

Filipino Care Givers Ltd

Filipino Care Givers

Inspection report

Network International Business Centre
2nd Floor, 30 Heath Road
Twickenham
TW1 4DD

Tel: 07960756004

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Filipino Care Givers is a domiciliary care agency providing live in care and support to 18 people living in their own homes at the time of the inspection.

12 people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (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

We found that the provider was in breach of the regulations in relation to safe care. The agency did not always provide a service that was safe for people to use and staff to work in. This was because not all risks to people were assessed and monitored effectively. You can see the action we have told the provider to take with regard to this breach at the back of the full version of this report. The manager and staff were working hard to ensure that all risk assessments were fully up to date during the visit.

Recruitment procedures were not robust, and we were not assured that staff were recruited in a safe manner to keep people as safe as possible. Staff files were not fully completed and were missing some pre-employment key documents. You can see the action we have told the provider to take with regard to this breach at the back of the full version of this report. We have recommended the provider completes all the required checks and records them.

We found that the provider was in breach of the regulations in relation to effective care. Whilst there was some evidence provided in relation to staff training, this was not consistently applied in line with the provider's training and induction policy. The manager was updating required training during the inspection. You can see the action we have told the provider to take with regard to this breach at the back of the full version of this report.

We found that the provider was in breach of the regulations in relation to well-led care. The governance systems did not pick up and address the shortfalls described in the safe and effective sections. You can see the action we have told the provider to take with regard to this breach at the back of the full version of this report.

The agency had an open, honest and positive culture with clear leadership and management. Its vision and values were well defined, understood by staff and followed. Areas of responsibility and accountability were identified, staff understood them and accepted responsibility on the ground and reported concerns they may have to the management. Service quality was reviewed, although it did not address shortfall areas, as described. However the agency made changes to improve the care and support people received individually, when identified, as outlined by relatives very positive comments. The IT system enabled the

agency to run smoothly and improve people's care experience, on a day to day basis. Audits were carried out, and care records updated, although this was made more difficult during the pandemic. The agency established working partnerships that promoted people's welfare and minimised their social isolation. The agency had recently appointed a new manager who was embarking on the registration process.

Relatives said the support people received, enabled them to live safely and enjoy their lives. The agency reported, investigated and recorded accidents and incidents and safeguarding concerns. Suitable numbers of staff were available to meet people's needs. Medicine was safely administered, by staff trained to do so.

Relatives told us they did not feel people were discriminated against and their equality and diversity needs were met. Staff were suitably supervised, and appraised.

Relatives praised the manner in which staff provided care and conducted themselves, which met people's needs and expectations. Staff spoke to people clearly, and at a pace and in a way that they understood. Things were explained to them including their choices and options. Relatives told us that regarding people with dementia, staff were very patient and repeated information as many times as was required for them to be understood. Staff encouraged people to discuss their health needs and these were passed on to other community-based health care professionals, such as GPs as appropriate. The agency had cultivated and developed a professional network that enabled joined up working between services based on people's needs, wishes and best interests. People were protected, by staff, from nutrition and hydration risks, and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

Relatives were very complimentary about the way people were provided with care and support, both field staff and management. They said attention to small details made all the difference. People's rights to privacy, dignity and confidentiality were respected by staff. They were encouraged and supported to be independent and do the things, they could, for themselves. This promoted their self-worth and improved their quality of life. The agency provided staff who were very friendly, caring, and compassionate. They were also passionate about the people they provided a service for and the way they provided it.

People received person centred care and had their needs assessed and reviewed. They were supported to follow their routines, interests and hobbies, and reminded of their choices. People were provided with suitable information to make their own decisions and end of life wishes were identified, if appropriate and adhered to. Complaints were recorded and investigated.

People were supported to have maximum choice and control of their lives staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

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

Rating at last inspection

This service was registered by us on 14 February 2019 and this is the first inspection.

Why we inspected

This inspection was prompted in part by concerns raised about the service. A decision was made for us to inspect and examine the risks associated with these issues.

Enforcement

We have identified breaches in relation to safe, effective and well-led at this inspection. We have found

evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. We have identified breaches of regulations that relates to assessment of risks, appropriate and timely staff training and governance.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Filipino Care Givers

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

This inspection was carried out by two inspectors.

Service and service type

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

The service had recruited a manager who was undertaking their probationary period and was embarking on registration 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 48 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.

Inspection activity began on 10 September 2020 and ended on 5 October 2020. We visited the office location on 15 September 2020.

What we did before the inspection

We checked and reviewed information received about and from the service. This included any notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider. We used all this information to plan our inspection. The provider did not send us in a provider information return as it was not requested. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke in person with the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted seven people and relatives, and three staff and two health care professionals, to get their experience and views about the care provided. We looked at the personal care and support plans for three people and two staff files.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, supervision records and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- There were care plans and risk assessments in place to identify people who needed further support and help to keep them safe from harm. However, at times these lacked detail and records were incomplete. The newly appointed manager acknowledged this and was working to update the risk assessments and care plans.
- Where risk assessments had been completed, these included steps needed to manage the risk in relation to falls, mobility, nutrition and hydration, medicines, personal care and other relevant areas of support.
- One person who had started to receive care and had a live-in care worker did not have completed risk assessments in place. The manager told us she was still writing up the necessary records, there were no assessments in place which meant any potential risk were not identified.

We could not be assured that all the necessary steps were being taken to carry out appropriate and timely risk assessments. The provider failed to do all that is reasonably practicable to mitigate any such risks to keep people safe from harm. This placed people at 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.

- Staff knew people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One relative told us, "Safety is especially difficult in the setting of an old house and a lady with dementia. The carers are well aware of potential deficiencies and are extremely careful to avoid undue risk." A staff member told us, "I can do my job and my duties because they [the service] provide us with proper training and PPE and support us with all our needs."

We recommend the provider updates the risk assessments.

Staffing and recruitment

- Recruitment procedures were not robust; therefore, we could not be assured that staff were recruited in a safe manner to keep people as safe as possible.
- Staff files were not fully complete and were missing some key documents. For example, none of the staff files we saw contained written references from previous employers or personal character references. Both the staff files we saw had incomplete induction checklists which were not signed off.

We could not be assured that all the necessary recruitment procedures were being taken to ensure appropriate staff were employed. This was a breach of regulation 19 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider completes all the required checks and records them.

- We saw evidence of Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Care workers used an electronic system to record care planning and daily note information. This allowed the manager to have real-time information in relation to people's care that helped to ensure there was good oversight of the support provided.
- There were enough suitably deployed staff employed, to meet people's needs as required. This was demonstrated by what people told us. One relative told us, "They have never let us down."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. People's relatives said people felt safe using the agency. Relatives also thought the agency provided safe care. A relative told us, "The carer provides a comprehensive handover to a new carer. I was an NHS surgeon in London, and I wish my nurses would have given such a complete handover ensuring continuity of care."
- The safeguarding policy was available to staff, identified what constituted abuse, the rights of vulnerable adults, and action to take should abuse be encountered. Staff received mandatory safeguarding training and the manager was aware of how to raise a safeguarding alert and when to do so. There was a no current safeguarding activity.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- Any equipment used to support people was regularly serviced and maintained.
- There was also a mobility risk assessment that included any aids used to achieve and sustain mobility and identified risks from slipping, tripping and falls with a falls prevention checklist.

Preventing and controlling infection

- There were systems and procedures in place to prevent and control infection.
- Staff received infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and personal protective equipment (PPE) such as gloves, aprons and masks.
- The agency provided coronavirus information updates for people using the service, relatives and staff with ways to avoid catching or spreading it. This included social distancing, symptoms, action to take and self-isolation, if required.

Learning lessons when things go wrong

- There were accident and incident and a whistle-blowing procedure that staff said they were happy to use.
- There had been no incidents or accidents since the service had first registered with us. This was reflected in the care records we saw and what relatives told us.
- Any incidents would be analysed to look at ways of preventing them being repeated.

Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records we sampled were completed and up to date.
- Electronic medicine administration records were used to record when medicines were given to people. These were updated in real time allowing for managers to check that people had received their medicines on time.
- Staff received medicine training, guidance, and procedures although the expectation was that staff would not normally administer medicine.

- As appropriate, people were encouraged and supported to self-medicate.
- There were medicine risk assessments in place.

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 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.

Staff support: induction, training, skills and experience

- Although there was some evidence provided in relation to staff training, this was not consistently applied in line with the provider's training and induction policy.
- The training and induction policy stated that 'all care and support workers attend an initial training session based on the 15 standards of the Care Certificate.' They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. It also stated, 'care and support staff must undertake 7 initial mandatory training courses to be undertaken prior to delivering a service which were moving and handling, medicines, safeguarding, basic food hygiene, infection control, fire awareness and basic first aid'. However, this was not evident in the staff files we saw. One staff member who was in a placement as a live-in carer had not received any initial or mandatory training with the organisation before starting.

We could not be assured that care workers were receiving the appropriate training to care for people in an effective manner. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us she had recently sent care workers some training to complete but they were already deployed to a person's home before this. The manager told us the field care supervisor would usually carry out staff induction for new staff, but they were currently furloughed.
- A relative commented, "The service is safe and [Person using the service] carer is well trained and meets all his needs." A member of staff told us, "I am well supported by the management because I could call them anytime if I have queries or needing help with my client and they respond immediately."
- New staff had introductory visits to people prior to providing them with a service. This increased their knowledge of people, their routines, preferences and surroundings. It meant people felt relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones. A relative told us, "I can only give a glowing report of the care my aunt receives from Filipino Carers."
- The agency had a training and development policy and training matrix that identified when induction and mandatory training was completed and required updating. The manager was in the process of updating and booking required training.
- Staff training was to include functional skills work sheet, client files including care plans and risk assessments, recording and reporting, fire procedures, evacuation, first aid, safeguarding, daily logs, on call procedure, health and safety, falls prevention and management, moving and handling, including training onsite with the person using the service and accident procedures. Some staff were trained in dementia and

de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. A staff member said, "They send mandatory training."

- Records showed that care workers received supervision and appraisals, these were done either face to face, if possible or over the phone.

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

- The agency sign posted people towards and regularly worked with other organisations that may be able to meet needs, within the community and prevent social isolation. The initial needs assessment and care plans included people's methods of avoiding social isolation such as using public transport, accessing community services and keeping up friendships. Records of inclusion in the local community and with family and friends were recorded. This improved people's quality of life and their social inclusion.

- People were supported to maintain their health as staff had good working relationships with external healthcare services and received ongoing healthcare support. These included district nurses, GPs, and speech and language therapists.

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

- New referrals were received through the website or over the phone. The manager told us, when a new enquiry came in, an appointment was made to carry out an assessment in people's homes, usually in the presence of family members. The speed of the assessment was carried out at a pace that suited the person and their needs.

- We reviewed a sample of assessments which helped them to understand people's needs and ensure all the necessary support could be provided. Although these usually took place in people's homes, during the Covid-19 outbreak, these were being completed over the phone or in an outdoor space.

- However, we found some gaps in relation to some of the assessments that we looked at. We have reported on this under the 'Is the service safe?' section of the report.

- The manager explained that the costs were always explained during the assessment and there was a trial period when a care package first started during which time people and their families were given the chance to decide whether they wanted to continue.

- People had their physical, mental and social needs assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The agency provided easy to understand written information for people and their families.

- In the event of a person's service being sponsored, before they received a service, a commissioning local authority or Clinical Commissioning Group (CCG) would be expected to provide assessment information and further information was also requested from any previous agencies, who provided support. Currently there were no sponsored services provided.

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

- Staff supported people to eat and drink sufficiently and maintain a balanced diet. They were assisted with oral feeding, if required and staff monitored food and fluid intake.

- People's initial assessment and care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and hydration records, as required to make sure people had drunk enough. If staff had concerns, they were passed on to the management team for consideration, who alerted appropriate health care professionals.

- If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager was familiar with the MCA, its requirements and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The agency shared this information appropriately, as required, with GPs and local authority teams.

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 Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-treated, supported and their equality and diversity respected.
- People's relatives told us they found staff very supportive, caring and they enjoyed and were relaxed in the company of the staff. Staff carried out their tasks the way people wanted. One relative said, "We feel fortunate to have such a competent and caring agency." Another relative told us, "She [Staff] is caring, considerate and sensitive." A further relative commented, "The carers are warm and kind whilst still being professional."
- The initial assessment and care plans included a section regarding cultural and religious beliefs, how people wished to be addressed and any particular house rules staff need to be made aware of. People felt respected and relatives said staff treated people with kindness, dignity and respect.
- Relatives told us staff were committed to the care they provided and people they provided it for. One relative said, "I can recommend FCG [service] for every family that are looking for proper care, support and tender love for their elderly relatives."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. Relatives said staff treated people as adults, did not speak down to them and they were treated respectfully, and as equals.
- Staff were also trained to respect people's rights and treated them with dignity and respect.

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

- People's care plans contained background information and personal histories which meant care workers were given information about any interests allowing them to care for people in a person-centred way.
- Care plans also recorded that people and their relatives were involved in the decision-making process about the care and support they would receive. A relative said, "We were fully involved in the care planning process."
- People and their relatives provided regular feedback to identify if they were receiving the care and support, they needed.
- The agency sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy, dignity and independence promoted. Relatives confirmed that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately, without compromising their dignity, for example if they needed the toilet and visitors were present. They were also fully aware that this was someone's home and they must act accordingly and in a

respectful manner. A relative said, "Staff encourage and support people to do the things they are still able to."

- Personal care plans captured people's level of independence in relation to their personal care needs which meant care workers could support them in a manner that respected their privacy and dignity
- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

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 Good. This meant people's needs were met through good organisation and delivery.

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 AIS was being followed by the organisation, and staff with easy to understand information available to people.
- Preferred communication methods were recorded on the initial assessment and care plans.
- The agency made sure people's communication needs were met by liaising with relatives and staff familiarising themselves with specific communication needs and what particular gestures, sounds and words might denote.
- There was a response on-call service in operation. One relative said, "Filipino Caregivers are supportive and we feel secure in the knowledge that they are accessible if there are any problems." Another told us, "Support is made more difficult with a lady with dementia who refuses to allow occupational therapist assessors in and has thrown out things she doesn't want. The carers are well aware of potential deficiencies and are extremely careful to avoid undue risk and distress."

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

- People and their relatives made decisions about their care and how staff provided it. They said staff made sure people understood what they were saying, the choices they had and that they understood people's responses. One relative told us, "When I have had requests regarding certain practical elements of her care, the response has always been positive and "can/ will do"." Another relative said, "We are very satisfied with the care given."
- The agency carried out a need's assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the care provided and desired outcomes. From this assessment a person-centred care and support plan was agreed with people and their relatives as appropriate. After receiving two weeks of service, people were contacted to establish if the support provided was working and their needs were being met.
- Care records reflected peoples' support needs and were person-centred, capturing information that was relevant to people such as medicines, personal care and nutrition.
- People said staff met their needs and wishes, in a timely fashion and in a way that they were comfortable with and enjoyed. A relative said, "They always keep us informed of what is going on."
- People's care plans and staff daily notes recorded the areas they required support with and if they had been carried out. They also highlighted areas where staff could encourage people to be independent.

- People's care and support needs were reviewed with them and their relatives. Their care plans were reviewed and updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished. Staff were available to discuss any wishes or concerns people and their relatives might have. One relative told us, "The carer is extremely good, they do an excellent caring job and are very considerate." Another relative said, "I have been extremely impressed how they deal with a difficult lady who is on occasions is doubly incontinent. In all their dealings with her, they show efficient but caring control to allow for a safe hygienic environment."

Improving care quality in response to complaints or concerns

- People were provided with a copy of the complaint's procedure when they first began to use the service. Relatives said they were aware of the complaints procedure and how to use it.
- There was a system for logging, recording, analysing and investigating complaints, that was followed.
- There had been no formal complaints received since the service had first registered.
- Any concerns that people had were explored through spot checks and telephone monitoring.

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.

- People's social interests and hobbies were included as part of their care plan and staff encouraged and supported people to follow them.
- The agency completed community access risk and management assessments. This included specific risks to manage, level of risk and review timescales to match risk level.

Is the service well-led?

Our findings

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Service quality was reviewed, although it did not address shortfall areas, as described in the safe and effective sections.
- There had been some notifiable incidents which the CQC had not been notified about. We went through these with the manager on the day of the inspection and explained these were the responsibility of the registered manager or provider. We recommended that they signed up to the online reporting portal to make timely submissions. We will follow this up at the next planned inspection. The manager forwarded the outstanding notifications after the site visit.

We could not be assured that the systems in place were operated to address service shortfalls identified. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However the agency made changes to improve the care and support people received individually, when identified, as outlined by relatives very positive comments. One relative told us, "They [management team] are problem solvers and always looking for feedback surrounding what they can do to help people further and improve their quality of life."
- There were governance assessments, plans, policies and reports that included financial procedures, business recovery contingency plan, statement of purpose, and health and safety.
- The agency used technology systems to update people's records and improve the efficiency and quality of care provided. Templates and assessment tools were being reviewed, developed and integrated into the IT system. A relative said, "During covid can't even do my quarterly visits. The app (nurse buddy) gives me a daily report in addition to my phone calls giving me a high measure of comfort."
- Staff were provided with general and specific information in relation to the people they were supporting as part of their induction and when placements changed. A field supervisor would normally carry out annual work-based observations, although currently feedback was received by the nominated individual and manager by phone due to the pandemic.
- Monitoring and quality assurance, included supervisions, appraisals, phone contact, direct observations, electronic communication sheets, record sheet reviews and care plans.
- The agency integrated feedback from other organisations such as district nurses and GPs to ensure the support provided was what people needed. This was with their consent.

- The agency sign posted people towards other organisations that may be able to meet needs that did not come under its remit, to counter social isolation of people within the community.
- Regular confidential and non-confidential feedback was obtained from staff, relatives and people using the service.
- Audits were carried out by the manager and nominated individual. The audits were being updated to encompass any shortfalls due to the pandemic. There was also an audit action plan.
- Regular spot checks were conducted, although they took place over the phone during the pandemic. The spot checks were recorded with areas investigated and areas to be addressed.
- Data was collated to update and improve services provided.

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

- The agency had an open, honest and positive culture. People said this was due to the attitude and contribution made by staff who listened to them and met their needs. One relative said, "We have used various services in the past and this one is far more hands on, very good management." Another relative told us, "In the 18 months that they have provided a carer there was never a day that wasn't appropriately covered. This includes holidays, sickness etc so 100% reliable." The manager made themselves available and spot check visits were undertaken as appropriate during the pandemic. Staff told us they felt well supported by the manager and nominated individual. A staff member said, "Filipino care givers provided us with support and training to add new knowledge and exercise our thinking capacity to respond to meeting people's needs."
- The organisation's vision and values were clearly set out, staff understood them, and people said they were reflected in their working practices. They had been explained during induction training and revisited during supervision.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the agency's inclusive and empowering culture. One relative told us, "I have been extremely pleased. One example of clear communication was a request to remove carpet from her bedroom which could no longer be adequately kept clean in the setting of her accidents. It was a sensible request to replace for a high grade, non-slip lino- type flooring. I have many similar examples."
- The agency statement of purpose outlined the services provided so that people were clear what they could and could not expect from staff.

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

- There was a robust management reporting structure and an open-door policy.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The provider was aware of their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People, their relatives, the public and staff were engaged and involved, taking into account their equality characteristics. The service worked in partnership with others.
- A staff member told us, "Since the pandemic, they ensure that I am safe and well, eating healthily and fit. They find a reliever/ cover if I needed to get off work."
- The agency built close links and partnerships to share best practice with community-based health services, such as district nurses, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the

community or elsewhere.

- The agency provided the opportunity for people and their relatives to give their views about the service, via telephone interviews, visits to people, and annual feedback questionnaires. There were also relatives and staff questionnaires. The agency used the feedback information to re-shape the service provided so people's needs could be better met.

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>We could not be assured that all the necessary steps were being taken to carry out appropriate and timely risk assessments.</p> <p>This was a breach of regulation 12 (1) and (2) (a) and (b).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We could not be assured that the systems in place were operated effectively to address service shortfalls identified, regarding improving the quality and safety of services or risks relating to the health, safety and welfare of people using the service.</p> <p>This was a breach of regulation 17 (1) and (2) (a), (b) and (c).</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We could not be assured that all the necessary recruitment procedures were being taken to ensure appropriate staff were employed.</p> <p>This was a breach of regulation 19 (1), (a), (b), (c) and (2), (a) and (3), (a), (b).</p>
Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

We could not be assured that care workers were receiving the appropriate training to care for people in an effective manner.

This was a breach of regulation 18, (2), (a).