

Light Bulb Bespoke Care, Family Support & Consulting Services Ltd

LightBulb Bespoke Care

Inspection report

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Tel: 07837870921

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12 October 2021

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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?

Inadequate 

Summary of findings

Overall summary

About the service

Lightbulb Bespoke Care is a domiciliary care agency providing personal care to people living in their own homes. The service provides care visits or live in care for people. The service was supporting 22 people at the time of this inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were at risk of poor care and treatment because the registered manager did not have effective auditing and governance systems in place to monitor the quality of the service. Audits were not being completed in key areas of the service and had not picked up on areas for improvements. Actions put in place by the provider following our last inspection had not been completed meaning that the provider was unable to make and sustain improvements. People, relatives and staff were not always given the opportunity to feed back about the service. People were not always supported to communicate in ways that they understood. We have made recommendations about collecting feedback about the service.

The registered manager was not checking to ensure training completed by the staff team had been effective in preparing them for their job roles. Staff were not receiving supervision or competency assessments to help ensure they were providing safe care and support to people. This included in areas such as administering medicines, moving and handling and the Mental Capacity Act (MCA). In most cases staff's previous experiences in other care settings had been relied upon and responsibility for ensuring this was effective had not been checked by the management team. Staff inductions were not completed fully when they started working at the service.

People's support plans and risk assessments and policies and procedures were not being updated regularly. In some cases, risk assessments were hard to follow, and the risk of information not being recorded correctly was high. Staff recruitment checks did not all contain the necessary information in line with legal requirements. We have made a recommendation that staff files be reviewed to ensure they are in line with legal requirements.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff had variable knowledge about the MCA and the impact this has on their job role. We have made a recommendation around staff training in the MCA.

Despite our findings, people and relatives were positive about the support they received at the service. One relative told us, "[Staff] are very good. They treat [family member] with respect and know what is important

to them."

People felt safe being supported by the staff team. There were enough staff to meet people's support needs. Staff told us they had enough time to travel between people's care visits and had enough time to support people in a calm and relaxed way. Staff understood their job roles despite the issues we found with training not being checked. Staff followed good infection control practices and felt well supported during the COVID-19 pandemic.

People's needs were assessed before they started using the service. If people's needs changed then assessments were completed again to ensure the correct support was put in place. People received support to eat and drink in their preferred way if this was needed. People were supported to see health professionals when this support was needed.

People told us that staff treated them with kindness and respect and knew them well as individuals. Staff spoke with passion and knowledge about the people they were supporting. People were supported to make choices in their day to day support and were supported to maintain their independence if this is what they chose to do. People were confident to make complaints, and these were responded to in a timely manner. Plans were in place to discuss care for people at the end of their life.

People and relatives were positive about the registered manager and care-coordinator at the service. Staff felt that they could approach the registered manager for support if this was needed. The staff team worked with external and health professionals to support people to achieve good outcomes.

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

Rating at last inspection (and update)

The last rating for this service was inspected but not rated as we completed a targeted inspection (report published 07 January 2021) and there was a breach of regulation. 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.

Why we inspected

This was a planned inspection based on when the service first registered with us. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive 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.

Enforcement

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

We have identified breaches in relation to safe care and treatment, staffing 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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 well-led.

Details are in our well-led findings below.

Inadequate ●

LightBulb Bespoke 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 Care Act 2014.

Inspection team

This inspection was completed by four inspectors.

Service and service type

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

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

Inspection activity started on 06 October 2021 and ended on 12 October 2021. We visited the office location on 06 October 2021. Two inspectors attended the site visit to look at records and audits. Two inspectors made telephone calls to people and relatives using the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection-

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, care co-ordinator, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff 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. We spoke with a professional from the local authority who worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Staff's competency to administer medicines was not being checked to ensure this was being done safely. Most staff had received medicines administration training in previous job roles, and some had completed an online training course. The registered manager had not checked to ensure this was effective or that staff had understood this training. This put people at risk of harm.
- Some staff we spoke with were unsure about best practice when it came to administering people's medicines that were time sensitive. Staff also told us they had not been supported to see if they were able to administer people's medicines safely. One staff member said, "No one has come to check that I can administer the medicines safely. I have just got on with it and learned on the job."
- Risks to people had been assessed in areas such as moving and handling, eating and drinking and living with health conditions such as dementia. However, these were not always completed fully. In some cases, several versions of the same risk assessment were kept in people's care plans, so it was unclear which one had the correct information for staff to refer to.
- Some risk assessments were unclear as to which risk they were referring to and this made them hard to follow for the staff team. For example, one person had a risk assessment covering moving and handling risks, the way they expressed their anxieties and distress and the way in which staff supported them with a piece of equipment.
- The registered manager was not updating people's support plans and risk assessments on a regular basis. In some cases when risk assessments were updated, information was removed without a clear reason as to why this was. This meant that some important information may have been omitted without any recorded reason as to why.
- The registered manager and care co-ordinator set actions to be completed as a result of the assessed risks to people. For example, making a referral to a fall's specialist. However, there were no set dates for these actions to be completed and no evidence that actions to help mitigate risks that had been identified, were followed through and completed.

We found no evidence that people had been harmed. However, staff competency and training in medicines was not being checked by the provider and potential risks to people were not being thoroughly assessed. This put people at risk of potential harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues we found with risk assessments, some of them were more detailed than others. The care co-ordinator was in the process of updating risk assessments and those that had been updated were more detailed and easier to follow.

- Staff members spoke confidently about how to support people with all aspects of their care and how to mitigate risk as far as possible.
- The registered manager completed audits and checks to ensure that people's medicines were being administered correctly. Actions were taken where errors or mistakes were found.
- People and relatives told us they had no concerns with the support they received with their medicines. One relative told us, "[Staff] assist my family member with medication twice a day and we have never had any concerns with this."
- People and relatives also fed back that staff supported them safely. One relative said, "I have not problems with what the staff do, and they always do what is expected of them."

Learning lessons when things go wrong

- Opportunities to learn lessons were not always taken. When incidents or accidents happened, these were not always discussed with staff to share learning due to the lack of supervisions and competency assessments completed with the staff team.
- In other cases, lessons were learned, and actions were taken such as contacting a health professional, to help ensure that people were supported safely.

Staffing and recruitment

- When staff started working at the service checks were made to ensure their suitability for their job roles. However, in some cases a full employment history for staff was not recorded and this is an important check to ensure that staff are safe to work in health and social care.

We recommend that the management team review staff recruitment files to ensure that full employment histories are recorded for all staff working at the service.

- There were enough staff to support people safely. People and relatives told us staff arrived for care visits on time for the most part and stayed for the time that was needed. One person said, "[Staff] are not rushed at all. They have plenty of time to speak to me during the visit as well." One relative told us, "[Staff] are really good and mostly arrive on time. They always ring ahead if they are going to be a few minutes late."
- Staff told us they had enough time to support people with everything they needed, and they did not need to rush. Staff also confirmed that there was enough time to travel between people's care visits.
- The management team reviewed late and missed calls and took action to address these. One relative told us, "[Staff] have only missed a visit once. The registered manager offered an apology and told us what they had done to make sure it didn't happen again. No problems since."

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding. This was sometimes completed in previous care roles and the effectiveness of this training had not been checked by the management team. However, staff we spoke with, had a good understanding of what abuse might look like and who to report concerns to both in and outside of the service. This included the local authority safeguarding team, the police or CQC.
- The registered manager reported safeguarding concerns appropriately to relevant professionals. Recommendations from reviews were taken seriously and implemented into people's day to day support.
- People and relatives told us they felt safe being supported by staff. One person said, "I feel very safe being supported by [staff]. They are all lovely." A relative told us, "I do think [family member] feels safe with the staff team. They always tell us they have no problems with the care."

Preventing and controlling infection

- People and relatives told us that staff followed good infection control practices. One person said, "Staff

wear gloves, masks and aprons all the time. They are really good with all of that."

- Staff told us they felt well supported during the COVID-19 pandemic. They told us they had plentiful supplies of personal protective equipment (PPE) and that they could discuss any issues they had with the registered manager.

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 the last inspection this key question was inspected but not rated. At this inspection 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 were not being supported to be effective in their job roles. Staff were not receiving supervisions or competency assessments to discuss their skills or to ensure training had prepared them to support people safely.
- In most cases staff had completed their training in previous care roles. This had not been followed up by the registered manager to ensure they knew how to apply this training in their job roles. One staff member said, "If I am honest no one has checked to make sure my training has been OK. I completed all my training in my last employment."
- Staff completed online training in areas such as medicines, safeguarding and the Mental Capacity Act (MCA). However, a lot of staff were in the process of doing this training and there were no set timeframes for this to be completed. One staff member told us, "I do not feel like the training is enough for me to support people well. I have worked here [extended period of time] and have still not had anyone come and check on me."
- Staff told us they had an induction when they started work, however this was not effective in preparing them for their job roles. Records of staff induction were either not completed or had a lot of areas not signed as covered by staff or the registered manager. One staff member said, "Because of my past experience I did not really have an induction. I was trusted to support people safely."
- The registered manager sent us confirmation supervisions and competency assessments were not happening. This meant staff were supporting people without the registered manager checking and being assured that they could support people effectively.

We found no evidence that people had been harmed. However, the registered manager was not supporting staff to be effective in their job roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and care co-ordinator responded after the inspection and told us they had started completing supervisions and competency assessments with staff. They also sent us an action plan, with ongoing dates set for staff supervisions and competency checks.
- Despite our findings, staff showed a good understanding and knowledge of subjects such as safeguarding people and moving and handling.
- People and relatives felt that staff were trained to support them effectively. One person said, "I have nothing but good things to say about the staff. They know what they are doing and always make sure I am alright before I leave." A relative told us, "We have no reason to think staff are not well trained. They look

after [family member] well and are good at what they do."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments and best interest decisions were completed for people who lacked capacity to make decisions about their support. However, it was unclear as to what steps had been taken to support the person to make their own decision before decisions were made for them.

We recommend that the registered manager review capacity assessments and best interest decisions to help ensure that people have been given the full opportunity to make their own decisions about their care and support.

- Staff we spoke with had varying levels of understanding about the MCA and what this meant in their job roles. The registered manager was not checking the training staff had in the MCA had been effective for their learning.
- There were currently no people using the service who were deprived of their liberty. The registered manager explained what they would do if this was ever needed.
- People and relatives told us that staff respected their choices. One person told us, "[Staff] would never do anything I did not want them to do." A relative said, "[Staff] have a good approach to their jobs which respects what [family member] wants from their care."

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

- The registered manager worked with people, relatives and commissioners such as the local authority to ensure people's needs could be met at the service. The registered manager reported any changes in people's needs to help ensure more support was offered if this was needed.
- The registered manager had developed a 'wellbeing assessment' form to complete with people when they started using the service. This gave people the chance to discuss their preferences likes and dislikes as well as their physical care needs. However, this form was not being used. The registered manager said they would complete these with people retrospectively.

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

- People and relatives told us they received support with eating and drinking if they needed this. One relative said, "[Staff] assist [family member] with food as they are unable to use a knife and fork any more. We arrange the meals for my family member and staff prepare these. We have no concerns with this."
- People's care plans indicated the support they needed to eat and drink. Staff understood how to support people safely with this. One person told us, "[Staff] always cook me what I want and always make sure I have a bottle of water and a flask of hot drink by my side."

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

- Staff supported people to access health care services such as occupational therapists or GP's if this was necessary. One relative told us, "[Staff] have supported my family member to attend health and hospital appointments. I have no doubt they would ring the GP if they had any concerns."
- In some cases, staff advocated for people to ensure that their health needs were met by relevant professionals. The registered manager showed us evidence of the positive impact this had for people. Any advice given by health professionals was recorded in the person's care plan.
- A professional supporting a person using the service told us they had no concerns and that staff followed their advice to support the person safely.

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 the last inspection this key question was not inspected. At this inspection 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 and relatives were positive about their care and support. People's comments included, "The care is absolutely brilliant, and you couldn't ask for anything better." and, "I am very happy with my care and everything that the staff do." A relative told us, "I think the care is very good. Staff have a personable approach."
- People and relatives told us staff respected their preferences. One relative said, "We feel the staff show kindness and support and respect [family members] wishes."
- Staff knew the people they were supporting well and treated them as individuals. Staff explained to us how people wanted to be supported and what was important to them in their day to day lives.
- We received positive feedback about people's support. However, the lack of supervision staff were receiving meant the care they were giving people was not being monitored. There was the potential for people to receive poorer care because of this.

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

- People and their relatives told us they were supported to make choices about their care. One person said, "[Staff] always ask me how I want something done, even if they know how I always have it done in the first place."
- Relatives confirmed they were involved in discussions and decisions about their family members care. One relative told us, "We are aware of the support plan that [family member] has. The care co-ordinator speaks to us and we have regular reviews to see how things are going and whether anything needs to be changed."
- Staff had a good understanding of how to promote choice and involve people in decisions about their care. Staff spoke about offering choices of clothes or meals to people and explained how they would do this in line with people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. One person told us, "[Staff] absolutely support and respect my dignity. I would tell them if they didn't." A relative said, "[Staff] show kindness and their approach is always respectful."
- People told us staff supported them to be independent. One person said, "[Staff] help me [complete personal care] but I do what I can myself. Staff know what I need help with."
- Staff spoke to us about how they promoted people's privacy, dignity and independence and had a good understanding of how to do this.

Is the service responsive?

Our findings

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

At the last inspection this key question was not inspected. At this inspection this key question has been 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; Meeting people's communication needs

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

- People's care plans and risk assessments did not always give a clear overview of how people communicated and how staff could communicate with them. Some care plans did not contain detailed information about people's preferences, likes and dislikes.
- Despite our findings people and relatives were positive about the personalised care they received. One person told us, "I think the staff know me well." One relative said, "[Staff] have tried to get to know family member and this has worked well."
- People's wishes regarding staff supporting them were respected. People saw a consistent staff team so that they got to know who was supporting them well. One relative said, "[Family member] has had consistent staff from day one and this has meant that positive relationships can be built. My family member has responded well to this."
- One relative told us about how responsive the registered manager and staff had been when their family members support needs changed. They told us, "The length of the visits was not working for [family member] so we asked the registered manager to make these longer and this was accommodated. [Family member] is really happy about this and staff have told us they can be flexible with visit times or support with health appointments in the future. We are really pleased."

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

- Where people were supported to follow their interests, staff supported them according to their preferences. One relative said, "[Staff] support my family member to take part in [preferred past time] and help them to see their friends regularly. This means a lot to my family member."
- Staff supported people to stay in contact with their relatives. Information was shared with relatives to help ensure that they knew how their family member was and people were supported to phone or video call relatives if they chose to do so.

Improving care quality in response to complaints or concerns

- People and relatives told us they had only needed to raise minor complaints and these were resolved quickly. One relative told us, "Any minor concerns I had have been reviewed and acted upon. I am always very assured that any complaints are taken seriously."

- The registered manager kept a log of complaints and responded in a timely manner to concerns. This was followed up with who made the complaint to make sure that they were happy with the outcome.

End of life care and support

- No one using the service was being supported with end of life care and staff had not received training in this area. The registered manager told us they had sourced training for the staff team and had plans to link and work with palliative care nurses to support people should the need ever arise.
- The registered manager and care-coordinator had plans to discuss any wishes or preferences people may have at this time of their life.

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 the last inspection this key question was inspected but not rated. At this inspection 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; 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; Continuous learning and improving care

At our last inspection the provider had relied too heavily on staff's previous training and experience to perform their job roles and had not taken responsibility for this themselves. There was a lack of consistent and effective monitoring systems in the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager did not have effective systems in place to monitor the quality of the service. Areas for improvement found at this inspection had not been identified by the registered manager. The registered manager knew about other areas of improvement however had not taken effective actions to improve the service. This included areas such as staff training and competency checks, care plans, risk assessments and policies and procedures being updated regularly and the way in which people and relatives were supported to feed back about the service.
- Other than medication audits, no other audits were being completed at the service. This meant that the registered manager did not have an overview of key areas of the service, which made it difficult to identify areas for improvement. For example, improvements needing to be made to care plans and risk assessments had not been identified.
- Following our last inspection in December 2020, the provider was asked to complete an action plan to address areas for improvement. This action plan included implementing a system for regular supervisions and competency checks for staff, ensuring staff training was completed and checked for effectiveness and ensuring a system was in place to collect feed back from people and relatives using the service. None of these actions had been completed at this inspection. This shows a lack of acting on known issues to improve the service.
- Policies and procedures at the service were generic and had not been updated since they were implemented in 2019. For example, the complaints procedure did not direct people to external organisations such as CQC if they were unhappy with a complaint response. The infection control policy did not mention COVID-19 or the measures that should be taken in light of the recent pandemic.

- We asked to see a plan that the service had for any emergencies. This plan was not specific to the service and did not detail measures which could be taken in emergencies such as staff shortages. Risks were identified in the plan, however the listed measures to take were not specific and were not understood by staff working at the service.
- Most staff had not completed training in supporting people living with specific needs and preferences. This included people living with dementia or living with a learning disability. For those who had completed this training, the registered manager had not checked to ensure that this was effective.

We found no evidence that people had been harmed. However, governance systems were not in place or were not effective in identifying improvements that could be made at the service. Known areas for improvement were not being addressed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and care- coordinator responded to some of our concerns immediately following the inspection. This included an action plan to complete staff supervisions and competency checks and a system to monitor and update care plans and risk assessments. However, we could not be assured that these improvements would be sustained, following actions not being completed from our last inspection.
- The registered manager reported notifiable incidents to safeguarding teams and CQC in line with requirements.
- Medication audits completed by the care coordinator and registered manager were effective in identifying areas for improvement.
- Following the inspection the provider sent us a COVID-19 policy. This detailed how staff could work safely during the COVID-19 pandemic.
- The registered manager was in the process of implementing a new electronic system which would enable care plans and risk assessments to be updated in a simpler way. The registered manager also told us that this would help them have more time to address areas for improvement as the monitoring of care visits and rotas would also be made easier.

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

- We received mixed feedback about how well people and relatives were asked to feed back about their care and support. One person said, "It is very chaotic at the office, so I have not really ever been asked how things are going." Relatives comments included, "We have never been asked for any feedback. There may have been a few telephone calls at the beginning, but these have stopped now." and, "No, we have never been asked for feedback"
- The registered manager showed us results from a survey that had been completed with people and relatives. This had not received a very good response rate and was not available for people in ways that they would understand in most cases. This meant the system in place was not useful in collecting feedback from people.
- Staff told us that they were able to approach the management team for advice when needed. However, staff were not given opportunities to feedback about the service in supervisions or team meetings.

We recommend that the registered manager review the systems currently in place to support people, relatives and staff to feed back about the service.

- Documents such as care plans and the complaints procedure were not available in accessible formats for people to use, such as pictures or large print. This limited the opportunities for people to communicate and feedback about their care.

We recommend that the registered manager review care plans, staff training and documentation to ensure that people are supported to communicate and make choices about their care and support.

- Other people and relatives were more positive about the way feedback was collected. Relatives comments included, "We have completed a survey and are asked for our views." and, "[Staff] are very good at making sure they inform me of what is going on and ask my opinion."
- Relatives fed back that they were involved in care plan reviews. However, it was not clear in care plans as to what input they had. The registered manager told us they would record this clearly going forward.

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

- The registered manager and care co-ordinator were trying to promote a positive and caring culture. They and the staff team spoke with passion about the people they supported at the service. However, the findings from this inspection show that aspects of the governance of the service meant it was more difficult to achieve good outcomes for people.
- People and relatives were positive about the service they received. One person told us, "[Staff] are lovely and I can ask them anything. Nothing is too much trouble." Relatives comments included, "All the staff and managers do a great job. They have such a nice way about them." and, "Everything is really good. We are delighted with the support [family member] has."

Working in partnership with others

- The registered manager worked with health professionals such as district nurses to help ensure good outcomes for people.
- The registered manager worked with commissioners to help ensure that people received the right support.

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 found no evidence that people had been harmed. However, staff competency and training in medicines was not being checked by the provider and potential risks to people were not being thoroughly assessed. This put people at risk of potential harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence that people had been harmed. However, the registered manager was not supporting staff to be effective in their job roles.</p>

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, governance systems were not in place or were not effective in identifying improvements that could be made at the service. Known areas for improvement were not being addressed.</p>

The enforcement action we took:

We have asked the provider to update us on improvements they have made at the service on a monthly basis.