

RadiantLife Ltd

# Radiant Life Care

## Inspection report

183 Cherry Tree Lane  
Rainham  
Essex  
RM13 8TU

Date of inspection visit:  
30 June 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Radiant Life provides care and support to people living in a supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements, the accommodation was provided by a separate landlord. CQC does not regulate premises used for supported living. At the time of this inspection, the service was providing personal care to 15 people. The service provides support people who had a learning disability and older people.

The service also provides domiciliary care to people in their own homes. 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

Quality assurance and monitoring systems in place were often not effective. The provider had not always notified CQC of safeguarding concerns.

Risks to people were assessed and monitored. Recruitment processes were robust and there were enough staff working at the service to support people safely. Staff received inductions before starting work, so they knew what to do when they started working with people.

Medicines were managed safely. Staff were provided with personal protective equipment (PPE) to protect people from the risk of cross infection.

Care plans were person centred and staff knew how people liked to be cared for and supported. People's communication needs were met. People were supported with their health care needs and staff communicated with each other to ensure people received effective care.

People and relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Systems were in place for dealing with complaints, and complaints had been dealt with accordingly. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

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

### Rating at last inspection and update

The last rating for this service was inadequate, published 09 November 2021 and there were breaches of

Regulations 12 (safe care and treatment), 13 (safeguarding people from of abuse), 9 (person centred care), 11 (need for consent), 18 (staffing), and, 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of Regulations 13 and 17.

This service has been in Special Measures since 12 November 2021. This meant we kept the service under review and, we re-inspected the service within 6 months to check for significant improvements.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. It is therefore no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection in 03 September 2021. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### 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 monitor the service and will take further action if needed.

We have continued to identify breaches in relation to safeguarding service users from abuse and good governance at this inspection

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

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Radiant Life Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors, a medicine inspector and an 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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out of the office, and we wanted to be sure a member of the management team would be available to support us with the inspection.

#### What we did before the inspection

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by

law.

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 sought feedback from the local authority and professionals who work with the service. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included five people's care records and risk assessments and four people's medicines records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures. We also spoke with the registered manager and quality service manager.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We also looked at four people's electronic call monitoring data. We spoke with five care workers, five people who used the service and six relatives by telephone about their experience of the care provided.



# Is the service safe?

## Our findings

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

At our last inspection, we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider systems for safeguarding people from abuse did not operate effectively. This 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- At our last inspection, we saw systems and processes to safeguard people from the risk of abuse were not operated effectively. We looked at safeguarding incidents that had occurred and found limited information available to ascertain what actions the provider had taken in relation to learning lessons when things went wrong. Risks had not been analysed to identify trends so action could be taken to help reduce the risk of recurrence. There were no examples of reflective practice or that this information was being discussed with staff for learning to take place.
- We saw safeguarding incidents about the death of a person, neglect, financial abuse, missed calls and incorrect moving and handling practice. There was limited evidence action had been taken to investigate and address those concerns.
- At this inspection, we found improvement was still needed with regards to safeguarding incidents that had occurred. Although a safeguarding log was in place, it did not always contain the information related to the investigation completed by the local authority. This meant we could not be assured of lessons learnt by the provider.

The systems for safeguarding people from abuse were not operated effectively. This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

- The provider had an internal system with procedures in place for the reporting of any incidents and accidents across the home. We saw examples of best practice where learning from incidents had been discussed and shared with staff during meetings.
- People were protected from abuse as staff had received safeguarding training on how to recognise and

report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.

- People told us they felt safe and could talk to staff. One person told us, "I feel safe."

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, we found risk assessments were not always in place where people had certain health conditions. For example, some people had diabetes or epilepsy and there were no risk assessments in place about how to manage these conditions in a safe way.
- At this inspection, we noted risks associated with people's care and support needs had been reviewed and measures put in place to ensure staff supported people safely. There was guidance in place on how to manage and minimise risks, for example, where people were at risk of falls. One person said, "If there was an issue with my environment, I'm quite confident in bringing that up and they [staff] know what to do."
- All the care staff we spoke with were aware of people's health conditions and they knew what their role was in supporting people with these conditions. Staff had also undertaken training about supporting people with relevant health conditions since the last inspection.
- There was guidance about people's medical conditions in people's care files should these deteriorate. The guidance included signs and symptoms for staff to be aware of, what to do and who to contact in case of an emergency.
- Risk assessments were reviewed and updated to reflect any changes in people's needs. Staff were aware of potential risks to people and ensured they were safe.

### Using medicines safely

At our last inspection the provider had failed to have effective systems in place to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection, we found medicines were not managed safely. We looked at medicines administration records (MARs) and noted they were poorly maintained and not in line with best practice. MARs lacked critical information such as people's address, names, date of births, dates were incomplete and no information about allergies was recorded. There were gaps in signing the MARs that were unexplained, and no actions were taken by the staff or the management team to follow these up to ensure people were safe.
- At this inspection, medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy. Staff also



completed medicines competency assessment to ensure they were competent to manage medicines.

- MARs were completed appropriately. They were signed by staff and to confirm medicines were given as prescribed.
- One person said, "They [staff] actually issue me medication all the time. They [staff] come down and give it to me four times a day." Another person said, "They [staff] are very competent at getting the medicines ready. After the medicines are ready, I always check them to see that they're alright."
- Regular checks and audits of the medicines management and administration were carried out to ensure medicines continued to be managed in a safe way.

## Staffing and recruitment

At our last inspection, people were potentially at risk of harm because staff did not attend calls as scheduled. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, the providers system in place did not ensure staff were deployed effectively to meet people's needs. We reviewed call monitoring data, which showed extensive evidence of significantly late, early, short and missed calls.
- During our inspection, we found the provider had introduced a new monitoring system for staff rota and scheduling. Systems were in place to minimise risks of late or missed calls. Systems were in place to monitor staff time keeping. Staff were sent rotas in advance and bank staff were available in case of emergencies. A staff member told us, "I can go to care visits on time. The manager gives me a rota in advance. If I can't do it, I call them to let them know so they can arrange another carer." One person commented, "They [staff] are punctual and we had chosen the service because they [staff] could come early in the morning."
- The new systems were in place to minimise risks of late or missed calls. Staff were sent rotas in advance and were given time to travel between calls to ensure missed and late calls were minimised.
- Staff recruitment and induction training processes promoted safety. Pre-employment checks for staff such as completion of application forms, interviews, proof of identity, criminal record checks and their right to work in the UK had been carried out.

## Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. One person said, "They [staff] always wear gloves and aprons and masks."

# Is the service effective?

## Our findings

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

At our last inspection, we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection, the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection, we found people's needs were not appropriately assessed before they were admitted to the service. The provider did not have robust assessments in place to ensure that the service could meet the needs of people prior to offering to care for them at their service. This meant people were at risk of receiving care from staff who did not fully understand their health conditions or preferences in how care was delivered.
- We also found in our last inspection, care plans did not detail the person's preferences, for example when they liked to have a shower, or what time staff need to visit the person. The lack of detail about the person's routine in the care plan meant there was a risk that if a new care worker started providing care, they may not have all the information to meet the person's needs and wishes.
- At this inspection, we were not able to look at this area as there had not been any new people admitted to the service since our last inspection. However, we have noted that the management team had reviewed the needs of people who were currently at the service to ensure these were identified and met accordingly.
- After the inspection, the provider showed us a template of their pre-admission form. The pre-admission form shows how people needs will be assessed prior to their support commencing and their preferences for how they would like their needs to be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, the provider was not seeking consent people in live with the requirement of the MCA. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 11.

- At our last inspection, we found care plans recorded some people had dementia and there were concerns about their ability to make decisions, but they did not have a mental capacity assessment in relation to the receipt of care and support. We also found that where people did not have the mental capacity to make decisions there were no records to demonstrate appropriate best interest's decision-making processes had been followed. Where people could give consent, or if they had a legal representative, there were no indications they had been involved in consenting to people's care plans. The provider had also not recorded if people had given verbal consent, where they could do this but not sign their care records.
- At this inspection, we found the records had improved and people were supported as far as possible to make everyday decisions about their care and support.
- The management team and staff understood the importance of people having the right to make their own decisions. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.
- Staff received training on the MCA, which included obtaining people's consent prior to delivering any care and the principles of the MCA.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection, we found there was a lack of information in a person's care plans about their nutritional needs, preferences and support needed to maintain a balanced diet. Care plans did not contain enough information to enable staff to support people to maintain their health. For example, while GP details were included, it was not clear of who to escalate concerns about people's health to.
- At this inspection, we found records had improved. Care plans detailed the level of support people needed with meals or drinks. People had their own arrangements for shopping of food.
- People had access to health services to ensure they were in the best of health.
- Staff knew who to contact if people needed medical support. Contact details of health care professionals such as GPs, district nurse and social services were included in care plans, so staff could contact them if people did not feel well.
- People had health action plans and hospital passports which outlined their health care and support needs for professionals. This information was available and shared with health care services such as hospitals when this was required.
- The service recorded relevant information about people's care in daily notes. Staff could access these notes, and this assisted in providing effective and timely care.

Staff support: induction, training, skills and experience

- Staff undertook training to support them in their role. This training included supporting people with learning disabilities, dignity and respect, equality and diversity, oral health, nutrition and hydration, safe food handling, safeguarding adults, medicines administration, health and safety, basic life support, and the Mental Capacity Act 2005 (MCA).
- Staff had completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff we spoke with described in detail how their training and personal development related to the people they supported. A relative commented, "The staff seem to be well trained and are meeting my loved one needs."
- Staff received regular supervisions and support. A member of staff told us, "Yes, I have supervision. The manager is very supportive, and I can talk to them about anything." Records confirmed that regular supervision of staff had taken place.

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

- People were supported with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.
- One person had complex health concerns and received support from a range of health care professionals. The provider maintained communication with these professionals where required and followed their instructions where necessary.

# Is the service caring?

## Our findings

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

At our last inspection, we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection, people were not always supported to be involved in making decisions about their care. Staff told us they gave people choices about their support and involved them in all decisions about their care and lives. They said they gave people information to make informed choices and respected the decisions people made. However, we noted that care plans did not always reflect this or contain information relevant to the person and were not individualised to reflect people's needs.
- At this inspection, we found improvements have been made. People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they received.
- At the time of the inspection, the service was small, and the provider sought direct feedback regularly. They told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- Staff knew people well. They were aware of their wishes and preferences. This helped them to ensure people's individual needs were met.

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

- At our last inspection, people were not always well treated and supported. People and staff reported that calls could be late, or carers could not arrive as planned. This could result in people feeling anxious. The impact of late and missed calls had a negative impact of the caring nature of the service.
- At this inspection, people confirmed staff were coming on time to provide personal care. One person said, "The staff are kind and respectful."
- Staff had developed good relationships with people. People were supported by staff who knew them well. A relative told us, "My [person] can be a little bit anxious. They [staff] will go the extra mile. They know what needs to be done. They get it done."
- People received kind and compassionate care. Staff understood and responded to people's individual needs. People's care records included sections that recorded their cultural and religious needs, their sexuality and relationships that were important to them.
- Training records confirmed staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knew how to ensure people's privacy was respected when providing personal care. One member of staff told us, "I shut the bathroom door when supporting [person] with their personal care."
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were secured and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. Information was protected in line with General Data Protection Regulations (GDPR).
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 9.

- At our last inspection, care plans were not always personalised. We found care plans did not include people's preferences, wishes, needs in key areas such as communication, life history, mental capacity, mobility, nutrition and hydration.
- Care records did not always capture all people's needs or all the actions staff should take to meet these. This meant staff reading the care records would not have the guidance and information needed to provide people with person-centred care.
- At this inspection, enough improvements had been made. Care plans referred to people's daily routines and detailed how people needed to be supported. For example, there were guidelines in place advising staff on how to support people out in the community, with eating and drinking, medical conditions, personal care tasks and with tasks within their homes.
- People's needs were identified, and their choices and preferences were recorded and well known by staff. There was a password protected application that staff used on their phone so they could access people's care plans and records that they could read. Staff told us they were informed about people's needs and any changes. A staff member told us, "Everything is online, we will get notification of any changes to a [person] I will read about it. If anything is changed, it will get updated."
- Staff could also update the daily records using an electronic application so the provider would have live information about the person's care on the day. Where the provider had noted a deterioration in a person's condition either through the live records or when staff had called the office, they had taken prompt action to address these situations such as making the necessary referrals to health and social care professionals.
- The application also enabled staff to 'log-in' and 'log-out' of their calls so the provider could monitor if the calls were completed and take action if the care worker could not attend.
- Staff had a very good understanding of people's care and support needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with eating and drinking safely and another staff member told us how they supported people with their medical care needs.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the requirement of the AIS. People's communication needs were recorded in their care plans. Where people had limited verbal communication, staff knew how to communicate with them, for example, by using simple sentences in a clear voice.
- The registered manager told us if people required information in a different language or visual aids this would be made available to them.

### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand. Records showed that when a complaint was raised it was investigated by the provider and responded to appropriately.
- A relative commented, "I know about the complaint's procedure. If I have had any issues in the past, I raised them with the manager, and they have followed them up."

### End of life care and support

- The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.



# Is the service well-led?

## Our findings

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

At our last inspection, we rated this key question inadequate. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found that quality assurance and monitoring systems used at the service were ineffective as it did not identify shortfalls we found during our inspection placing people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection, the provider did not always identify when incidents met the statutory notification threshold. We were concerned they did not understand their regulatory responsibilities.
- We found staff and managers were not recording, analysing and reviewing all safeguarding incidents to prevent reoccurrence. We identified medicines audits were not effective and records of what had been audited were not routinely kept by the service. The registered manager did not have oversight of audits, such as care plans and risk assessments.
- During this inspection, we noted some improvements had been made around the concerns we identified. Medicines administration, care plans, need for consents, and risk assessments audits have been improved to make them more effective.
- However, the provider had not demonstrated continuous improvement and had failed to ensure safe and effective governance of the service. Although we found some improvements had been made in some aspects of the running of the service, further improvement was needed.
- We noted that further improvement was needed as safeguarding records were not kept accurately. Record keeping plays a fundamental part in providing high quality care.
- The issues we identified during the inspection were similar to issues we identified at the previous inspection in 2021. Quality assurance processes had failed to ensure that improvements made had been sustained.
- The quality assurance arrangements in place did not evidence learning outcomes to improve the service and the registered manager did not carry out thorough investigations following accidents and incidents including safeguarding concerns from local authority.
- We were not assured the provider or registered manager understood their regulatory requirements or kept themselves up to date with these. Allegations of abuse were not always investigated appropriately.

The above evidence shows that the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found not all notifications of safeguarding allegations were submitted to the Care Quality Commission (CQC) as is required. Following the inspection, we spoke with the provider who sent two statutory notifications retrospectively when they were reminded of the requirement. We are considering our regulatory response.

- Relatives told us they trusted that the registered manager would drive improvements in their family members care.
- After the inspection, the registered manager emailed us the local authorities action plan where the provider needs to improve before their next quality visit.

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; Working in partnership with others;

- The registered manager was aware of the requirements in relation to the duty of candour.
- The duty of candour requires registered providers and registered managers to act in an open and transparent way with people receiving care or treatment from them.
- The provider had a range of policies and procedures in place which were reviewed annually or when required and updated if needed.
- The provider worked with other agencies. For example, the registered manager attended a forum run by the local authority to share knowledge and develop best practice.
- An officer from the local authority told us they held regular meetings with the service. The registered manager had good support from the local authority.

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

- The service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork. They also said the management team was supportive.
- Staff confirmed they were happy working for the service. One staff member said, "Registered manager is helpful and they [provider] listens to us."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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

- The provider had systems in place for people and professionals to give feedback about their experiences of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.
- The provider sought feedback to improve the service. People and staff were asked to complete a feedback and the provider used this feedback and to continuously develop the service.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regard to equality and diversity.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have robust systems to protect people from safeguarding from abuse and improper treatment.</p> <p>Regulation 13 (2)</p>

**The enforcement action we took:**

Impose conditions to their registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to make sure they assess and monitor their service.</p> <p>Regulation 17 (2) (a)</p>

**The enforcement action we took:**

Impose conditions to their registration.