

Careinmyhome LTD

Careinmyhome

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Careinmyhome is a service providing personal care to approximately 26 people with a range of health and support needs 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 were not always protected from harm. Risks to people had not been adequately assessed to ensure people received safe care and treatment. The provider had not ensured all staff had the skills and knowledge to provide care safely. Infection prevention and control systems were sufficient to protect people, although one of the provider's policies relating to Covid-19 contained information that was not in line with current government guidance. New staff were recruited safely.

Care records were held electronically. When people started to use the service, some staff needed to call the office to obtain more information about people's care and support needs. Some staff had not completed all the necessary training. For example, no staff had undertaken training on catheter care, and some people used catheters. After the inspection, the provider arranged for staff to receive this training. There were gaps in some care plans which provided inconsistent information about people's care and support to enable staff to be aware of and fully meet their needs.

People were aware that there had been recent changes in the management team. At the time of the inspection, the Worthing office was closed due to staff having to self-isolate, so calls were put through to one of the provider's other offices. Systems to monitor and measure the service were not effective, nor sufficiently robust to drive improvement.

People felt involved in decisions about their care and that staff would always check with them before undertaking any personal care. People confirmed that staff assisted them to maintain a healthy diet, and that if they needed any healthcare support, staff would ring the relevant healthcare professional.

People said that staff were kind and caring and that relationships with carers were good. People were treated with dignity and respect and their independence was encouraged. 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.

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 4 April 2019 and this is the first inspection.

Why we inspected

This inspection took place because of concerns we received. These concerns related to care plans, risk assessments, and the management of staff. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all key questions of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to providing safe care and treatment, and the overall governance and management of the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Careinmyhome

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by three inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Once a manager is registered, 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. A new manager had commenced employment with the service in March 2021 and intended to register with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure there was someone in the office to speak with us. Two inspectors met with the provider and two members of the management team at the office on 15 March 2021. One inspector undertook telephone calls with people to obtain their feedback about the service. The inspection started on 11 March and ended on 24 March 2021.

What we did before the inspection

We reviewed information we had received about the service which included concerns raised. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people, including some relatives, who used the service. We spoke with six care staff, the provider, a director of the company, the manager, and three whistle-blowers. A whistle-blower is a person, usually an employee or ex-employee, who exposes information or activity about an organisation that is deemed unsafe, for example. We reviewed a range of records including ten care records. A variety of records relating to the management of the service, including policies, recruitment and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information including risk assessments, staff training and supervision, and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not always protected from the risk of abuse or harm. Risks had not been appropriately identified and mitigated.
- In February 2021, according to an accidents/incidents spreadsheet, one person had bruising to their lower back/top of buttocks. The record noted there were also smaller bruises, 'spanning the length and width of a hand'. When questioned by staff, this person was unaware of how the bruising had occurred. The records stated action to be taken was for a 'full care assessment' to take place, and this was done three days later. No further action to investigate the cause of the bruising, and to mitigate the risk of further harm or abuse had been taken.
- Four staff had not completed safeguarding training which was considered to be mandatory by the provider. We found that the provider and staff were not following the provider's safeguarding policy. This stated that any safeguarding issues would need to be reported in the correct manner and for staff to understand when it was a safeguarding matter. The policy referred to notifying CQC about any safeguarding concerns. No notification of abuse or alleged abuse had been received by CQC in relation to this incident. We asked staff about their understanding of safeguarding. One staff member said, "Basically if I went into someone's home and I saw some kind of abuse, physical or mental, I would raise it with the office. It's also about risks in people's homes, with objects or people".
- We asked the provider about their understanding of safeguarding. They said, "If there's any indication of anyone being caused harm or neglect, in fact any kind of harm, this would be investigated by safeguarding. We would investigate ourselves with the registered manager or myself, and if there is something that needs to be reported to the council, we would notify them. Once we've investigated it and see that an incident has occurred, we would notify CQC". CQC should be notified of any abuse, including alleged abuse, as soon as possible after the incident has occurred.
- Risks had not always been adequately assessed to ensure people received safe care and treatment. Staff did not have the competence or skills required to ensure people were supported safely.
- The provider explained that some people needed support quickly if they had been discharged from hospital. The provider said, "We do some reablement with the NHS so when someone is being discharged from hospital, we take some of those clients on, maybe for six weeks or so. Hospital discharge maybe only a day's notice, but you do an assessment on the first call. Not many referrals are received that way".
- We received mixed feedback from staff about the information they had available before supporting people for the first time. We found that staff did not always have enough information available about people's needs and did not always have the right skills and knowledge to support people safely. We asked staff if they knew how to support people safely on their first visit. One staff member said, "As soon as I walk in I

make sure everything is safe. The supervisor and office staff go and do the assessment. Information is always on the app and we can always ring the office".

- Another staff member told us they were sent to a person's home recently and there was a hoist the carer had never seen before. Another carer was working with them. The staff member said they rang the office to explain they had not been trained in how to use this particular kind of hoist to support this person safely. The staff member said the office staff member was not helpful and they were told they should have been able to cope. According to the staff member, there was no detailed information within this person's care plan, just their name and address, when they visited this person for the first time. We received a copy of this person's care plan which showed an Oxford hoist and stand-aid were to be used. Both staff used the Oxford hoist without knowing how to do this safely.
- The staff member said they had not received training on moving and handling or hoists, or in catheter care, but that they supported people with these tasks regularly. We found that no staff had received training in supporting people with catheters and this staff member had not had training in the moving and handling of people. The staff member said, "I've taught myself and rely on the clients. I wasn't shown how to do any". When asked whether they had shadowed experienced staff during their induction, the staff member told us they only shadowed on two occasions, both half-an-hour visits, but had never been shown or observed moving and handling techniques or hoisting.
- The same member of staff supported another person who was doubly incontinent. According to the care plan, this person had faecal/urinary continence with a catheter/stoma. Their risk rating was noted as 'High', yet they were supported by staff who had not been trained in the management of a stoma bag, or catheter care. In another person's care plan it stated that staff should change the person's stoma bag 'if needed', but there was no advice or guidance for staff on how or when this should be done. This put the person at risk of unsafe care. According to the training matrix we were given, no member of staff had completed the relevant training and the staff we spoke with could not demonstrate their understanding, competence or skills in catheter or stoma care.
- One person told us that staff were well organised and willing to complete extra tasks. They added, "New staff were not introduced to us, they just turned up and didn't know how to empty the catheter bag. They'd never seen a catheter bag". When asked if they felt staff had been properly trained, another person said, "Yes, on the whole, but two staff today were inexperienced and didn't know what they were doing".

The provider had failed to ensure the risks to the health and safety of people were always assessed and mitigated, and that staff providing care had the right competence, skills and experience to support people safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the provider how lessons were learned if things went wrong. They told us, "That's what we do and we reflect. Everything has to be online and during Covid, I could not come to the office as usual in the last year. We have a checklist for customers and carers and this has to be signed off by the manager".
- After the inspection, the provider informed us that catheter training for care staff had been booked and would be completed by 26 March 2021. They told us the majority of staff had completed safeguarding training. They said that two staff who had not completed this training would not be working until they had done so. The provider was in the process of sourcing stoma training for staff who required this.
- Some people felt that staff that supported them were experienced and competent. One person said, "They appear well-trained and know what they're doing". The person added they were especially satisfied with one carer and had asked for them to attend as often as they could; this had been arranged.

Staffing and recruitment

- Recruitment systems were adequate to ensure new staff were recruited safely.

- We looked at recruitment records for four members of staff. Disclosure and Barring Checks, which related to a person's good character and whether there was any criminal record, had been completed. Application forms provided basic information about people and after the inspection we were provided with curriculum vitae for two members of staff which showed their education, qualifications gained, and employment history. Two references were obtained for each staff member.
- In response to our question about staff recruitment, the provider said, "We recruit throughout the company and it's constant. People's lives change and some people have done this role but we need to plan ahead. We pride ourselves on not missing calls and we don't want to let our clients down".
- We asked people whether staff were prompt in arriving to calls and received mixed feedback. One person confirmed that staff arrived on time and stayed the agreed length of time. They added that for four weeks they had not received a rota and did not know which staff member would be supporting them. However, they said that things had improved recently and they had received their rota for the past two weeks.
- A relative told us they did not receive a weekly rota and did not know the names of staff who would be supporting their family member. They commented that they would like to see the same carers, but there had been lots of changes with staff recently and gave an example of seeing 15 different carers in a week. The relative said this was difficult as their family member lived with dementia and was not able to get to know staff easily. The relative has now asked for carers to sign a register when they visit, so they can know their names. Another person said that times of calls changed throughout the day, with no prior notice, other than messages they received on their iPad.
- The majority of people were happy with call times and there were no missed calls.

Using medicines safely

- Medicines were managed safely.
- Some people were supported by staff to receive their medicines.
- The majority of staff had completed medicines training.
- One person confirmed that staff administered their medicines each morning and evening and that records were completed in confirmation of this.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We found that the provider's infection prevention and control policy was not up to date. The provider gave us a copy of their Covid-19 policy. This stated that staff must self-isolate for seven days or until symptoms have passed or recovery is evident. This is incorrect and is not in line with government guidance. Government guidance, 'COVID-19: management of staff and exposed patients or residents in health and social care settings', updated 28 January 2021, states that staff should self-isolate for 10 days if tested positive for Covid-19.

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.

Staff support: induction, training, skills and experience

- Systems were not effective in ensuring staff were inducted, trained or supervised adequately.
- New staff would shadow a competent carer, and the time this took would be variable. The manager said, "It could be 16 or six hours, until both parties feel competent. We would do a whole shift and look at more complex customers".
- Staff experiences of the induction were variable. One staff member said, "One carer started on Monday and was out in the field working independently by the Wednesday". Another staff member told us they did not feel confident that their induction gave them sufficient knowledge or understanding to support people on their own.
- Three staff told us they had never received spot checks, that is where a supervisor or senior carer would observe how they delivered personal care to people in their homes. One staff member told us they were never introduced to 'new clients', adding they, "just turned up at their houses".
- After the inspection, we were sent copies of spot checks that had been completed for two staff. The provider also informed us that their records showed all care staff had received observations of their work and spot checks. This contradicted what some staff told us.
- The provider sent us a copy of the staff supervision policy. This stated that new staff would be shadowing experienced staff in the first week and that supervision would be every three months after that, with annual appraisals.
- Staff did not receive regular supervision. Some staff told us they did not feel supported in their roles. One staff member said they had not had a supervision meeting since last September. Another staff member confirmed they had received supervision two days before, but had never had a meeting with their supervisor before that. A third staff member said they had never received supervision since they started in post several months before.
- After the inspection we were sent copies of supervision records for four members of staff, all of which had been completed very recently, and dated March 2021.
- The provider told us that staff received training via e-learning, except for manual handling, and how to use different types of hoists and slings, which had been delivered face-to-face in the past. Staff told us that since lockdown, moving and handling training was through e-learning only. Some staff had not received training in moving and handling or how to operate hoists safely which put people at risk. After the inspection, the provider informed us that all staff had completed moving and handling training, but this would be reassessed by 30 March 2021.
- The provider set out training they considered mandatory for staff, but had not ensured all staff had received this training. We were sent a copy of the training matrix. One member of staff appeared not to

have completed any training according to the matrix. Four staff had not completed safeguarding vulnerable adults training, three had not completed infection control training or health and safety training, and none had completed training in catheter care.

The provider had failed to ensure all staff had completed the competence, skills and experience to support people safely. Staff supervisions were not always completed in line with the provider's policy and some staff felt they were not fully equipped to undertake their role and responsibilities safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Before people started to receive support from carers, staff would visit them to complete an assessment of their needs.
- Care records showed that people's needs and choices were documented. Staff told us that they could access people's care records electronically. When staff visited people for the first time, occasionally the records had not been completed in detail; this would follow later. Staff told us that if this was the case, they could always ring the office. However, one carer said, "We receive some referrals in the form of hospital discharges. I've never heard of any reablement plan. So many of the clients, and their families tell me what I need to know. For a new client, it will take maybe a week or so before information is on the app".
- People felt involved in discussions about their care, but had some concerns. One person said, "Yes, staff will ask. I haven't been given a care plan, but the manager has changed in the last two weeks; it's a bit of a shambles at the moment". Another person confirmed they were involved in planning their care and added there should have been a review of this the previous week, but this had not happened.

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

- People confirmed that staff supported them to eat and drink sufficient to maintain their health. Where people received support from staff in meal preparation for example, they confirmed this was completed as needed. One person said staff heated up ready meals and they were satisfied with this arrangement. Another person's care record showed staff helped prepare their meals and would sit with them and encourage them to eat.

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

- People had access to healthcare services and support in a timely way.
- Where people needed support from healthcare professionals, and required help with this, care staff would call the office. Contact would then be made with the appropriate healthcare professional. The provider told us it was easier to manage this centrally, but if a person was unwell, care staff would wait with them until help arrived.
- People told us that, if necessary, care staff would contact their GP if they became unwell. One person said that a carer had contacted their GP about a rash, that a photo was taken of this, and their consent was obtained to contact their GP. Another person told us that staff recognised when they were not well and would call their family to say they might need medical attention. A third person commented that carers were very supportive and helpful and they had been able to discuss and share any concerns. For example, carers had notice a change in their mood and this was discussed.

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.

- People confirmed that their consent was always sought by carers before they provided any care.
- The manager told us, "We've started to do the MCA and DoLS for any of the customers. This is about restrictions like cot sides, baby gates, and locking them in. There is no-one currently who is locked in".
- Only three staff had completed mental capacity training with this company. We asked one staff member about their understanding of the MCA and they said, "Yes, I have completed training and we touched on that. It's about someone being in their right mind". The staff member did not demonstrate a clear understanding of the MCA, but from our conversations with people, it was clear that staff routinely obtained their consent before providing care.
- This is an area in need of improvement.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were well treated and supported by staff, but their diverse needs were not always recognised or recorded within their care records. This meant that staff did not have access to all the information they needed to support people.
- For example, one person had a severe visual impairment, but the environment risk assessment did not mention this. The risk assessment stated the risks this person might be exposed to and that staff should keep the exit in their home clear, and there was a risk when using the gas cooker. The assessment did not state how this person's lack of vision impacted on their day-to-day living or how staff should address or support them with this. This is an area in need of improvement.

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

- People were encouraged to be involved in all aspects of their care.
- One person confirmed that staff always consulted them when providing support, care and guidance.
- Everyone we spoke with felt that staff were kind and caring, and they felt listened to. One person said, "Two carers in particular are brilliant, very kind. Staff are kind and try to fit in with our requests". Another person told us, "They are excellent, I couldn't wish for better. They are kind and polite and ask if there is anything else they can do before leaving".
- The manager confirmed people were encouraged to express their views and be involved in decisions about their care. They commented, "It's down to people's assessments, what people like and don't like. A lot of the time their preferences will change, so we'll change their plan. The carers get to know people really well".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff and encouraged to be as independent as possible.
- One person said, "My privacy is respected, very much so. Staff are all excellent". Another person confirmed staff would always shut their door when providing personal care in the bathroom and had helped them to be more independent. A third person said that staff encouraged them to do as much as they could, and that, "Privacy was very much adhered to".

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

- Care plans provided inconsistent or incomplete information about people. This meant staff did not always have accurate guidance on how to support people in a personalised, safe and consistent way.
- There were gaps in some care plans we looked at. For example, one person lived with epilepsy and could experience seizures and this was noted in their care plan. However, there was no further information or guidance for staff on what they should do, or medicines to be administered, if the person did suffer a seizure.
- In another person's care record, it stated the person was doubly incontinent which could compromise their skin integrity, but there was no risk assessment for this. Part of this person's moving and handling risk assessment had a section entitled 'skin integrity'. This was not a risk assessment but informed staff to download a body map and to note any pressure marks, broken skin or deep ulcers. This was information about recording when skin injuries occurred, not how to prevent or mitigate them.
- A third person had a risk assessment for their medicines and stated their relative administered these. On the risk assessment it stated, 'see care plan for details', but there was no information on the care plan about this person's medicines, any potential side-effects, or how their medicines might impact on their health and support needs.
- A staff member told us that someone had telephoned them from the office to ask about two people's current care needs so they could update their care plans, rather than reassessing these people's needs individually.

The provider had failed to maintain an accurate, complete and contemporaneous record of people's needs to ensure their safety and wellbeing. This was a breach of Breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider sent us further information for the person who lived with epilepsy. A care plan providing further information about this person's epilepsy and guidance for staff was completed on 24 March 2021. The provider informed us that all staff would be completing epilepsy training.
- People received personalised care that met their needs, and included their choices and preferences, although care plans were inconsistent in the information they contained.
- Care plans were electronic and showed that people's preferences were taken account of. For example, some people expressed a wish to only be supported by female carers. The provider told us that currently there were no male care staff employed at this location.
- People were complimentary about carers who supported them. One person said, "Staff take on board my wishes and help me to choose what to wear; they always consult me".

Meeting people's communication needs

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

- People's communication needs had been assessed.
- We asked the provider about how they would meet people's communication needs. The manager said they had contacted everyone who received a service, and carers, to find out whether they required information to be presented in a way that met their needs.
- Some people's communication needs were recorded electronically within their care records. For example, in one person's care records we read that they were unable to verbally communicate due to their dementia. It was suggested that staff ask this person's relative for support to understand what the person wished to communicate.

Improving care quality in response to complaints or concerns

- Some complaints had been formally recorded by the provider, but there was no further information about how these complaints were managed, or of any actions taken subsequently.
- The provider had a complaints policy which described how complaints would be managed.
- We asked people who they would make a complaint to, whether they felt confident to raise a complaint, and what had happened as a result.
- One person told us they had complained about care times being erratic. They had not been given a copy of the complaints policy, and added that staff had tried their best to resolve this, but it had not worked.
- Another person said they would contact the office. However, at the start of the inspection, the local office was closed and their call had been diverted to another office of the provider. They told us that since they had not been able to speak to the local team, staff at the other office could not help.
- A third person raised a complaint about one carer who was consistently late. Their complaint was listened to and addressed, and the punctuality of the carer had improved.
- No-one we spoke with had received a copy of the provider's complaints policy or procedure, but everyone felt they could make a complaint if they needed to.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care.
- No staff had completed training in end of life care according to the training matrix. After the inspection the provider informed us that care staff could access end of life training when needed.

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.

Continuous learning and improving care

- The provider was not able to demonstrate that they had effective systems to monitor the quality and safety of the service provided or to drive improvement. When the inspection team met with the provider and other representatives at the location office, we provided them with a list of all the documents we needed to inform the inspection.
- We received the majority of the documents and records we requested. However, we did not receive audits or an action plan to show how the provider had identified areas that required improvement. When we met with the provider on 15 March 2021, they said, "We have a robust action plan in place. No new clients are being taken on currently. My first thing is to make sure our files are correct, and all of our carers have the right observations and supervisions taking place. I'm putting it on hold until we become compliant". The provider added that audits of medication administration records, daily logs, risk assessments were reviewed normally every three months or when changes were required. These documents were not provided to us.
- After the inspection, the provider sent us their own version of an inspection report, dated 24 March 2021. Within this report, there was no evidence to show the provider was aware of the issues we found at this inspection. For example, inconsistent information within care plans, the management of complaints, staff training not completed, and staff supervisions and spot checks not always being conducted regularly.

The provider had failed to ensure systems and processes operated effectively to assess, monitor and improve the quality of care delivered. This was a breach of Breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had some understanding of their responsibilities under duty of candour. They explained, "It's about if things are going wrong and how we deal with these, auditing our service and any issues of care. Relatives can look at the care plan. We send [named relative] about what has happened with his Mum".
- People were overall happy with the service, although eight people commented that they had not been informed by Careinmyhome that an inspector would be calling to obtain their feedback as part of the inspection. Four people declined to have a conversation with the inspector.
- Several people met the criteria for protected characteristics, but the provider was not aware of this. We asked the provider about how they treated everyone equally, and about their equality and diversity

practices. The provider told us they had a policy and procedure on equality and diversity. The provider said they had no-one with protected characteristics. Protected characteristics relate to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The provider told us no-one receiving a service had a hearing impairment, but if they did, then staff might wear a visor instead of a mask, so the person could lip-read. Several people whose care plans we reviewed did have protected characteristics. For example, two people had congenital health conditions which resulted in them having a life-long disability that had a significant impact on their day-to-day lives.

- At the time of the inspection, there was no registered manager, although a manager had been recently recruited and had been in post for two weeks. The manager intended to register with CQC. The provider told us they had difficulty in recruiting managers of the right calibre, who had the experience and skills to do the job. Since January 2020, two managers had de-registered, and another manager had left the service. There had also been a number of care staff who had left the service in recent months.
- Staff provided us with mixed feedback about how they were supported. One carer said, "I think it's a good company. It's nice, it's flexible, so I can work around them and they're very accommodating". A second carer told us, "I can't work for them anymore; they don't treat staff well".

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

- Careinmyhome provided support that met people's needs.
- We asked people whether they had completed a survey since using the service; out of eight people, only one person had received a survey and they said they answered the questions positively. After the inspection, we received copies of six questionnaires that had been completed in March 2021 for people who used the service. Comments were generally positive. One person said, "All fine, carers are lovely". Another person commented that they were satisfied, but that care staff came too early, and they would prefer 8am, rather than 7am.
- Three people told us that when they rang the office, any queries would be dealt with. Some people did not know who the manager was and were aware there had been recent changes in the management of the service.
- People said they were happy with the service they received. One person said, "I can't fault the service and would recommend it to anyone". Another person told us, "Anything I am not happy with I would call, and it's put right. The service is excellent. The ladies are well-trained. We are both satisfied".

Working in partnership with others

- The provider and staff worked in partnership with others.
- Referrals for people who were being discharged from hospital came through the Continuing Healthcare Team or Rapid Response Team.
- The provider linked with social services, GPs, speech and language therapists and healthcare professionals within the Sussex Community Foundation Trust.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected from the risk of harm. Assessments of their care needs were insufficient to ensure staff provided safe care. Some staff had not received training to meet people's assessed needs.</p> <p>Regulation 12 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effective in measuring and monitoring the care people received or to drive improvement.</p> <p>Regulation 17 (1) (2) (a) (b)</p>