

Youth Graces UK Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Youth Graces UK Limited is a domiciliary care service providing personal care and support to people living in their own homes. The service was supporting 193 people at the time of our 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

Risks to people had not always been assessed, and people's care plans did not always include information for staff on how to manage risks safely. Medicines were not always safely managed. Staff were not always deployed in ways which safely met people's needs. Accident and incident information had not always been reviewed for learning, to reduce the risk of repeat occurrence. The registered manager had not always submitted notifications to CQC when needed, in line with regulatory requirements.

People's needs had not always been assessed by the provider to help inform their care planning. Staff had not always received training in areas relevant to the needs of the people they supported. The provider's quality assurance processes did not always identify issues and failed to drive service improvements. People did not always have care plans in place which reflected their individual needs and preferences. We received mixed feedback from people as to whether they had been involved in the planning of their care, although they also told us they received personalised support from staff.

Improvement was required to ensure people were always supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests. People knew how to make a complaint. The provider maintained a complaints log although improvement was required to ensure this captured the details of all of the issues raised by people.

People were supported to maintain a balanced diet, although improvement was required to ensure their care plans contained information about their dietary support needs, where appropriate. People were protected from the risk of abuse because staff were aware of locally agreed safeguarding procedures. However, further improvement was required to ensure the provider's whistle blowing policy identified external agencies that staff could contact if they had concerns. Improvement was also required to ensure the provider's recruitment procedures were consistently followed.

People were protected from the risk of infection. They had access to a range of healthcare services when required and received staff supported to attend appointments if needed. Staff treated people kindly. They involved people in decisions about their support. People's privacy was respected, and staff supported them to maintain their independence. The registered manager told us they would work with other agencies to ensure people received effective care at the end of their lives. Staff spoke positively about the support they

received from the management team.

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

Rating at last inspection

The last rating for this service was good (published 17 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified five breaches in relation to safe care and treatment, staffing, person-centred care, good governance and the notification of incidents.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Youth Graces UK Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of an inspector, an inspection manager, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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 we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 October 2019 and ended on 29 October 2019. We visited the office location on 17 and 18 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from local authority commissioners. We also reviewed the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and ten relatives about their experiences of the support they, or their loved ones received from the service. We also spoke with the registered manager and six staff to help understand how the service was being run and what it was like to work there.

We reviewed a range of records. These included twelve people's care records and staff records relating to their recruitment, training and supervision. We also looked at records relating to the management of the service including the provider's policies and procedures, staff scheduling data, complaints records and quality assurance information.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had not always been assessed to help ensure they received safe care. There were no care plans or risk assessments in place for three people whose records we reviewed. An assessment completed by the commissioning local authority identified that one of these people had complex behavioural, communication and mobility needs. A second person had complex behavioural needs. However, these areas of risk had not been assessed and there was no guidance in place for staff on how to safely support them.
- Another person's records identified them as living with diabetes and having a catheter in place but there were no risk assessments or guidance in place for staff on how these areas should be safely managed. This placed them at risk of unsafe care,
- We also found examples where sections of the risk assessment tools used by the provider had not always been completed. For example, sections relating to malnutrition, falls, allergies and mobility had been left blank in one person's risk assessments. This meant it was unclear whether these risk areas had been considered during the assessment to help ensure the service the person received was managed safely.
- Risk assessments had also not always been carried out accurately. For example, hospital discharge information identified that one person required a walking aid to mobilise and being at high risk of falls, but the provider's risk assessment identified them as being fully mobile and low risk. Another person's local authority review information referred to them suffering from a pressure sore, but the provider's skin integrity risk assessment identified them as having healthy skin.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not safely managed. Whilst staff had completed medicines training, they did not always follow safe practices when administering people's medicines. For example, one person had been prescribed a medicine for pain relief which required a minimum four-hour gap between doses, but this minimum gap had not been maintained on one occasion because staff had made visits less than four hours apart during which they had administered the medicine. This placed the person at risk of overdose.
- People had medicine administration records (MARs) in place, but staff routinely failed to complete them without explanation or completed them in a way which contradicted the information they contained. For example, one person's MAR listed eight medicines to be administered by staff during two daily visits, but staff had completed the MAR to indicate they had administered medicines at three daily visits without identifying which medicines were administered at which visit. This placed the person at risk of unsafe support should a healthcare provider need to identify which medicines they had taken and when, in the

event of an emergency.

- In another example we found over 50 unexplained gaps in recording on one person's MARs over a two-month period. This meant it was unclear whether the person had received their medicines as prescribed, or whether these doses had been missed.
- There was not always clear guidance in place for staff on when they might need to administer medicines prescribed to be taken 'when required', or where they apply any prescribed creams. This placed people at risk of unsafe support with their medicines.

This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always deployed effectively to meet people's needs. We received mixed feedback from people and their relatives regarding the timings of their visits. One person said, "They [staff] come by bus so the timing is very variable, though I don't mind; they always phone if they're running late." Another person told us, "I go out twice a week and need them [staff] to come early so I'm ready, but that doesn't always happen." A relative commented, "They [staff] are mostly on time. Once no one showed up and they contacted me really late which is unacceptable, so I complained; it's fine now."
- Staff were regularly scheduled to visit more than one person at the same times of day which meant they could not be on time for all of their visits. We also found that whilst most staff visited people within a localised area, no consideration had been made in the scheduling for travel. For example, one staff member's rota showed that they were scheduled to visit seven people to provide a planned total of four and three-quarter hours' care, excluding travel time, between 7:00-9:00 on one day during the weeks prior to our inspection. This meant it was not possible for staff to attend at the times agreed.
- We found examples where only one staff member had attended visits requiring two staff to attend, or where a second staff member only arrived late, halfway through the duration of the planned visit. This meant staff had not been deployed in a way which safely met people's needs.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvement was required to ensure the provider consistently followed safe recruitment practices. Most staff files included confirmation that the provider had made checks on their identification, employment histories, references and criminal records checks to help ensure they were of good character. However, improvement was required because one member of staff had started working with people before their disclosure and barring (DBS) check had come back. The DBS is designed to support safer recruitment decisions.

Learning lessons when things go wrong

- The registered manager told us there was a system in place to record all accidents and incidents, however, the recording of these were inconsistent. Some accidents and incidents were recorded on paper forms, some on an electronic system and others were contained in emails between the service and other professionals. This made it difficult to assess the action the provider took in response to incidents. For example, staff were unable to identify when one person had developed a pressure sore so were unable to demonstrate that action had been taken promptly to manage this safely.
- We discussed this inconsistency with the registered manager, who told us that the service would be moving to using the online system to record all accidents and incidents in future. They showed us emails the service had sent when people had fallen or required additional support. However, they were unable to

demonstrate that accidents and incident information had been analysed to look for trends and patterns or ways of reducing them happening in the future.

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of the types of abuse that could occur and the action to take if they suspected someone had been abused. One staff member said, "I would report any abuse to the office and make a record of the issues." Another staff member told us, "I'd always report any safeguarding concerns and I know I can speak with social services directly, if needed."
- Records showed the registered manager had been in regular contact with local authority safeguarding teams to share information about any safeguarding concerns involving people using the service.
- However, improvement was required to the provider's whistleblowing procedure as this did not contain guidance for staff on how they might escalate any concerns to external agencies if they felt appropriate action had not been taken.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were aware of safe infection control practices. One staff member told us, "I've completed infection control training. If I'm supporting someone with personal care, I wash my hands before and afterwards, and always wear disposable gloves and an apron."
- The provider ensured staff had access to a stock of disposable gloves and aprons which they used when supporting people. People confirmed they wore them during their visits.

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.

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

- People's needs had not always been comprehensively assessed when they started using the service. We found gaps and inconsistencies in the way assessments had been carried out. For example, one person's body mass index (BMI) had been calculated on the same day as a part of assessments relating to skin integrity and nutrition but the results came out differently. Three other people's care records contained no evidence of assessments having been carried out by the provider to ensure the service was able to meet their needs and preferences.
- Whilst the provider used some nationally recognised assessment tools, such as the malnutrition universal screening tool (MUST), these tools had not always been used correctly, with sections of assessments left blank without explanation. This meant it was not possible to determine whether people's needs had been adequately considered in the planning of their care.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not always supported in their roles through training relevant to people's needs. They received an induction when they started work which included time reviewing the provider's policies and procedures, and a period shadowing more experienced staff. They were also required to complete training in a range of areas considered mandatory by the provider. However, records showed 21 staff had not completed first aid training, 14 staff had not completed practical moving and handling training, and seven staff had not completed safeguarding training.
- We also found staff had not always received training relating to the individual conditions of the people they supported. For example, one staff member supported two autistic people, one of who was identified as potential displaying behaviour which may challenge, but they had not received any training relating to autistic spectrum disorder or managing challenging behaviour. These issues meant there was a risk that staff may not have the skills and knowledge to meet people's needs effectively.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision is helpful as I can talk about any worries I might have

and I get feedback about my work and if there's anything I need to do to improve."

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

- People were supported to maintain a balanced diet. However, improvement was required to ensure people's care plans contained sufficient guidance for staff on how to safely manage any potential risks to people when eating and drinking.
- People told us they received the support they needed from staff to prepare meals, when this was a part of their care plan. One person said, "The carers do my meals; they're really good." A relative told us, "[Their loved one's] carers make the meals; they make sure [their loved one] gets lots of choices."
- People's care plans identified the support they needed from staff to maintain a balanced diet. However, improvement was required because one person's care records identified them at different points as requiring both a soft diet and a pureed diet. The lack of clarity as to which of these two diets the person required placed them at risk of unsafe support from staff when preparing their meals.

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.

- People confirmed staff sought their consent when offering them support. Staff told us people were able to make decisions about how they wished to be supported. One staff member said, "I ask the clients I visit if they'd like help; if they were to say no, I'd try again later or let the office know that they didn't want assistance."
- Records showed that most people had signed their care plans to confirm their consent. However, improvement was required because it was not always clear that people had capacity to consent to their care, where they had a diagnosis of dementia. Additionally, one person, who staff confirmed lack capacity to make decisions about the support they received had no assessment or consent form on file to demonstrate the decision to agree to the care plan had been made in their best interests.

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

- People were able to access healthcare services when needed. One person said, "I can organise this [healthcare appointments] myself, but I might ask for the carers to come early so I am ready." Another person told us they managed their appointments independently but expressed confidence that staff would support them, if needed.
- Staff told us they were willing to support people to access healthcare services, if needed. One staff member said, "If someone was ill, I'd help them call a doctor, or ring 111 or for an ambulance. I went with a client to a doctor's appointment once as they needed support."
- The provider worked with other agencies to ensure people received effective care from different services, when needed. Records showed staff had been in regular contact with other agencies, including social services and people's GPs where they had concerns about people's well-being, to help ensure they received the support they required.

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 remained the same. 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

- Staff treated people with kindness and consideration. One person told us, "They [staff] are very pleasant and we regularly enjoy a little joke together." Another person said, "[The staff] are nice people who seem to really care." A relative commented, "They [staff] are wonderful; very patient and excellent at gauging [their loved one's] mood."
- Relatives also described the strong relationships people had developed with the staff supporting them. One relative told us, "If [their loved one] hasn't been well, they [staff] phone up to see how [they are] when they're off duty. Our regular carer is more like family than staff." Another relative said, "They [staff] have taken the trouble to find out about [their loved one's] background so they can talk about some things [they are] interested in."
- Staff told us they respected diversity and were committed to treating people equally. One staff member said, "I try to treat everyone as I would want to be treated and respect their differences as individuals." Another staff member told us they took the cultural background of one person they supported into account when supporting them with meal preparation, to ensure their individual needs were met. A relative described the support staff provided to their loved one which took into account the importance of their need to practice their faith.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. All of the people and relatives we spoke with told us staff treated them respectfully.
- Staff were aware of the steps to take to ensure people's privacy was maintained. One person told us, "They [staff] always mind my privacy; they close curtains and the door and are tactful [when providing support with personal care]." Another person told us, "They [staff] always protect my modesty." A relative said, "They [staff] are much more conscious of [their loved one's] privacy than [they are]."
- People were supported to maintain their independence. One staff member told us, "I always encourage people to do what they can for themselves. For example, if someone needs support getting dressed, I might help them with buttons or to put on socks, whilst they do the rest. One person told us, "They [staff] encourage and praise me for doing as much as I can for myself,"

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

- People were involved in making decisions about the support they received from staff. Staff told us they sought to offer people choices wherever possible when offering them support. For example, one staff described offering people choices in whether they wished to have a wash or a shower, what they wished to

wear and what they wanted to eat, whilst supporting them

- People confirmed their views were sought by the staff supporting them. One person said, "They [staff] do everything I ask and some things I forget to ask, like help me with the recycling." A relative told us, "They always offer [their loved one] lots of choices."

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 inadequate. This meant people's needs were not met.

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

- People had not always been involved in the planning of their care. One person said, "I have a care plan but don't remember discussing what help I needed." Another person told us, "There is a plan, but I wasn't involved in deciding what I needed."
- Three people had no care plans in place, but had a basic task lists for staff to follow when supporting them. These task lists contained no information about the action staff may need to take to help manage their health conditions which had been identified in the referral documentation provided by the commissioning local authority.
- People's care plans did not always contain enough detail regarding the support people required and had not always been properly completed. For example, one person's care records identified that they had a catheter in place, but their care plan referred only to staff needing to support them with 'toileting needs and a change of pad'. It was therefore unclear whether this meant staff were expected to support them to manage their catheter or in some other way. Sections of the same person's care plan covering the things that were important to them and their emotional well-being had also been left blank so did not adequately reflect their needs or preferences.
- People's care plans also did not always include information about people's preferences in how they wished to be supported or any details about their life histories or the things that were important to them. For example, staff told us one person preferred to eat toast for breakfast which they liked to make independently and that they only needed support with this task very occasionally when they were not feeling fit to manage it themselves. They also preferred to have a wash in their bedroom rather than going to the bathroom to wash. However, their care plan did not include this information, stating only that staff were to 'make breakfast' and 'assist with washing/showering'.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these issues people told us they received personalised support from staff. One person said, "They respect my preferences." Another person told us, "I tell them what I like." A relative commented, "Our regular carers really do know [their loved one] as an individual."

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.

- Senior staff told us they could make information available to people in a range of formats including different languages or in large font, where required. However, improvement was required to ensure people's communication needs were properly assessed and considered. For example, one person's care plan identified them as not being able to communicate because they could not speak, without considering their ability to express themselves in other ways such as by using gestures or body language.

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

- Staff supported people to follow their interests and take part in activities, where this had been included as part of their commissioned package of care. One relative told us, "They support [their loved one] to go to the park, the pictures or shopping." Another relative said, "[Their loved one] goes to several clubs and they [staff] come and pick [them] up and bring [them] home."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which gave guidance on how to complain and what they could expect in response. People knew how to make a complaint. One person told us, "I have spoken to them informally when I had an issue and it all got sorted out."
- The provider maintained a log of complaints made against the service, which included details of their investigation and a copy of their written response. However, improvement was required because we found reference to concerns raised by one person in their care records which had not been logged as complaint and responded to in line with the provider's complaints process.

End of life care and support

- The registered manager confirmed that none of the people using the service at the time of our inspection were receiving end of life care. They also told us that the service would work with people, their families and any healthcare professionals when needed, to ensure people received responsive support at the end of their lives.
- People's end of life preferences had not always been discussed with them as part of the planning of their care. The registered manager told us that where people were happy to discuss the subject, they were looking to review people's care plans and update them to include this information following our inspection. We will follow up on this at our next inspection of the service.

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 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.

Continuous learning and improving care

- The provider's processes for identifying issues were not effective and did not drive service improvements. The registered manager told us senior staff regularly carried out audits of people's medicine administration records (MARs). However, we found examples of MARs dating back to May 2019 which were still to be audited despite demonstrated concerns with the way in which staff were managing medicines. Staff were also only able to provide evidence of nine of 193 people's care plans having been audited in 2019 when we found significant shortfalls in the provider's care planning and risk assessment processes, resulting in regulatory breaches.
- Where staff had identified issues with the provision of the service, the provider's systems had not been effective in making improvements. For example, MARs had not always been put in place each month for one person, despite a staff member repeatedly raising this as an issue during their supervision meetings. Another staff member had been identified as needing to complete outstanding training, including training in the Mental Capacity Act 2005, during consecutive quarterly supervision meetings, but this training was still outstanding according to the provider's training matrix.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager told us they had plans to improve the auditing processes used at the service. We will follow up on their progress in implementing these at our next inspection.

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

- The service had a registered manager in post. Whilst the registered manager told us they understood their responsibilities as registered manager under the Health and Social Care Act 2008, they had not always complied with legal requirements. For example, we identified two incidents which the registered manager had failed to notify CQC about, despite being required to do so by law.

This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- Staff had access to support from the provider's management team when required, including an on-call contact they could get in touch with outside of office hours.

- The registered manager understood the duty of candour. They confirmed they had informed people's relatives and service commissioners when any accidents or incidents had occurred. However, improvement was required to ensure any such action was clearly recorded in people's care records.

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

- People and their relatives, where appropriate, told us office staff contacted them periodically to gain their feedback about the service. They also said the provider acted on any feedback they gave. One person said, "I spoke with them about [a staff member] and asked if they could visit me more often; they're now my regular carer."
- The provider sought people's views through quality assurance visits to their homes, telephone checks and an annual survey. However, the registered manager could only find a limited number of survey responses, some of which were undated, and was unable to demonstrate that the feedback had been analysed and acted upon. Whilst the feedback on the forms was positive, they didn't identify who had submitted them which meant it was not possible for the provider to act on any minor individual issues people raised. These issues required improvement.

Working in partnership with others

- The provider sought to work positively with health and social care professionals to drive good quality care. They shared information with the local safeguarding team promptly, when requested to do so and local authority staff were welcome to conduct monitoring visits.
- One local authority staff member told us the registered manager had developed an action plan to address issues identified at their last visit. However, improvement was required to ensure this feedback was acted on appropriately, as the issues the local authority had raised in respect of people's care records and the provider's quality assurance processes had not been addressed at the time of our inspection.

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

- People and relatives spoke positively about the culture of the service. 19 of the 20 people and relatives we spoke with commented positively about the way in which the service was managed. One person said, "I feel very lucky to have this much support from such caring people." A relative told us, "They do their best."
- Staff told us they felt well supported by the management team. One staff member said, "The registered manager's easy to talk to; I can contact them anytime if I need to and they're understanding. I'm happy working for the service." Another staff member told us they had raised an issue with the registered manager around the distances they needed to travel whilst working and this had resulted in changes to their rota so that they worked in a more localised area.
- Staff told us they worked well as a team. However, improvement was required because we received mixed feedback about the effectiveness of communication between staff. For example, one staff member told us they weren't always informed issues that might have an impact on their work such as when a second staff member was running late for a double handed call they were attending.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not always carried out an assessment of people's needs and preferences or involved them in the development of their care plan.</p>

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people had not always been assessed to ensure the care they received was provided in a safe way. Medicines were not always safely managed.</p>

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems for monitoring the quality and safety of the service were not operated effectively.</p>

The enforcement action we took:

We served a warning notice on the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not always deployed in ways which met people's needs. Staff were not always supported in their roles through training relevant to their roles.</p>

The enforcement action we took:

We served a warning notice on the provider.