

Jocelyn Cares Domiciliary Limited

# Jocelyn Cares Domiciliary Limited

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
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

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

### About the service

Jocelyn Cares is a domiciliary care agency providing personal care to people in their own homes, including older people, people living with a learning disability or autistic spectrum needs, people living with dementia and people with physical disabilities. 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. At the time of this inspection the service was supporting 12 people.

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

#### Right Support

People's care was not always planned in a way that supported them to have the maximum possible choice, control and independence. Risks were not always assessed, monitored and managed. The provider, who was also the registered manager, was not always clear about medicines management or whether they were providing a regulatory activity to a person. The written language sometimes used by staff to describe people's behaviour was not always appropriate. People and staff were not always protected from the risk of COVID-19 infection because the provider did not always follow national guidance.

However, staff knew and understood people well and supported their aspirations to live a quality life of their choosing. People were supported to maintain a balanced diet and eat and drink enough. Staff proactively supported people to live healthier and more active lifestyles. The provider and staff obtained people's consent appropriately. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

#### Right Care

People were at risk of harm from the care and support provided by the service. Some staff did not display a clear understanding of what types of abuse people could experience or how to report safeguarding concerns. People did not always have detailed, personalised risk assessments and care plans that gave staff all the information needed to support people and protect people from harm. Medicines were not always managed safely. There were not enough suitably competent and skilled staff to support people safely. The provider had not always followed procedures to make sure they recruited people who were safe to work with people. The service did not learn from incidents when people experienced periods of distress. Staff did not learn how those incidents might be avoided or reduced. The provider had not always considered people's and staff members' equality characteristics.

People's care was not always delivered in line with guidance and best practice. Training for staff was out of date, including the registered manager's training. Staff had not always received appropriate support and professional development. Staff supervision and staff meetings had not taken place regularly and staff competency checks had not been effective.

Notwithstanding the issues we found, people and their families said they felt safe with the service and were treated with kindness, respect and compassion by friendly and caring staff.

#### Right Culture

The service was not well led and not well managed. The safety of people did not form the basis of the culture at the service. The planned care was not genuinely person-centred. The leadership of the service did not work hard to create a learning culture. The provider's quality checks were not always carried out or were not always effective. The provider had failed to identify the issues we found.

The provider had a complaint policy and procedures and people and their families knew how to raise concerns and make a complaint.

The provider regularly carried out feedback surveys with people and their families. The registered manager and staff were approachable and people could contact them or talk with them about anything whenever they wanted.

The provider had a set of values which set out how people should be treated by staff and staff were made aware of those values. Staff were satisfied in their roles, they worked well together, they felt able to raise concerns and they felt supported by management.

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

#### Rating at last inspection

This service was registered with us on 11 February 2020 and this is the first inspection.

#### Why we inspected

This was a planned first inspection of the service. We also undertook this inspection to assess that the service is applying the principles of 'Right support, right care, right culture'.

We looked at infection prevention and control measures under the safe key question. We look at this in all care service inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe; effective; caring; responsive and well-led sections of this full report.

After our inspection all staff completed their compulsory training and the provider sent us evidence to confirm it. The provider also told us they were actively recruiting more staff and the registered manager was providing less care calls themselves.

#### Enforcement

We have identified breaches in relation to dignity and respect; safe care and treatment; safeguarding service users from abuse and improper treatment; staffing; fit and proper persons employed and good governance at this inspection.

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

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 six 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?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### 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** ●

# Jocelyn Cares Domiciliary Limited

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### 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 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Due to circumstances affecting the provider the inspection process had to be extended. Inspection activity started on 14 October 2021 and ended on 10 December 2021. We visited the office location on 15 October

2021.

What we did before the inspection

We reviewed information we had received about the service since it had registered with CQC.

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 five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider and registered manager (who are the same person), care workers and the administration assistant.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 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 provider's systems and processes did not always sufficiently protect people from potential abuse and improper treatment.
- Safeguarding training for all staff, including the registered manager, was out of date.
- Some staff did not know how to recognise abuse or how to report safeguarding concerns. Some staff did not know how to raise concerns about the service itself and had not been provided with information about how to do it.
- Some people had a Do Not Attempt Resuscitation order in place but their care records incorrectly stated they did want to be resuscitated. This meant people were at risk of being resuscitated when they did not want to be.

The provider's failure to ensure systems and processes safeguarded people from the risk of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their families said they felt safe with staff and the service overall. However, the provider's failure to make sure staff knew how to recognise abuse and how to report it put people at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and their safety was not always monitored and managed to support them to stay safe.
- Some people's falls risk assessments did not contain sufficient information for staff about people's mobility and their risk of having a fall. People's care plans did not always contain enough information for staff about what actions they should take to prevent people falling and how to support them to mobilise safely. This increased the risk of some people falling and hurting themselves.
- One person's initial needs assessment outlined their medical conditions but their risk assessments and care plan did not contain any information for staff about the person's health conditions. This meant staff did not have sufficient information about the risks to the person or how to support them safely.
- Some people did not have care plans in place and some people's care plans had not been reviewed and updated when their needs had changed. This meant staff did not have either sufficient or clear and up to date information about the risks to some people and how to support them safely.
- One person's personal hygiene care plan had not been completed. It stated the person could not do activities of daily living themselves, but it contained no information for staff about how to support the person with their personal hygiene. This meant staff did not have sufficient information about the risks to

the person or how to support them with their personal hygiene safely.

The provider's failure to sufficiently assess risk and monitor and manage people's safety was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had risk assessments and care plans in place that contained appropriate and sufficient information for staff to support them safely.

#### Staffing

- There were enough staff to meet people's needs and most of the time people received their care on time. However, some staff were not suitably competent and skilled to provide people with safe care.
- All staff training was out of date and two members of staff had not done any training in how to provide care. This had put people at risk of harm.
- The registered manager confirmed some staff had not done moving and handling training before handling and moving people in bed. This had put people at risk of injury.
- A person said, "I think they can do with more training. I've had carers that weren't trained properly".

The provider's failure to provide a sufficient number of suitably competent and skilled staff to provide safe care was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection all staff completed their compulsory training, including moving and handling training. The provider sent us evidence to confirm this.

#### Using medicines safely

- People were at risk of not receiving their medicines safely.
- The registered manager did not display sufficient understanding of what counted as staff giving people their medicines or people administering their medicines themselves. Some people's care plans contained inaccurate information about whether they were self-administering their medicines or whether staff were giving them their medicines. This meant staff were not always giving people their medicines in line with guidance and safe practice.
- Some people's daily notes contained insufficient information when staff had applied cream to a person. Staff had only written 'creamed' in the person's notes. There was no information to say what cream had been applied, when it had been applied or why it had been applied. This meant people and their families, and the provider, could not be sure staff were giving people their medicines in line with guidance and safe practice.
- Staff did not complete medication administration records (MAR) charts when they applied prescribed cream. This meant staff were not applying prescribed cream in line with guidance and safe practice.
- Not all staff supporting people with their medicines had done medicines training. Some staff did not complete a MAR chart or record what medicine they had given a person or when they had given it. This meant the way in which some people sometimes received their medicines was not in line with guidance and safe practice.

The provider's failure to administer medicines safely was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were appropriate instructions for staff on how to give people their PRN (when required) medicines.

### Preventing and controlling infection

- People and staff were not always protected from the risk of infection.
- There was no guidance for staff or reference to the use of Personal Protective Equipment (PPE) face masks in the provider's Infection Prevention and Control (IPC) policy.
- There were no individual Covid-19 risk assessments for people or staff. This meant the provider's IPC practice was not in line with government guidance for safe Covid-19 IPC practice and people and staff were at greater risk from Covid-19.
- Although staff were taking PCR tests every week, the registered manager had not taken a Covid-19 PCR test for a number of weeks. This meant the provider's IPC practice was not in line with government guidance for safe Covid-19 IPC practice. During our inspection the registered manager took a PCR test and sent it off for testing.

The provider's failure to sufficiently prevent and control infection was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff had taken Covid-19 Lateral Flow Tests before going into people's homes to provide care.
- Staff had done IPC training, which included putting on and taking off PPE and hand washing.
- People told us staff wore a uniform and always wore a PPE face mask and put on fresh PPE aprons and gloves.

### Learning lessons when things go wrong

- The provider and staff did not always learn lessons when things went wrong or when a person's behaviour indicated they might be distressed.
- Staff used accident and incident monitoring forms to record events involving people. However, the forms used to record incidents when people had been distressed did not contain any analysis of events or state what actions could or should be taken in the future to prevent them from recurring.
- For one person, specific forms used to support staff to support that individual when they were distressed were not always fully completed after an event. Some forms said de-escalation techniques had been used by staff but did not state what techniques had been used or what had worked well when supporting the person at the time.

The provider's failure to learn lessons when things went wrong was further evidence of a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Recruitment

- The provider had not always carried out sufficient recruitment checks to ensure new staff were safe and suitable to work with people.
- They had not always followed their recruitment policy and ensured new staff provided a full work history and appropriate references. We did not see evidence the provider had carried out Disclosure and Barring Service (DBS) checks for new staff. The DBS service is responsible for processing checks that allow recruiters to make safer decisions regarding who they employ.
- The provider had not carried out risk assessments on new staff who had not provided the correct level of recruitment information. The lack of checks meant people may have been at risk from unsuitable staff.

The provider's failure to follow safe recruitment practices was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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

- Staff support, training and skills were not always sufficient for staff to provide people with effective care.
- Staff training was not up to date. Some staff had not done refresher training for one to two years. Two staff had not undertaken any care training for their role.
- Four members of staff had completed induction training when they started their employment. This included learning about the service's policies and procedures. However, those staff had not completed training in how to provide people with care.
- Staff supervision had not taken place on a regular basis for all staff and the provider had not ensured all members of staff could attend staff meetings. Therefore, staff understanding, competency and skills had not been checked regularly. This meant some staff had not received appropriate support and professional development.. Therefore, staff understanding, competency and skills had not been checked regularly. This meant some staff had not received appropriate support and professional development.

The provider's failure to provide staff with appropriate support, training, professional development and supervision 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

- People's care was not always delivered in line with guidance and standards.
- Staff had not always followed the National Institute for Health and Care Excellence guidance 'Managing medicines for adults receiving social care in the community' when giving people their medicines.
- The provider had not always followed government guidance 'Coronavirus (COVID-19): reducing risk in adult social care' when carrying out Covid-19 risk assessments.
- The provider assessed people's care and support needs before providing a service. The process included people and their families.

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

- People were supported to maintain a balanced diet.
- Some people received support with preparing and cooking meals and they were encouraged and supported to eat nutritious and varied meals.
- Staff recorded when and what people ate and drank. This meant staff could monitor people's food and

fluid intake to ensure they had enough to eat and drink.

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

- Not all people's care package included staff support to manage their health and medical conditions. Most people managed their own health and medical conditions with help from their families. However, some people's care included support to manage their health and medical conditions.
- Regular meetings were held with the registered manager to discuss people's needs. Referrals for people were made to GPs and other healthcare services by staff where necessary and were done in a timely manner.
- One person was supported by staff to walk around their house every day and they told us it had helped them become more mobile and active and feel better overall.
- Another person had been supported by staff to improve their lifestyle and was able to move back into their own home.

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.

- Most people had mental capacity and were able to make decisions for themselves. People that required some help making some decisions were mainly supported by their spouses or families.
- Where a family member had legal authority regarding a person's care, it had been authorised by the Court of Protection.
- People and their families told us staff asked people for their consent to proceed before providing people with their care.

# 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 were not always well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- The written language sometimes used by staff when recording accidents and incidents was not always appropriate. On a number of occasions staff had written the word "tantrums" when describing a person's behaviour. This meant staff did not always display understanding or show respect and did not always afford people their dignity.

We recommend the provider reviews staff understanding and staff culture and supports the professional development of staff in using caring, supportive and positive language.

- People and their families told us staff respected people's privacy and dignity. A relative said, "They cover [person's name] when giving personal care".

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

- People and their families were involved in their needs assessments and care planning and were involved in reviews of their care when they took place.
- The provider regularly carried out feedback surveys with people and their families and people and their families were able to raise issues with staff and the registered manager whenever they wanted.

Ensuring people are well treated and supported

- People and their families told us staff were kind and friendly and treated people with care and respect. One person said, "I am happy with the care I receive; I think it is a good service. It has helped with my life". Another person said, "They [staff] talk to [person's name] and talk to me and our daughter and they say what they are doing and they are polite and friendly."
- One person told us, "Staff are caring and friendly and very chatty. Two women come, and the registered manager comes one day a week as well, and I have two cats and a dog, and we all have great fun". Another person told us, "I get on very well with [registered manager's name], we've become friends, we are close now, we have bonded, she is ever so nice".
- Although people and their families said they found staff respectful, caring, friendly and kind on an individual basis, the issues we found at this inspection indicated the service was not always caring.

# 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

- People's care records lacked personalised and person-centred information about people. Some people did not have care plans in place. Some people's care records did not contain sufficient information for staff about people's needs, preferences, level of independence or the ways in which they wanted to receive their care.
- However, staff knew people well and people and their families were able to tell staff how they liked things done. This meant people received their support the way they wanted.

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.

- The service gave people and their families information in a way they could understand and staff communicated with people and their families in ways they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had introduced one person to a day centre so the person was able to participate in activities and avoid becoming isolated.
- Another person was supported by staff to work in a charity shop. The person said they liked their job. This gave the person a routine and a sense of purpose and meant they were active in the community.
- As well as talking with people about their care, staff spent time chatting with people about social things.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy and procedures in place.
- At the time of our inspection the service had not received any complaints. The service had received compliments.
- Some families had complimented the service on its end of life care.
- One person had written to the service to say, "We are very happy with your service".

End of life care and support

- People's end of life care plans did not always contain personalised information about how staff should provide them with personal care during the end of their life. Also, end of life care plans did not contain what people's preferences were for their end of life care and after-death arrangements.
- However, because staff knew people well and people and their families were able to tell staff what their end of life care plans and preferences were, people received person-centred end of life care.
- Relatives had a positive experience of the support people had received at the end of their life. One relative had commented, "Hi [registered manager's name], we just wanted to thank you and your team for the fantastic support that you provided to [person's name] who passed away peacefully on [day] morning with mum by their side. Knowing that you provided superb care for them and support for mum was an absolute blessing and so reassuring".
- Another relative had sent feedback to the local council saying, "My mother-in-law was receiving care three times a day from a company called Jocelyn Cares from South Croydon and the carers that we had were outstanding. They were very patient, kind and friendly and we could not fault them. I wanted you to know this as often carer organisations get bad press, and I couldn't recommend this service more. Unfortunately, my mother-in-law passed away last [day], but we are so grateful for the help received which meant she was able to die in her preferred place, at home".

# 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

- The provider's governance of the service was inadequate and had not identified the issues we found at our inspection. Systems and processes were not operated effectively to ensure good governance.
- The provider's audits had not always been done and the audits they had carried out were not always effective and had not always lead to learning and improvement.
- The provider, who was also the registered manager, did not display a clear understanding about what is and is not included in providing the regulated activity personal care.
- The registered manager was providing care calls to people. It was evident the amount of care calls the registered manager was providing meant they did not have sufficient time to focus on the management of the service. This meant the service was not well-led.
- One person told us, "[Registered manager's name] is a carer at the moment, she seems to be doing a lot of extra care for a manager" and another person said, "[Registered manager's name] hasn't had a day off since last Christmas eve [2020]".

The provider's failure to be clear about the manager's role and understand quality performance, risks, regulatory requirements and guidance was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection the provider told us they were actively recruiting more staff and were not providing as many care calls themselves.

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

- The provider had not promoted a person-centred culture that was always inclusive and empowering.
- The provider did not display a sufficient understanding of the principles and good practice involved in supporting people living with learning disabilities and/or autistic spectrum needs.
- The provider had not made sure all people and their families knew the standards of service they were entitled to and what processes and record keeping should be in place to support them.

The provider's failure to promote a person-centred culture that was inclusive and empowering was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities)

## Regulations 2014.

- The provider had a statement of purpose and values for the service which outlined the type of care provided and the ways in which staff were expected to support and treat people. Staff were made aware of the service's purpose and values.
- The registered manager and staff were approachable and people could contact them or talk to them about anything at any time without having to arrange it in advance. Information was given to people and their families in ways they could understand it.
- Staff told us they thought the service was good and they were happy working there.
- One member of staff said, "I do not feel rushed or overworked" and another staff member said, "I have enough time to complete the calls and to travel between calls".
- A member of staff also said, "She [registered manager] is fine and I have no problems, we all respect one another and if we have any concerns we can contact [registered manager's name]." Another staff member also said, "I feel very supported, two clients died and I was emotional and [registered manager] was very supportive".

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

- The provider did not always engage and involve people and staff in the service.
- The provider had not always made sure people were involved in a review of their care and had not always enabled staff to engage in the development of the service.
- The provider had not always considered people's and staff members' equality characteristics.
- The provider had not carried out Covid-19 risk assessments for individuals. In addition, the provider's needs assessments and care plans did not include people's sexual orientation. This meant the provider had not taken people's and staff members' equality characteristics into account when planning care and providing support to people and staff.

The provider's failure to involve and engage people and staff and fully consider their equality characteristics was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider regularly carried out feedback surveys with people and their families.
- A member of staff said, "[Registered manager's name] calls me to ask if everything is ok and said I can call her if there is anything I do not know, she said I should just ask. So, that is good". Another staff member told us, "I like it here and [registered manager's name] calls regularly to check if everything is alright". A member of staff also said, "If I need anything, I ask [registered manager's name]. It's ok. No problems. I feel supported".

## Continuous learning and improving care

- The service did not continuously learn and improve care.
- The service was unable to demonstrate improvements in people's care or evidence what learning had taken place.

The provider's failure to continuously learn and improve care was further evidence of a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Working in partnership with others

- The service worked with other organisations and agencies including GPs and pharmacies; district nurses; St Christopher's Hospice; day centres and local authorities.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to share information with people when a person's care had not met the standards expected.

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 failed to implement systems and processes to safeguard people from the risk of abuse; sufficiently assess risk and monitor and manage people's safety; provide a sufficient number of suitably competent and skilled staff to provide safe care; use medicines safely; sufficiently prevent and control infection and learn lessons when things went wrong.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to implement systems and processes to safeguard people from the risk of abuse and improper treatment.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to promote a person-centred culture that was inclusive and empowering; be clear about the manager's role and understand quality performance, risks and regulatory requirements; engage people and staff and fully consider their equality characteristics and continuously learn and improve care.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to follow safe recruitment practices.

**Regulated activity**

**Regulation**

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to provide staff with appropriate support, training, professional development and supervision.