulted with the local authority. However, people's records did not evidence this fully on the day of inspection.
- People told us staff sought their consent verbally and talked through any care they were providing. Staff told us they had an understanding of the MCA and told us they encouraged people to make decisions for themselves. One relative told us, "I have heard them {staff}, they tell [relative] what they are doing and ask for consent."
- The registered manager told us they were systematically meeting with everyone using the service to ensure consent had been formally sought and evidenced in each person's file with new paperwork. This had not been fully completed at the time of this inspection as the new registered manager had only been in post a couple of months. They had however started to ensure staff who required updates in training on the Mental Capacity Act had these and we saw evidence to show this had been planned going forward.
- If people had a nominated legal representative, such as a Lasting Power of Attorney, the registered manager was aware this should be documented in their care plan and a scanned copy held by the service. This meant where people lacked capacity the office staff would be the decision maker in the event of specific decisions needing to be taken.

Staff support: induction, training, skills and experience

- Staff progress and competencies were monitored through observations of the care they were delivering, and supervision meetings. Staff could discuss if they felt further support was needed, or if they wished to develop their skills and knowledge in any area of their role. These had lapsed at the time of this inspection and one member of staff had not had a supervision since February 2019 and another staff member's last recorded supervision was in June 2019. The supervision records we reviewed were very brief and non-specific and did not identify appropriate goals for staff. This was discussed with the registered manager on the day of inspection and they agreed this required improvement and they assured us this would now be addressed as this was also highlighted at the last inspection of the service in September 2018 and very little progress had been made.
- People were supported by staff who had received training to meet their needs. Staff were required to complete training in a range of areas, including manual handling, food and hygiene, first aid and the Mental Capacity Act. This was delivered in a variety of formats including face to face and e learning.
- The registered manager had an online training matrix system which enabled them to have an overview of the training staff had completed. Any training due was either scheduled or in the process of having dates confirmed at this inspection.
- New staff completed an induction checklist and shadowed more experienced staff until they were confident and competent to work independently. Staff confirmed they did this and people confirmed this took place, one person said, "They (staff) are good yes, because they have a list of things of what they have to do, they are proactive in what they do."
- Staff felt well supported by the new registered manager. Staff said the registered manager was very approachable and they were always able to contact someone if they required advice or support.
- People and their relatives told us staff were knowledgeable in their roles. One relative told us, "Yes definitely, they (staff) advise us on how to do things and make things easier, they seem very knowledgeable."

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

- Before care packages were agreed, people's care choices and needs were assessed. People had care plans in place which reflected their assessments and reviews of their needs. These had been carried out with people and their relatives.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure daily records were kept up to date.
- People's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's beliefs by enabling them to choose the gender of the care staff who provided their close personal care.
- People had hospital passports in place, to promote continuity in their care in the event of being admitted to hospital. These explained how best to communicate with the person, their support needs and key information a health care provider may need to know.

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

- People's care plans contained guidance for staff around what people liked or disliked, as well as how they can support the person with their nutrition and hydration.
- Where the service was responsible for supporting people with their food and drink, records of daily care showed what the staff had helped to prepare. One person told us, "The staff ask us and get it from the cupboard or fridge and cook it, they know I need a lot of butter and cream." A relative said, "They get breakfast, dinner and tea and leave [person] plenty of fluids, I fill the freezer and they ask what would [person] like today, they give something different to eat each day."
- Staff worked with other health professionals to make sure people received food and drink according to

their needs. For example, staff were good about monitoring people's intake and made appropriate referrals to people such as dieticians or the GP should they be required if the felt people were at risk of malnutrition or were not eating properly.

Supporting people to live healthier lives, access healthcare services and support

- People told us they felt the staff would contact healthcare services for them if needed, such as the GP or community healthcare professionals.
- Some people were supported by staff to attend healthcare appointments.
- In the event of a person's needs changing, staff who cared for the person were contacted before the next visit and informed. The person's care plan would then be updated from the office and distributed to the person's home.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the local authority, particularly when confirming care packages for people with varied support needs.
- The staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- Staff worked as a team to support people and ensure care visits were covered in the event of staff shortfalls. We saw the office staff coordinating carers and visit times to ensure people's needs were met.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

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

Whilst we acknowledge that staff were intuitively caring in their day to day roles and there was no impact to suggest that people's individual needs were not being met. People did not always receive a service which was caring as they were not always protected from potential risk, and monitored effectively as documented in the safe, effective, responsive and well led areas of this report.

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

- Care plans and risk assessments were reviewed yearly, but people's current needs weren't always detailed and updated to make sure they accurately reflected their current requirements and preferences.
- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made, however, the service could not evidence where people had given power of attorney and people's wishes were not always considered if they lacked capacity. One relative told us, "They (staff) have never asked at the review about preferences and [person] has dementia so they couldn't tell them."
- People were able to express their views about their care. One person's relative told us, "We have power of attorney, nothing is ever too much trouble for the carers when you speak to them, the carers have made sure I have quality time and taken pressure off the family."
- One person's relative told us, "They know [relative] pretty well, they know their quirky little ways, they don't like males, a male came out once because of sickness, I spoke to them and told them [relative] wasn't comfortable, they made sure it wouldn't happen again."
- Another person told us they had asked for female carers and they had managed to deliver on this.

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

- Care plans did consider some of the protected characteristics under the Equality Act, with the registered manager informing us if people wished to discuss their sexuality this would be recorded under personal circumstances. When discussing current care plans the registered manager agreed this could be better documented to show this has been explored proactively as part of the assessment process.
- People told us they were supported by caring staff. One person's relative told us, "They are very friendly, kind, caring, loving, [relative] is very at ease with them, [relative] has fun with them." Another person told us, "They are very caring, and like family they don't appear to just to be doing a job."
- One relative told us, "They are very caring, they have a genuine interest in [relative's] wellbeing."
- None of the people we spoke with had any cultural, spiritual or religious needs that required support from

staff.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was promoted by staff. One person's relative told us, "They (carers) always draw the curtains when doing personal care, they are discrete when they do things, cover [relative] with a sheet and make it private." One person did state, "Most of them (staff) are alright, they are always in a hurry though."
- Another person told us staff supported them with certain aspects of personal care that they were unable to do themselves. They said, "The carers stay out of the way when they don't need to be in the way, I can wash myself in the shower and they don't hang around for that."
- Staff could give us examples of how they respected people's privacy and dignity. For example, making sure curtains were closed, and doors were shut when undertaking personal care.
- People told us staff respected them with dignity and treated them with kindness. One relative told us staff were "Very gentle" with their family member. People told us care staff respected their home and belongings and helped them where possible to remain independent.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always met through good organisation and delivery.

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

- People had care plans which reflected their physical, mental, emotional and social needs. Care plans were not fully person centred and did not provide enough information for staff on how to support people's needs. The care plans were of a generic format and based on a tick box assessment of needs. For example, one person had mobility needs but there was no specific detail in the care plan or information for staff on how to manage these needs effectively.
- Care plans did not consistently provide information on people's interests and hobbies. Some people were being supported by staff for extended periods of time. This information would help to ensure staff were supporting people with meaningful activities that were of interest to them during these periods of time.
- Staff visit schedules were organised to ensure people had visits from staff that knew them well and could meet their needs and preferences. Comments we received from people were variable regarding visits. One person said, "They should stay for 45 minutes but they are never here for that long, they seem to be short staffed, I feel rushed." Another person said, "Sometimes I don't feel there are enough staff, the girls work so hard and are always at work." Systems were now in place to alert the office team if carers had not arrived for their visit or were running late. This meant that people were assured that their visits were monitored and managed well and prevented the risk of a missed visit.
- People told us they were supported by staff who knew them well.
- People told us they had regular review meetings with the registered provider to review and discuss their care to ensure it still met their expectations. They told us where changes were requested, these were accommodated where possible. One person told us, "We ask for early calls and they give us them, we have got to know the ones (carers) that come the most, we know them really well."
- The registered manager told us the first review usually took place after a month and then at regular intervals to ensure people's care reflected their needs.

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 care plans contained basic information on people's communication needs. The registered manager told us no one using the service had specific communication needs that they needed to meet. They confirmed that could access documents in different formats based on people's assessed needs

- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people were identified as having hearing difficulties.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care;
- A complaints procedure was in place. This was included in the service user information guide and included details for other contacts if people were not happy with the response including the local authority and Care Quality Commission.
- Where complaints had been received, these were investigated and responded to appropriately.
- If concerns were raised in reviews or surveys, a phone call to the person or their relative took place to discuss the concerns in more detail and what could be done to make things better.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- People's end of life wishes were explored at the initial assessment. People's care plans contained evidence of a DNACPR in place. A DNACPR form advises that people do not want medical professionals to attempt cardiopulmonary resuscitation (DNACPR). This can ensure that a person's death is dignified and peaceful.
- The registered manager told us they would be further developing care plans to ensure people's end of life wishes were fully explored and reviewed.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care

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

At our last inspection we identified that records needed to be improved to ensure they provided care staff with detailed guidance about how to ensure all risks to people's safety and wellbeing are fully recorded and mitigated. This placed people at risk of receiving poor quality, unsafe care. Quality assurance systems needed to be more robust to ensure improvements were made. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection we found governance systems in place had again still failed to identify areas of concerns identified at this inspection and act on the actions from the previous inspections in October 2018 and February 2017. For example, risk assessments in care plans not containing adequate information to guide staff on how to mitigate the risks to the health and safety of people.
- Sufficient improvement had not been made in relation to the recommendations made at the last inspection. Staff continued to receive inconsistent supervision.
- Systems repeatedly still failed to identify when consent records were not recorded or robustly completed.
- Staff were not fully supported by the provider through supervision with the core values of the company, which was to be committed to providing top quality services and to continuously improve the level of care that could be offered. We do however acknowledge that care staff intuitively applied this in their day to day roles.
- Consistent and effective leadership was not fully established and embedded. Whilst we acknowledge there was a new registered manager in post who had only been in post for a couple of months at this inspection, little progress on actions from the last inspection in October 2018 had been made. Whilst the registered manager told us they wanted to progress the service positively they said they felt they did not have sufficient autonomy to do so as the provider who had informed us they intended to transition the company structure, was still an active presence in the service regularly. This created some confusion and uncertainties with some staff members also as the service was going through a period of transition to new providers.
- Following this inspection, we were informed that the new registered manager had made a decision to resign from their role and had de registered with us.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- People were happy with the care they received, one person said, "[New registered manager], she is very nice on the phone and very helpful." Another person said, "I know the assistant manager, wonderful, so lovely."
- Staff said they felt supported by the current management team and understood that once the service was transitioned to new providers and leadership established, systems and processes would be more consistent.

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

- Surveys and face to face reviews were carried out with people to gather their feedback on the service. The information obtained through these had not been analysed in detail to evidence actions on how the information received was then used to improve outcomes for the people who used the service. The registered manager had only been in post a short time at this inspection and agreed this was an area for improvement and more time was required to evidence the sustainability of the quality assurance processes. They told us they would ensure this was an area they would concentrate on going forward.
- People and their relatives knew how to contact senior staff and the management team. People told us they contacted the office with any queries and these were dealt with.
- Team meetings were held with staff to discuss any areas for improvement and to give people opportunity to raise any concerns.
- The new registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. There had been no duty of candour events at the service.

Working in partnership with others

- The service worked in partnership with others. The new registered manager and staff had good working relationships with other professionals' people and their families. These include working closely with the Local Authority, GP surgeries, district nurses, and specialist teams. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.
- The registered manager who was new in post understood the need to keep up to date with best practice and guidance via the local authority, Skills for Care, the Care Quality Commission and other organisations.

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>Improvements were required to ensure that the provider's quality and assurance processes were effective to ensure that concerns were addressed and to achieve continuous improvement.</p>