

The Carer Network Ltd

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Inspection report






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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Inadequate 
Is the service caring?	Requires Improvement 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

The Carer Network is a domiciliary care service providing care and support services to people in their own homes or place of living. At the time of the inspection, the service was supporting 42 people. 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. The Care Network were currently supporting 26 people with personal care tasks.

The service is responsible for ensuring the regulated activity of personal care is delivered safely to all service users. Some people received a service from a micro-provider, they were able to self-direct their service, or relied upon a relative to do so.

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

People did not receive a service that was well-led. The leadership and management of the service was poor. The registered manager did not have oversight of how the service was performing, having previously relied upon their former business partner. There were no measures in place to adequately monitor the quality and safety of the service.

People did not receive a service that was safe. Safeguarding concerns were not always reported to the local authority in a timely manner. Risks affecting people's health and welfare were not consistently managed and there was conflicting information recorded in care planning documentation. The service did not follow safe recruitment practice which increased the risk of people being looked after by unsuitable staff. We were unable to establish if staff had received appropriate training in the safe administration of medicines. We were not assured that staff members had received the appropriate level of infection prevention and control training or that the staff were fully compliant with COVID 19 testing.

People did not receive a service that was effective. The assessment of people's care and support was not always documented clearly. There was a difference in the information recorded in paper and electronic care records. The training that was offered to staff was not adequate. New staff who joined the team did not receive an induction training programme, this included new recruits who had not worked in the care sector before. The measures in place to monitor staff members work performance were either absent or not effective.

People did not always receive a service that was responsive to their care and support needs. Whilst improvements had been made in ensuring each person supported by the service had a care plan, the level of detail in these was minimal, could be conflicting and was not always up to date. Complaints were not handled correctly. We were told about complaints that had been made where there were no records available and the registered manager was unaware whether others had been resolved.

There was a mixed response from people using the service and their relatives. Those who received a service

from a micro-provider were satisfied with the care and support they received. However, those who received their support from staff employed by The Carer Network, the feedback we received was not so positive. There was no reference to capacity assessments in care planning documentation. Staff had not received any training in the Mental Capacity Act (2005). However, we had no evidence to suggest people were not supported to have maximum choice and control of their lives, nor that staff did not support them in the least restrictive way possible and in their best interests.

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

Rating at last inspection

The service was registered with us on 23 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection but was brought forward due to concerns about the leadership and management of the service. 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 sections 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 have identified breaches in relation to safe care and treatment, safeguarding, management of complaints, staffing, recruitment and governance.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

The Carer Network Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two Inspectors 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes or place of living.

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

Notice of inspection

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

Inspection activity started on 9 February 2022 and ended on 23 February 2022. We visited the office location on 9 February and 14 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 who used the service and 10 relatives about their experience of the care provided. We spoke with the registered manager, the office manager and an independent care consultant who was providing support and guidance to the provider. We received feedback from nine members of staff. Despite us asking, the registered manager did not make arrangements for care staff to come along to the office whilst we were there. We were able to speak to four members of staff by telephone.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at seven staff files in relation to recruitment, training and staff supervision. We reviewed other records relating to the management of the service, namely policies and procedures, medication administration records, daily care rotas were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at all the records we gathered during the inspection. We asked the registered manager to provide records they had been unable to locate during the inspection and asked them to submit these to CQC by 17 February 2022. The service was unable to provide all the records we requested.

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 Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service did not have safe measures in place. They had not taken sufficient steps to ensure people were safeguarded from harm.
- The service had a safeguarding policy in place however this was under review as the provider had purchased a new set of policies and procedures. Those staff we spoke with were unable to say who they could report safeguarding concerns to if anything they told the office about was not acted upon.
- Safeguarding training for the staff team was poor. There was a lack of evidence that staff had completed suitable safeguarding training. Some had attended a three-hour 'All-in-One' training covering all mandatory subjects, including safeguarding adults.
- The reporting of any safeguarding concerns was not always done in a timely manner. On the second day of our inspection, the registered manager told us there had been concerns over the weekend regarding one person's safety. The member of staff had reported this to the on-call person but the situation had not been reported to safeguarding via the emergency duty team. The registered manager reported these concerns, but this delay may have subjected the person to further harm.
- The registered manager said they had completed safeguarding training level three with an external training company but their response in dealing with safeguarding concerns was inadequate. We requested to see evidence of this training but this was not provided.

The provider had failed to establish and operate effective systems and processes to prevent abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safeguarding service users from abuse and improper treatment).

Assessing risk, safety monitoring and management

- The assessment processes and management of risks were not safe.
- One person's care plan contained conflicting information regarding risks associated with moving and handling tasks. There was a difference between the information recorded on paper and the electronic care plans. This meant there was a risk staff would not follow the correct guidance, placing people at risk of harm. The registered manager agreed to clarify this.
- This person's plan also stated that staff providing care must be moving and handling trained. Of the six staff who regularly attended one person, there were three occasions on 30 January 2022 when neither of the two staff members who attended the call were trained. This meant people were supported by staff who were not trained, placing them at risk of harm.
- In another person's care plan it was recorded they were at high risk of falls. Following a fall in February 2022 they had been admitted to hospital. No incident form had been completed or a review of the person's care plan taken place to mitigate further risk. We discussed our concerns with the registered manager.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of significant harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns regarding people's safety, people or relatives told us, "Yes, it's all good yes I feel really safe with them", "I do feel safe and "She's safe, all the care is very excellent".

Staffing and recruitment

- The provider did not follow their own recruitment policy or adhere to regulations to ensure that staff members who were employed were suitable to work with people. The service used workers who were accredited as micro-provider's with Somerset County Council. These staff were self-employed but managed by The Carer Network and the registered manager. Other workers were employed by the service on zero hours contracts
- Staff were not always recruited safely. Appropriate recruitment checks had not been consistently undertaken to ensure staff were safe to work with people. This included evidence to demonstrate all staff employed had appropriate and up to date checks with the Disclosure and Barring Service (DBS) and right to work documents completed correctly with the accompanying proof of identity evidence.
- There was a lack of interview assessments on file. In the recruitment records we checked, only one interview assessment was in place. However, this record was incomplete and did not identify if the candidate had the correct skills required.
- For four staff members their written employment references had been provided by members of the providers management team. Therefore, we were unable to assess the process and quality of staff employed at the service. This meant people could be looked after by unsuitable staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The service did not comply with their own safe administration of medicines policy. Medicines were not always managed safely.
- As part of the assessment process it was identified if the person needed help with their medicines. The assessment was brief and provided basic information only.
- Care plans did not always contain the necessary level of detail to guide staff. One person's care plan stated their medicines needed to be crushed in their drinks. However, the care plan also stated the person had capacity to take their own medicines. The registered manager confirmed the plan was out of date. After the inspection, the registered manager was able to provide evidence that the GP had agreed these medicines could be crushed. There was no evidence that there had been any pharmacy involvement.
- We reviewed medicine administration records (MAR) which had been returned to the office in September and October 2021. On the forms we looked at there were a significant number of gaps where medicines had not been signed as administered. Whilst on some forms these gaps had been highlighted, there was no evidence of any action taken. One MAR record had 29 gaps in a 31 day month. The registered manager could not confirm that any action was taken when the MAR was returned to the office with gaps. No MAR had been returned to the office since the end of October 2021 therefore no checking had taken place for over three months.
- The registered manager informed us staff were not observed administering medicines therefore their

competency was not checked in regards to the administration of medicines. We were unable to establish that staff had received safe administration training.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate that those people who were supported with their medicines were done so safely. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The registered manager said staff members underwent a regular COVID 19 testing regime. However, there was no formal monitoring or recording process in place to ensure the tests were being completed correctly.
- The registered manager said it was an expectation that all staff be vaccinated against COVID 19. The majority of staff had received their vaccines however where staff had chosen not to follow the vaccine programme, risk assessments had not taken place to ensure the staff member was not putting people at risk.
- We were not assured that staff members had received the appropriate training in regard to infection prevention and control (IPC). The topic was covered in the 'All-in-One' training that some staff had received but the training covered multiple subjects and was only three hours in length.
- The registered manager told us staff had not received training in the correct use of Personal Protective Equipment (PPE) which included items such as gloves, aprons, masks and eye protection. The registered manager told us those staff who were 'micro-providers' were not provided with PPE and had to supply their own.
- We reviewed four staff spot check records. These checks had not taken place in regards to staff putting on, taking off and disposing of their PPE correctly. This meant there was a risk that people may be at risk because of poor prevention and control of infection. People confirmed that staff wore PPE when in their homes.
- We were assured that the provider was preventing staff and visitors to the office from catching and spreading infections.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The registered manager was unable to give any specific examples of lessons learnt when things had gone wrong.
- We found examples of events that had happened where, if the registered manager had analysed what had happened, they would have been able to take action and mitigate risks. For example, a member of staff had recorded on an incident form, they had performed an unsafe underarm lift. The registered manager was unaware of the record, no action had been taken and therefore this staff members bad practice is likely to have continued.
- The registered manager had not analysed the gaps in the MAR, and identified whether these were due to missing signatures or missed administration.
- These failures evidence a lack of learning from events or action taken to improve safety, placing people at risk of harm.

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 Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- People were supported by staff who had not been trained and did not have the required skills and experience to meet their care and support needs.
- The provider did not have a robust induction programme in place for new recruits. We reviewed eight induction records, all the inductions had been completed and signed off in one day. Some new members of staff had no previous experience in care but there was no evidence they had been provided with additional time and support to ensure their training was embedded.
- The registered manager told us all staff had to complete a probation period and shadowed more experienced staff on starting employment. However, they were unable to provide records that had been kept in regard to competency assessments for these staff.
- The training matrix displayed in the main office inferred that all staff were up to date with their training. The registered manager confirmed the data was incorrect and they did not have an overall view of where the staff team were in respect of training.
- The registered manager had failed to ensure there were effective measures in place to monitor staff performance and development. For example, we reviewed three supervision records that stated the staff members needed additional training. One staff member stated they did not feel confident and needed more training. No further training had taken place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff members received the support and training required to support people safely. The failure to ensure there were effective systems to monitor and review training and staff practice was a breach of regulation 18 (Staffing) 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

- The level of detail recorded when assessing people's care and support needs was minimal. The assessment examined recorded how often the service was to be provided but there was little detail regarding the tasks to be completed.
- Risk assessments that were part of the assessment documentation were not always completed in full. For example, mobility risk assessments, medication risk assessments and environmental risk assessments. This shortfall meant that staff were not provided with all the information they need to provide an effective service and could mean people were not assisted safely or in line with their personal preferences.

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

healthier lives, access healthcare services and support

- There was limited information in the electronic care plans regarding other agencies involved in the person's care.
- The registered manager said they had contact with people's GP, district nurses, occupational therapists and physiotherapists. Those people receiving their service from a micro-provider relied on them to work with other agencies. This meant the registered manager had a lack of oversight of service provision.
- One person told us they had reported problems they were having with a piece of equipment in their home. This had previously been reported to the office. The registered manager was asked to take action following this being reported to us during the inspection. The person told us they were frustrated by this and always 'concerned their legs would slip from the bed'.
- The registered manager said they had received guidance from SALT (speech and language therapist) regarding one person who was at risk from choking. They said the guidance was kept in the person's home.
- In daily care notes we saw records that health care concerns had been reported to the district nurses.

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

- There was no reference to capacity assessments in care planning documentation. There was no reference to the support that would be required to make decisions about daily living, for those people they supported who were living with dementia.
- The family of one person who was living with mental health issues said, "The staff do their best and are directed by (the person being supported) but they are not interested in them doing anything". Another family member of a person living with dementia said, "The regular carers know exactly what works best with Mum, but at the weekend it is different carers and it is all a bit hit-and-miss". Some people told us they were offered choice and could direct their care.
- The registered manager confirmed that staff had not received any training in MCA but this was to be included in their ongoing training plan. There was no timescales for when the training was to be scheduled.

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

- Where people required support with food and drink, this was recorded in their care plan.
- One person told us they were supported with meal preparation and drinks. Another said the staff made them sandwiches for their tea.

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.

Respecting and promoting people's privacy, dignity and independence

- One of the principles and values of the service was to provide compassionate care that promoted people's dignity, respected their needs, wishes and expectations. In general people were satisfied with the service they received and were treated well. One person said, "They help me with those jobs I cannot do".
- We saw WhatsApp messages between care staff and the registered manager in respect of one person. The registered manager told us the person's relative was also able to view these messages. The language and terminology used in the messages was undignified and showed a lack of respect for the person. This had not been identified as an area of improvement by the registered manager.

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

- People told us the care staff who looked after them were kind and caring. Comments they made included, "I have a good rapport with the care staff", "I have got to know the staff well and they are very kind and very good" and "On the whole the staff are good, kind and caring. At the weekends we don't know who is coming, we don't have such a good relationship with those staff".
- People were asked by what name they preferred to be called and this was recorded in their care plan. The care planning documentation had space to record details about their sexuality and religion, but for those records we looked at, this section was left blank.

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

- People told us they were able to express their views with the care staff however we had overwhelmingly negative feedback from people and families, regarding communication with the office and management.
- One relative told us their parent who lives with dementia had been taken out for a walk and was asked to wait outside a shop whilst the member of staff went inside. The member of staff was not shopping for that person.
- The only documented evidence to show that people using the service were involved was the small number of care plan reviews we saw. The level of recording in these was minimal and did not record what had been discussed or whether they were satisfied with the care staff and service provided.
- One person told us they had reported a slight problem with a named member of staff but they were not listened to and nothing changed. This was discussed with the registered manager who had no recollection of the matter.
- It was not possible to work out whether the care plan reviews we looked out had been carried out in person or via telephone. There was space on the recording sheets to detail people's views. Those records we looked at indicated no improvements were necessary.

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 Inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People told us the service was not provided as expected and promised. One person said, "I should have received a care visit twice a day from November, but this didn't get organised until January. A lot of my care therefore fell to my wife".
- A relative said the timings of their parent's calls were frequently all over the place on the days when the regular carer was not working. They had asked the office to let them know if staff were going to be late. This did not happen and they were always provided with excuses. The relative said there had been many occasions when they had cancelled calls because it was too late to meet the needs of the person being supported (person was living with dementia).
- The registered manager reported that care plans were now in place for each person. The level of information recorded in the care plans was not consistent though. The service were starting work to transfer all care plans to an electronic care planning system.
- This lack of personalised care delivery, for some people meant they may not receive the care and support which met their own specific needs.
- Those people who were able to self-direct their care and supported by a micro-provider, agreed between them, the level of support provided and any variations.

We found no evidence that people had been harmed but care documentation did not support the fact that people always received person centred care.

Meeting people's communication needs

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

- People were provided with details regarding The Carer Network office and telephone number and out of hours/emergency line. We were unable to find evidence that information was provided in an accessible format.

Improving care quality in response to complaints or concerns

- The service had a Complaints Policy and this was included in the service agreement given to each person who used the service. The information did not detail how the complaint would be handled, there were no timescales set.
- The complaints log had four entries since September 2021. One complaint had been raised regarding a

named member of staff. A response has been provided to the informant, but this was unsigned and undated. The registered manager was not aware whether the complaint had been resolved.

- A second complaint regarding invoicing and charging for calls not received was still outstanding. The registered manager commented that because of missing records they were unable to deal with the complaint. There was also a third unresolved complaint about invoicing outstanding from October 2021.
- People/relatives we spoke with during the inspection provided negative feedback about how concerns they had would be handled. Comments included, "I raised a formal complaint but it was never responded to. Thank goodness my mother's care is being transferred to another care provider", "The management of this service is abysmal, they let the service down. Not confident any issues would get sorted", and "The bosses don't seem very clued up, communication is poor. I am not confident in the managers' ability to sort out any problems".

There were no effective systems in place to manage complaints received. This meant people were not listened to and the service did not make improvements. This was a breach of regulation 16 (Receiving and acting upon complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- The registered manager advised us that none of the staff team had received training in end of life care and this was not a service they would provide.

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 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

- There were no effective systems in place to monitor the quality and safety of the service. The registered manager had completed a 'mini mock inspection – quality audit' the day before the inspection. This audit had not identified the failings we found in respect of training, risk assessments and care planning for example.
- The checking of completed MARs and daily records had not happened since the end of October 2021 as they were no longer being returned to the office. Prior to this any shortfalls identified in the records could not be evidenced as being acted upon.
- Whilst daily records were used to report on care delivered, WhatsApp messages were also used to relay information between staff and the manager. One member of staff told us they had in the past had entries removed from WhatsApp. Accurate, complete and contemporaneous records must be maintained for each person receiving a service.
- The registered manager spent much of their time covering care calls and therefore was out of the office, although they said the number of shifts they undertook had reduced. We asked to be provided with data regarding this for a four week period ending 13 February 2022. The service was not able to provide this exact information within the timescale we set.
- Other 'managers' were in post. They covered care calls but were being taught to undertake tasks such as spot checks, needs assessments and supervisions. This level of management cover was not effective at the time of this inspection.

There were no systems in place to monitor the quality and safety of the service. The systems in place to ensure all care records are adequately maintained are insufficient. This was a breach of regulation 17 (Good Governance) 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

- The service was provided in a variety of ways. People who had an individual service fund and could self direct their care, received a person-centred service where they dealt directly with their care staff.
- The staff we spoke with were positive about the micro-provider role and felt it provided best outcomes for themselves and the person they supported. Two staff felt they managed their own work and had little to do with the office staff.
- Feedback we received from people using the service and relatives was negative. They reported telephone

calls were unanswered and messages left on voice mail were not responded to. After the inspection CQC had difficulty communicating with the service when the office was unmanned.

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 registered manager was unaware of their legal responsibility in carrying out the regulated activity of personal care. This meant there was poor leadership and management in place.
- The registered manager did not have an oversight of how the service was performing, having previously relied on their former business partner. The registered manager blamed all the shortfalls and failings on this person who has not worked for the service since November 2021.
- The registered manager has employed an office manager and independent care consultant, to support them in their role. These arrangements were temporary, had only just been put in place and had not had any effect as yet.

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

- Staff told us that any meetings were held by video calls. The registered manager had no meeting notes of these sessions.

Continuous learning and improving care

- There was no evidence of learning. The leadership and management arrangements for the service were identified as a problem in November 2021, but so far, had not improved.

Working in partnership with others

- The service worked in partnership with the local authority, micro-providers and other health care professionals.

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>The provider had not ensured that care and support was provided in a safe way by</p> <ol style="list-style-type: none">1. <input type="checkbox"/> Assessing the risks to the health and safety of people.2. <input type="checkbox"/> The proper and safe management of medicines3. <input type="checkbox"/> Having appropriate measures in place to manage the risk of infection. <p>Regulation 12 (2) (a) (b) (g) and (h).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured that all staff were familiar with safeguarding reporting and did not report concerns in a timely manner.</p> <p>Regulation 13 (1 – 3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider does not have measures in place to receive and deal with complaints appropriately.</p> <p>Regulation 16 (1-3).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has not ensured that governance systems were effective.</p> <p>The provider has not ensured that accurate, complete and contemporaneous record of care is maintained for each service user.</p> <p>Regulation 17 (1) (2) (a) (b) and (c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that staff were recruited following safe recruitment practices.</p> <p>Regulation 19 (2) and (3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that staff were appropriately supported with training and supervision.</p> <p>Regulation 18 (2) (a).</p>