

The Roof Support Services UK Ltd

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Inspection report

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Roof Support Services UK Ltd is a domiciliary care agency. It provides care and support to people in their own homes in the London Boroughs of Brent and Harrow. The provider supports people living with mental health needs, dementia or who have physical disabilities. At the time of our inspection the service was providing care and support to 34 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The provider had one location from which they managed this service.

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

People told us that they felt safe. However, the provider had not always assessed the risks to people's health and well-being or done all that was reasonably practicable to lessen those risks.

People received support with their medicines, but the provider did not always ensure this was managed safely. The provider had not assessed staff as competent to give the medicines support being asked of them, medicines support records were not sufficiently detailed, and there was not always information for staff on when to help people take medicines they only needed occasionally.

Staff received training and supervision, but staff did not receive training on how to support people with their specific needs, such as epilepsy or dementia. The provider did not always maintain up to date employment and induction records for all care staff.

People's care and risk management plans set out the care tasks they required help with, but these plans did not provide personalised information about people and their preferences for how they liked to be supported. The provider did not always record how staff were to meet people's communication needs.

There were systems in place to monitor the quality of the service and recognise when improvements were required. These were not sufficiently robust to have identified the issues we found in relation to the management of risks to individuals' health and wellbeing, medicines management, and care planning.

We received mixed feedback from people and their relatives about using the service. Some people said staff were caring and treated them with respect, other people felt this was not always the case.

Staff sometimes provided extra support and assistance to people when this was not part of people's contracted care arrangements.

Staff received regular supervision. Staff found the managers approachable and told us they felt supported.

Adult social care professionals told us managers were responsive to and worked in partnerships with

statutory agencies to meet people's needs.

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

Why we inspected

This inspection was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (published 3 Feb 2017).

Enforcement

We have identified five breaches of regulations at this inspection. These were in relation to managing medicines and risks to people's safety, person-centred care, staff training and recruitment, and having effective systems in place to monitor and improve the quality of the service.

We have served requirement notices for the breaches of regulations in relation to managing medicines and risks to people's safety, person-centred care, and staff training and recruitment. We have served a warning notice for the breach of regulation in relation to having effective systems in place to monitor and improve the quality of the service.

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. We may inspect sooner if we receive any concerning information about the quality and safety of the service.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Roof Support Services

UK Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector conducted the inspection over two days.

Service and service type

This service provides care and support to people living in their own homes. It provides personal care to people living with mental health needs, dementia or who have physical disabilities.

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. We needed to be sure the manager would be available to facilitate this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection including information regarding important events the provider had notified us about. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all this information to plan our inspection.

During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke also with the business manager and the office manager. We looked at a variety of records related to the running of the service. These included the care needs assessments and care and risk management plans of four people using the service, the staff files for six care workers and records the managers kept for monitoring the quality of the service.

After the inspection

We spoke with two people who used the service and three relatives of other people. We also spoke with seven health and adult social care professionals who have 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 rated as good. At this inspection this key question has now deteriorated 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 people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were not always assessed, monitored and managed so they were supported to stay safe. People had risk management plans in place to reduce risks to their safety and wellbeing, but the provider had not always assessed the risks to individuals' health and wellbeing or done all they could to reduce risks.
- Two people's care assessment records stated they lived with differing health conditions, such as diabetes or their experienced seizures, for which they were prescribed medicines to help control. There was no assessment of how the risks associated with these conditions might affect the individuals. There was no guidance or information for staff on how to recognise a person was becoming unwell due to their conditions and what they should do in that event.
- Another person's records stated they lived with dysphagia (a condition affecting how people swallow). There was no assessment of the risk of the person choking due to their condition. Daily care records showed a healthcare professional had observed one care worker helped the person to eat safely, but there no recorded guidance for staff on how to provide support to eat to reduce the risk of choking.
- The provider completed an assessment form to assess the risks a person's home environment may present to them or staff. However, this tool was not always used effectively or kept up to date. Two people's environmental assessments were not dated so it was not clear if they were still relevant and one person's assessment was blank.

These issues indicated that people were placed 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.

- Records indicated staff had completed first aid training to help them support people in case of a medical emergency.

Using medicines safely

- People were at risk of not receiving their medicines as prescribed. Medicines support was not always managed safely and did not comply with National Institute for Health and Care Excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.
- Staff had received training in medicines support, but the provider had not assessed staff to ensure they were competent to give the medicines support being asked of them.
- Staff made daily records to confirm they had supported people with their prescribed medicines, but they did not record what medicines they had supported people to take or at what doses. This meant people were

at risk of not receiving their medicines as prescribed.

- The managers told us they had supported some people to receive their medicines in blister packs dispensed from pharmacists. Some staff told us they supported people to take medicines from packs people's relatives had filled for them. However, the provider did not keep accurate records of the medicines contained in these packs. This meant it was not clear what medicines staff supported people to take and so people were at risk of not receiving their medicines as prescribed.
- Records of daily care for one person showed staff had supported them to take some 'when required' prescribed medicines. 'When required' medicines are those given or taken only when needed, such as for pain relief. However, there was no medicines protocol or clear information in the care plan to guide staff on when they should support a person to take such medicine. This meant the provider could not always ensure the person received their prescribed medicines as intended. This business manager said they would correct this at a meeting they had already arranged with the person, their family and their social worker.
- The provider did not check the records of daily care when these were returned to the office. This meant the provider did not check people were being supported to take their medicines as prescribed. This also meant the provider did not check if there were any actual or potential errors in people's medicines support and so could not take action to address these.

This indicated medicines support was not always managed in a safe way. This was also a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers showed us new log books they were planning to introduce to better record medicines support. These were not being used with everyone who used the service at the time of our inspection.
- The provider helped people to store their medicines safely. For example, the managers had worked with a person and their family to keep the person safe from harm by holding their medicines more securely.

Staffing and recruitment

- The provider had not always operated suitable recruitment procedures to ensure only 'fit and proper' staff were employed to work with people using the service. This is because the provider had not always completed required recruitment checks to make sure it only offered roles to fit and proper applicants.
- Staff recruitment records showed the provider obtained criminal records checks and noted the previous employment history information for new staff. However, the provider had not always obtained or recorded reasonable efforts to obtain references or satisfactory evidence of applicants' employment from their previous employers.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One relative and some professionals told us there had been concerns some care staff had not stayed for the full length of their care visits with a person. This had been raised with the provider and the business manager had apologised and said they would address this.
- Some relatives and professionals told us care staff were on time or staff contacted them if they were running late. Adult social care professionals told us people had occasionally experienced late care visits, but the provider had explained these occurrences satisfactorily. One relative told us the provider did not always inform them when they arranged for a care worker to attend who was not familiar with their family member's needs.
- Managers told us they tried to arrange care visits so staff had adequate time to travel between visits. Care staff confirmed this and one told us, "They try to help us plan care visits to get there in time." Managers said

they would sometimes drive care staff to visits to make sure they got to people on time if necessary.

- The provider had recently employed a new office administrator to help address the gaps in staff employment records.
- Managers relied on people or care staff to inform them if there was a late or missed care visit. The provider did not record, monitor and review late or missed visits to identify how to reduce these occurring. The provider had used a digital system to manage and monitor people's care visits but was reviewing this at the time of our visit. We considered the systems the provider had for monitoring the quality of the service in under the Well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with said they felt safe with the care they received. Referring to care staff one relative told us, "I can trust them."
- The provider had arrangements in place to help protect people from the risk of abuse.
- Safeguarding concerns were recorded and shared with the local authority. Adult social care professionals told us the provider engaged with local safeguarding processes. This included attending meetings with other agencies and taking appropriate action to investigate and address concerns. We saw evidence of an adult social care professional thanking the provider for their work to identify, report and help protect a person from harm and abuse.
- Staff used financial transaction records to document when they handled people's money as part of their planned care, such as when shopping with or for a person. Managers checked these records on a monthly basis to make sure staff supported people with their money safely.
- Staff completed training on safeguarding adults. Staff knew how to recognise and respond to safeguarding concerns.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training on infection prevention and control. Staff used personal protective equipment when required, such as antibacterial gel, gloves, aprons and shoe protectors. Staff told us they could always access supplies of this.
- Staff had training on food hygiene and safety so they could prepare meals safely for people.

Learning lessons when things go wrong

- The provider responded to incidents and investigated where appropriate. The office manager maintained a record of incidents and concerns, the actions taken to address incidents them and lessons learnt from these. The provider had instigated formal procedures to address concerns about staff performance to reduce the likelihood of these re-occurring.
- The registered manager told they had learnt to work more closely with statutory agencies to resolve incidents and concerns.

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 rated as good. At this inspection this key question has now deteriorated to 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 had not always received training to enable them to competently carry out their duties when working with people who had specific needs.
- Care records stated some people experienced seizures or lived with diabetes but managers told us care staff had not received any training on supporting people who live with these conditions.
- Managers told us an experienced care worker who provided support to a person who was at risk of choking due to dysphagia had trained other staff on how to help the person to eat and drink safely. However, there were no staff records to demonstrate what this awareness training entailed, which staff had received this training or when it took place.
- We received mixed feedback from people and their relatives about the care staff. Some people told us they thought the care staff were skilled, while one person told us staff were not trained on how to work with people who are living with dementia. Training Records of the training staff had completed indicated they had not completed any dementia awareness training.
- One care worker who recently started told us they completed three days training and induction and then spent three days shadowing experienced staff before supporting people. However, there was no record of the completed induction process for this and two other care workers. This meant it was not clear if the provider had assessed staff to be competent to in their roles. We discussed this with the business manager who acknowledged the records of staff inductions were not up to date.

This meant people were at risk of receiving unsafe care as the provider could not demonstrate staff always had the skills and experience or support needed to provide effective care and support. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records indicated staff completed a range of mandatory training. This included health and safety, moving and handling and mental capacity awareness. Staff told us they found this helpful. The provider had begun to run the training sessions twice a year so staff could attend refresher courses as and when required.
- Care staff said they had supervisions with senior staff and felt supported by their managers. One care worker said, "They're there when I need them." Records showed staff supervisions were held regularly throughout the year.

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

- Staff supported people with their meals, where needed this was part of their agreed care arrangements. Daily records of the care provided indicated people were being provided with varied meals and drinks.
- We received mixed feedback from relatives and adult social care professionals about people's care to eat and drink. Some relatives told us staff help people to eat in a caring manner and respect people's preferences. However, one relative told us they thought staff did not always spend enough time encouraging their family member to eat. They had complained to the local commissioning authority and the provider about this.
- Staff had received training on providing food to people so they could support people safely to have enough to eat and drink.

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

- People were supported to maintain their health and access healthcare services.
- Managers described how they worked with other agencies to help meet people's health needs, such as working with district nurses, pharmacists and helping people liaise with their GP.
- Records of daily care showed instances of staff supporting people to arrange health and therapist appointments. One relative said staff keep them informed about their family member's health and let them know when the person has health appointments so the relative can also support them with these.
- Adult social care professionals told us they experienced consistent partnership working with staff the provide care and support to people.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection which can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Managers told us people had the mental capacity to understand their care and support. We saw some people had signed their care plans to indicate they consented to their care arrangements. However, the business manager told us some people had refused to sign these as they sometimes refused the care arranged for them by the local commissioning authority. We discussed this with the business managers who acknowledged the need to record people's refusal to sign their consent and said they would update these records accordingly.
- Staff had received training regarding the MCA. Staff recognised people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.
- People's families were included in discussions about care arrangements to help people be involved in decisions about their care.

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

- Managers assessed people's care and support needs before beginning to provide a service. These

assessments were informed by statutory assessments of their needs and discussions with people. Assessments included information about people's medical history and known allergies and considered their home environment, moving and handling issues, mobility and medicines support needs. People's families were involved in these assessments where required.

- Adult social care professionals told us the managers attended hospital discharge and other multi-agency meetings to understand the support needs of people before they started to support them. They told us managers would often conduct care needs assessments at short notice when requested.
- Care assessments recorded information about people's ethnicity, religious beliefs, gender and marital status. Managers told us the service was not currently supporting anyone who identified as LGBT+ but they had done in the past. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Managers told us they promoted equality and diversity with staff during their induction and training sessions.

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 rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people were supported and treated with dignity and respect by staff but the service did not always treat people in a caring manner.

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

- Whilst people experienced staff being individually caring towards them, the service was not always caring to people. The provider had not been caring enough to ensure risks to people were identified and appropriately mitigated so people did not experience the risk of harm as a result. We saw that people's care plans lacked information about them as individuals so the plans did not clearly show how people should receive care personalised to their needs.
- We received varied feedback about the care and support people received. One relative described how care staff had not stayed for the full length of their care visits with a person and this had not treated the person with respect.
- People told us the staff who visited them were "nice" and "everything's fine."
- One adult social care professional described how the registered manager had ensured they specifically prepared food that reflected a person's cultural background, which the person greatly appreciated.
- Professionals told us staff were, "Polite" and "Committed to the client, they are respectful, they go out of their way, above and beyond for [the person]." Some professionals described how the staff or managers had extra efforts for people, beyond their contracted care arrangements. For example, managers had bought clothes for a person in an emergency when they had thrown theirs away or quickly arranged and completed a 'deep clean' of a person's house when it was very dirty and potentially hazardous to the person's safety.

Respecting and promoting people's privacy, dignity and independence

- People and some relatives told us carers afforded them privacy and dignity.
- Staff described how they promoted people's dignity and privacy when providing care. This included always speaking with the person, giving them time and making sure the environment was private.
- Staff described how they promoted people's independence when providing support. One relative told us staff promoted their family member's independence, "As much as they can."
- One adult social care professional said they thought one person's "quality of life has seriously improved" from being supported by the provider.

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

- People and relatives told us they could choose to be supported by male or female staff and these choices were respected.

- Relatives told us they felt very involved in people's care arrangements.
- We sampled records of spot-checks of care workers' performance. These showed the provider regularly encouraged people to express views about their care, if there were things they would like to change and actions being taken to address issues.

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 rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Some people's care plans contained only brief information about each person and did not always reflect a person-centred approach to supporting them. Plans gave basic information about the tasks care staff needed to complete without including information about people's preferences or the way they wanted to be cared for. For example, some care plans stated people needed support with bathing and personal grooming. There was no recorded information about how they liked to be supported to wash or their preferences for grooming.
- Managers informed us one person had very particular dietary preferences that affected their daily living, which the person's family confirmed. This information and how to support the person with this was not recorded in their care plan.
- People's care plans did not clearly and accurately set out what staff were meant to support them with. Some relatives confirmed their family member did not receive an up to date and agreed list of the tasks staff were meant to support them with. A member of staff also told us they did not have this for the person they worked with. They said the registered manager would tell them what to do each week instead.
- Staff provided care and support that was not recorded and agreed in people's care plans. For example, staff helped one person to monitor their blood sugar levels and provided specific help to exercise to another person with mobility difficulties. This meant the provider could not always demonstrate people were receiving appropriate person-centred care and treatment that was based on a recorded and planned assessment of their needs and preferences.
- We saw managers conducted care reviews with people regularly to see if they were happy with their care and it met their needs. However, records showed these reviews were not always based on or led to a review of people's care plans. For example, one person's care reviews noted they received four care visits a day while their plan of care stated they only received three visits.

The above issues indicated people did not always receive care and support in a planned way that recognised and reflected their individual needs and personal preferences. There was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the managers who acknowledged care plans needed to document the care and support being provided to people and said they would update these.
- Some people did receive care that was responsive to their changing needs. Adult social care professionals

told us they found the provider had been "extremely" responsive to their requests to provide support to people, sometimes at short notice.

- One relative told us care staff and managers will regularly visit the person outside of their contracted care arrangements if the relative contacts them with a concern about the person or to check on the person's well-being.

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 provider did not always record and plan how to meet people's communication needs.
- Two people's care assessments indicated they were partially sighted and one also lived with a hearing impairment. Managers described to us how care staff worked with these individuals to meet their communication needs. However, there was no recorded information in their care plans for staff on how to support and communicate effectively with these people. The registered manager acknowledged the plans did not reflect the approaches staff used to communicate with the people and they said they would update them.

This also indicated people did not always receive care and support in a planned way that recognised and reflected their individual needs. This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There were systems in place for to complaints and concerns. Records at the service indicated complaints and concerns were being noted and responded to by the provider.
- Relatives told us the provider did respond to their complaints or concerns, but for some this was not always in a timely manner or their issues were not always resolved satisfactorily. For example, some relatives felt following complaints they had made, staff still did not stay for all of their allocated time, or the care staff were not familiar with the person they were supporting still attended.
- An adult social care professional told us the provider informed the local commissioning authority of complaints or concerns and responded to these.
- The record of incidents and concerns noted and lessons learnt from these.

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

- The provider encouraged and supported people to access their community and reduce the risk of them experiencing social isolation when this was part of their commissioned care arrangements.
- Records of daily care, adult social care professionals and a person's relative confirmed this took place.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Managers described how they would work with people and their families to understand and respect end of life arrangements where this may be required so a person may experience a comfortable and dignified death.
- People's care assessments included some information about their end of life care wishes or advanced statements where people had been willing to discuss this.

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 rated as good. At this inspection this key question has now deteriorated 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

- The provider's systems for monitoring and improving the quality of the service were not always operated effectively. Whilst they carried out a range of checks and audits, these had failed to identify where improvements were needed.
- The provider had not identified or assessed some of the risks to individuals' health and wellbeing. Nor had they acted to mitigate these risks.
- The systems had not identified or addressed requirements to maintain appropriate records of medicines support and to assess regularly staff competency in giving medicines support.
- The provider had not identified and addressed that some people's care plans needed to be updated and did not always provide personalised information about people and their care preferences.

This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had responded to an allegation of abuse but had not notified the CQC of this. We discussed this with the managers who completed a formal report of this incident to the CQC after our inspection and assured us they would notify the CQC of such events in future.
- Quality assurance checks included periodic unannounced spot-checks of staff conducted by care supervisors to assess staff performance. The provider took action in response to the issues these checks identified.
- The ratings for the last inspection were clearly displayed at the provider's office and on their website.

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

- Staff said they felt supported in their roles. One care worker commented, "[The managers] look after their staff" and "They try to balance the relationship between staff, client and the family."
- Adult social care professionals spoke positively about the managers and their involvement with people using the service. Their comments included, "The management is very hands on, that is very helpful to us," and "When they are short of staff, the leader is 'hands on deck.'" One professional told us, "Anything I want to address, I speak with [the registered manager] and they deal with it immediately." The managers we

spoke with demonstrated a good understanding of the individual needs of people using the service.

Continuous learning and improving care; and how the provider understands and acts on duty of candour responsibility

- The registered manager and business manager were open about acknowledging some of the issues we found at this inspection. They had identified some of these and were already in the process of establishing new ways of working to address these. For example, addressing staff recruitment records and reviewing their digital system for monitoring care visits.
- Adult social care professionals told us the managers of the service had been variable over the last year and a new management team could help to improve the service.

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

- Managers conducted periodic care review visits to people's homes to ask about their experiences of the service. These were recorded and showed people had been asked if the staff were polite, if they were happy with their care and if there were any issues to be addressed.
- The business manager told us they held team meetings with staff regularly to discuss the service and people's welfare. They could not provide records of these meetings at the time of our visit.
- The provider sent out questionnaires to people and their relatives annually so they could comment on their service. The managers acted to address issues individual respondents raised, but there was no strategic analysis of people's feedback to identify service trends that might require improvement.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, nurses, GPs and hospital staff, to help to provide coordinated care to people. The business manager regularly attended meetings with the local commissioning authority and hospital discharge teams to facilitate this. Adult social care professionals told us they valued the information and understanding of people the managers brought to these meetings.
- Professionals spoke very positively of how the provider worked in partnership with the local commissioning authority. Comments included, "The joint-working is exceptional", "communication is extremely good" and "They're an asset to us."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">- Assess the risks to the health and safety of service users receiving care.- Do all that was reasonably practicable to mitigate such risks.- Ensure the safe and proper management of medicines. <p>Regulation 12(1) and (2)(a),(b),(g)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person was not always operating robust recruitment procedures to ensure that it employed fit and proper persons for the purpose of carrying on the regulated activity</p> <p>Regulation 19(1)</p>

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure persons employed by the service in the provision of the regulated activity always received induction support and training to enable them to carry out the duties they are employed to perform

Regulation 18(2)

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always operating robust recruitment procedures to ensure that it employed fit and proper persons for the purpose of carrying on the regulated activity Regulation 19(1)

The enforcement action we took:

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