

BBC Care Service Limited

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Inspection report

3000 Hillswood Business Park
Hillswood Drive
Chertsey
KT16 0RS

Tel: 07824341269

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

BBC Care Service Limited is a domiciliary care agency providing personal care to 5 people at the time of the inspection. The agency supported people with different physical and health related support needs, older people and people living with dementia.

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

Right Support

The provider did not always follow effective processes around safeguarding people. However, staff knew how to recognise and report concerns to the registered manager and people's relatives told us they trusted staff and felt their loved ones were safe with staff.

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported good practice but were not yet fully embedded into practice. Staff did not always follow the MCA Code of Practice when obtaining people's consent or assessing their mental capacity.

People received support around their individual risks and needs and staff knew them well. Staff supported people with their medicines in a safe way and knew how to protect people from infections. Where needed, staff knew how to support people around their eating and drinking or contacting healthcare services.

Staff were recruited safely and visited people to provide care as planned. Staff received appropriate training and support and continued to develop their skills. People's relatives found staff to be professional and competent.

Right Culture

The registered manager worked on improving the service and their oversight of the quality and safety of the care people received with assistance from an external and independent support. Not all changes had been successfully embedded. The provider did not always identify outstanding actions and possible concerning

issues. For example, around how safeguarding was considered when analysing events in the service, what information was missing from people's care plans to ensure person-centred care or how effective was their monitoring of staff attendance on care visits.

Staff and people using the service represented by their families were complimentary about the culture of the service. They told us they felt involved and listened to. The service worked with healthcare professionals and social services to ensure people received the support they needed timely.

Right Care:

People received personalised support, but areas such as life stories, wishes around advanced care planning or their interests and preferences had not been fully assessed in their care plans yet.

People's relatives told us staff knew people well and treated them in a caring and kind way. Staff respected people's homes, families and their individual capabilities and treated them with kindness. Staff knew how to communicate with people effectively.

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 inadequate (published 13 January 2023).

At this inspection we found some improvements had been made but the provider remained in breach of regulations.

This service has been in Special Measures since 31 May 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on breaches of the regulations identified at the last inspection. We have found evidence that the provider needs to make further improvements.

Enforcement

We have identified breaches in relation to safeguarding, how the provider adhered to the Mental Capacity Act 2005 requirements and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 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 ●

BBC Care Service 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

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

What we did before the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 relatives of the people about their experience as people did not wish or were not able to provide feedback themselves. We spoke with 4 members of staff including the registered manager and care staff. We reviewed a range of records. This included 5 people's care plans and medicines records for people supported with their medicines. We looked at recruitment checks and training records for 5 staff members. A variety of records relating to the management of the service, including policies, audits and action plans were also reviewed.



Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of abuse, harm and discrimination. The registered manager did not always effectively consider the provider's safeguarding procedures when managing issues raised to them. On one occasion a potential safeguarding concern was not considered as such despite action being taken to mitigate the risks to the person at the time.
- On another occasion there was no evidence the registered manager considered issues raised in an informal complaint and failed to investigate them in the light of possible safeguarding concern involved. There was also no clear evidence around how external reporting was considered by the provider at the time. People could be at risk of abuse and neglect if appropriate referrals were not made and the local authority safeguarding teams were not made aware and involved.
- Staff did not always know where to report the safeguarding concerns apart from raising them with the registered manager. Staff completed the training in safeguarding, but the provider's safeguarding policy was mistakenly naming the registered manager as external contact for safeguarding. This posed a risk of staff not knowing how to escalate concerns to protect people.

The provider had failed to operate their safeguarding systems effectively and to investigate, immediately upon becoming aware of, any safeguarding allegations to always protect people. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives told us they felt their loved ones were safe with staff. One relative said, "I trust [staff] fully with [my relative]. I could go out and leave [my relative] and [staff] if needed."
- Staff received safeguarding training and knew how to recognise and report concerns within the agency. They told us they felt confident in raising concerns and the registered manager would promptly take action to protect people.
- The provider continued to seek support from an external social care consultant to build their understanding in how to implement their policies effectively and was engaging with the local authority to seek their support when needed.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's health, safety and welfare were assessed and managed. Staff knew about people's individual needs and how to protect them from harm and support around their individual risks. People's relatives told us staff knew how to use the care equipment, how to protect people from environmental risks in their homes and how to make sure they were always safe and comfortable. For example, one relative explained to us how staff met their loved one's specific needs and were able to notice any concerning changes or support them when they had an accident. They told us any changes were discussed promptly with them and the registered manager and action was always taken to modify the care plan if needed.
- People's care plans included clear information around their individual needs and risks. This included risks around nutrition, hydration, personal care and continence, moving and handling or specific health conditions.
- Personal care plans contained clear guidance for staff on what to do in case of emergencies. People's home environment was assessed to ensure any risks to staff and people were addressed and appropriately managed.
- The registered manager assessed the risk of people going missing from their home. They had not implemented the personal missing persons profiles which could support the emergency services with effective search in case of an incident but planned to do so.

Learning lessons when things go wrong

- The registered manager implemented incident and accident reviews and reflected on previous shortfalls in the service to identify lessons learnt. Incidents and accidents were analysed monthly, and action was taken to address the lessons learnt and to modify people's individual support or to seek help from healthcare partners to ensure people were safe. There were no patterns or trends identified in incidents and accidents.
- The registered manager supported staff to improve the communication with people's relatives which proved to be successful and improved people's experience of care as action was taken quickly to address any changes.
- The provider identified lessons learnt from previous breaches and sought support of a social care consultant to build a better understanding of best practice in community social care. As a result, a range of actions were taken to improve the service. For example, additional support in reviewing the quality of people's care plans was sought. This improved the information staff were able to access to support people which made the service they received safer.

Using medicines safely

At the last inspection the provider had failed to safely support people with their medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider improved their systems and processes for supporting people with their medicines when needed. Staff signed appropriate medicines administration records when helping people to take their medicines and this was audited by the registered manager to make sure appropriate support was provided.
- People's needs and risks around their medicines were now clearly assessed in their care plans and people's relatives told us support with medicines was discussed during care assessments and reviews. Where people had specific health conditions and medicines to take in emergencies, this was addressed and

assessed in their care documentation.

- Staff received training in medicines management and were competency assessed by the registered manager when they supported any people with their medicines. The registered manager then periodically observed staff's practice during spot checks in people's homes. Staff told us if medicines changed or posed a risk of specific side effects to the person, the registered manager met with them, explained the risks and required changes in the person's care plan.

Staffing and recruitment

At the last inspection the provider had failed to effectively operate their recruitment procedures which put people at risk. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were enough staff to visit people as planned. The registered manager ensured staff attendance on care visits was monitored daily and people knew who to contact should there be any issues with staff not reaching them to provide support. There were no missed visits, and any staff lateness was effectively managed. People's relatives told us the registered manager took prompt action when they raised any concerns around punctuality of staff. One relative said staff was "on time every time."
- The provider used an electronic system to plan and allocate staff to people. People's relatives told us staff were consistent and they could provide feedback on their suitability which was listened to.
- Staff told us their rosters were manageable, allowed enough time for travel and to make sure people's needs were met, including social and emotional needs. The registered manager had taken action to modify the times and duration of the care visits to ensure people were supported safely. However, when the monitoring system could not be used effectively by staff due to technical issues, there was no evidence of the registered manager identifying this and taking action to resolve it although they told us they had ensured staff attended the visits at the time. We addressed this in the Well-Led key question in this report.
- Staff were now recruited safely, and evidence of pre-recruitment checks was kept by the provider. Staff recruitment checklist was implemented by the registered manager to aid them in following their recruitment policy and procedure and was in use.
- There were appropriate checks in place for staff which included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completed an application form, provided information around their employment and education history, as well as satisfactory references, and proof of right to work in UK. The registered manager interviewed the applicants and clearly explained to us how they made sure applicants were of good character and suitable for their roles. However, records of the provider's due diligence were not fully completed for two staff. The registered manager told us this had been completed following the inspection.

Preventing and controlling infection

- Staff followed good infection prevention and control practice. People's relatives told us staff knew how to protect people from the risk of infection spread. They also told us staff supported people to maintain clean and hygienic home environment and to attend to personal hygiene when needed.
- Staff were trained in infection prevention and control and food hygiene. Staff we spoke with told us they felt supported by the registered manager and knew when to stay off work if they felt unwell. The registered manager ensured staff had access to appropriate personal protective equipment.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

At the last inspection the provider had failed to act in line with the Mental Capacity Act 2005 and the related code of practice. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- The provider did not always follow MCA appropriately. There had been some improvement in how the provider considered the MCA Code of Practice when supporting people. However, this was not yet fully embedded and adhered to. The mental capacity assessments were still not always decision specific. Some capacity assessments did not address areas relevant to the person's support provided by staff.
- Where people had capacity to make their own decisions but could not sign consent forms, those were signed by their family. There was no record of their own consent being obtained by staff. This demonstrated gaps in the registered manager's understanding of the principles of MCA and could pose a risk of people's rights not being upheld and always protected.
- The registered manager worked with the social care consultant to build their understanding of good practice in this area and had already taken some positive steps to align their processes with MCA.

The provider had failed to consistently act in line with the Mental Capacity Act 2005 and the related code of practice. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives told us staff always asked people for their choices and consent to support and involved them in their care. Staff knew about the principles of the MCA and received relevant training. One staff member told us, "We need to listen to the [person], (their choices) are to be taken first. We ask them 'would you want to?' and show them the options, give them choices."
- The registered manager now involved people and their representatives in planning and reviewing their care and recorded this. Where people had legal representatives, appropriate proof of that was obtained by the provider and these representatives were involved in decision making.
- The registered manager considered people's mental capacity when assessing their needs. Appropriate information on how to support people to make their own choices and decisions and who to involve should they lack capacity was included in people's care plans.

Staff support: induction, training, skills and experience

- Staff were competent for their roles and supported by the registered manager. Staff were now trained to be able to provide care safely and in a person-centred way. People's relatives commented staff were 'very professional', 'absolutely brilliant' and 'very confident'. One staff member told us, "I was well familiar with people (when I started caring for them), well trained, and I knew exactly what I needed to do."
- The registered manager and more experienced staff members supported new staff with initial training and induction into their roles which included shadowing (working alongside) more experienced staff, competency assessments and a short period of observed practice. Staff told us this was an effective system of support and they felt they could ask for more help and training if needed.
- Staff completed on-boarding online training in the elements of Care Certificate, face to face training when they started working with the agency and continued refresher training online after that. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training and were competency assessed in relation to practical skills around supporting people to mobilise, use of moving and handling equipment or helping people with their medicines. Staff also accessed and completed additional training specific to people's needs. This included training around dementia, mental health awareness, learning disabilities, person-centred care or tissue viability.
- The registered manager planned further training for staff, for example for diabetes awareness. Risks to people living with this condition were mitigated as appropriate guidance was provided in their individual risk assessments.

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

- People's needs, choices and preferences were assessed. The registered manager improved the assessment process they followed for people starting to use their service. They made sure they accessed all relevant health and social care information about people's needs and expectations of care prior to arranging an individual care assessment. They visited people and discussed their care plan involving their representatives when needed.
- People who started receiving support from the agency since the last inspection had clear care plans in place. Their relatives told us care plans, information around legal representatives, people's wishes and preferences were discussed during the initial visit and included in their care plans.
- The registered manager continued to work with an external social care consultant which supported them to build their understanding of fundamental care standards, national best practice guidance and legal requirements. We saw evidence of guidance being provided by the consultant and improvements made to the service although this work was ongoing and not all changes had been fully embedded into practice yet. We addressed this in the Well-Led key question in this report.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink well. People's relatives told us staff prepared food and drinks for people when needed. Information of what support around eating and drinking people needed was included in people's care plans.
- Staff knew how to report any emergencies and what to do to ensure emergency services were called if needed. The registered manager included appropriate guidance for staff in people's care plans.
- Staff worked well with healthcare professionals and people's relatives to make sure people accessed appropriate healthcare support as required. For example, staff reported changes in people's needs to the community nursing teams, people's GPs or their relatives who supported people to access healthcare.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with kindness. People's relatives told us staff were "very helpful, patient and very friendly", "good as gold, very good", "very caring". One relative told us their loved one smiled when their carer was arriving and that is how they knew the person liked their care staff.
- Staff knew people's needs and talked about them in a sensitive and understanding way, emphasising the need to provide person-centred care and to listen to people on every visit.
- People's relatives told us staff were kind, friendly and communicated well with them. One relative said, "[Staff member] always comes with a smile on their face, them and [my relative] have a little joke, a little laugh. [Staff member] always makes sure [person] is comfortable."
- Staff respected people's privacy and dignity. People's relatives told us staff respected their homes and family, as well as people receiving care and treated them as individuals. One relative told us, "[Staff member] respects everything (around the house). I have complete faith in them, and they are respectful of my home."
- Staff promoted people's independence. People's care plans included information on what they wished to do for themselves, what support they required and when they preferred family members to support them rather than staff.

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

- The registered manager ensured people and their representatives were involved in their care. One relative told us they discussed their loved one's care plan with the manager as a result the care plan was changed to better suit the person and to include more information about them. The registered manager regularly visited people and involved them in a review of their care.
- Staff involved people in their care and actively supported them to express their views. One relative told us staff always took time to communicate with their loved one when providing care to make sure they were involved and felt heard.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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; End of life care and support

- People's care was personalised but further improvements were needed. The registered manager worked on developing people's individualised care plans but not all areas of improvement were actioned. For example, not all people had relevant information around their interests, life stories or advanced care wishes included in their care plans despite this being addressed as an area of need to explore.
- Although staff knew people well, this meant key information which could improve how staff were meeting people's social and emotional needs or how they respected their wishes around future care could be missed. The registered manager told us they continued to work with people to improve that to provide more person-centred care.
- People's relatives found the care provided by staff to be person-centred. One relative said, "[Staff] are really good with [person]. They understand their needs and adapt to it." They also told us if anything changed for the person, the registered manager was quick to respond and to make changes in support to personalise it to current needs.
- Staff knew people well and provided care in a person-centred way. One relative told us, "[Staff] built a really good relationship with [person]." They told us they discussed changes in the person's needs with staff who noticed them. As a result, staff supported the person in a different way around their daily living activities which made the person more comfortable and receptive to support.

Meeting people's communication needs

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

- People's individual communication needs were met. The registered manager understood their responsibilities around the Accessible Information Standard. Each person now had a specific communication and AIS care plan which detailed their needs in this area.
- People's relatives told us staff knew people's individual communication needs. One relative said, "[Staff] are able to communicate well with [person]." Where needed, staff adapted their communication to people's sensory and communication needs. Staff could clearly explain how they communicated with people they supported to ensure they could understand and involve the person.

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

- People were supported to avoid social isolation and do what they liked. When people required help to go out or maintain their relationships, there was guidance in care plans to ensure staff knew what support was required.
- Staff were aware of people's emotional needs and explained to us how they ensured they had a chat with people on a regular basis. Staff got to know people's families and interests and where they spent longer time together, supported people to enjoy doing what they liked, for example, going out.

Improving care quality in response to complaints or concerns

- The registered manager understood their responsibilities around enabling people to raise complaints and responding to them. Although there were no formal complaints raised with the provider since the last inspection, systems and processes were in place to manage complaints effectively.
- People's relatives told us they knew how to raise any issues and were confident the registered manager would act to resolve them. One relative said, "I would go straight to [the registered manager]. I feel I could talk to her, there are absolutely no problems." They also explained to us whenever informal feedback was shared, the registered manager acted on it to improve the person's experience.
- Another relative said, "We have the paperwork with it all on, (including) how to make complaint." They explained they did not need to use it but would feel comfortable approaching the registered manager to raise any concerns if needed.

Is the service well-led?

Our findings

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

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

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

At the last inspection the provider had failed to establish and operate effective governance systems which impacted on people's care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The governance system and processes in the service were not always effective in recognising shortfalls and ensuring appropriate action was taken to remedy them. Although improvements were made to the provider's governance systems and processes, not all changes were effective or embedded in practice. The registered manager analysed incidents and accidents monthly, but it was not always clear on what staff should have reported as an incident and incidents were analysed in isolation without looking at possible trends. It was also unclear how the provider's safeguarding policy was considered by the registered manager when assessing individual circumstances for each incident.
- One person had multiple records of issues raised by staff but inconsistent information on how this was reported to the registered manager at the time and actioned by them. The oversight and auditing systems did not always identify or refer to possible safeguarding issues. This posed a risk to people if the provider failed to recognise and act timely on safeguarding concerns.
- The staff attendance monitoring system was not always used effectively. Although we confirmed there were no missed care visits since the last inspection, records showed a consistent absence of staff on one person's care visits. The registered manager could not assure us on the day of the inspection they had noticed this and acted to resolve it. Following the inspection, they told us they would review how they used the system. A lack of clear evidence of monitoring, spotting the issues and acting on them could pose a risk to people of not receiving care as planned.
- The registered manager implemented a range of audits and checks since the last inspection. However, those audits did not always identify outstanding improvement needs. For example, around ensuring people's consent was obtained and recorded when they had capacity to make own decisions. People's mental capacity assessments were not always decision specific and relevant to their needs.
- These areas for improvement were not clearly addressed in action plans the provider shared on the day of the inspection. The service improvement action plans were out of date and there were limited assurances

around current improvement priorities for the service.

- Checks of care plans identified areas which needed further assessment to ensure person-centred care for people, however this had not yet been completed by the registered manager. Changes in the governance systems and quality oversight made since the last inspection were not fully embedded and effective which could affect the safety and quality of people's care.
- The registered manager with help from an external support continued to work on embedding the changes and improving their oversight of the quality and safety of the care people received. They continued to engage with the external social care consultant to support them to improve.

The provider had failed to establish and operate effective governance systems which impacted on people's care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff created a positive culture in the service. The provider clarified their values and vision for the service and worked to make improvements. This had positive impact on people's experience of care as people felt listened to, communicated and involved now. One relative told us, "Everything is good, [staff] keep me well informed."
- People's relatives were engaged and involved. One relative said, "[Staff] ring up every now and again and ask 'how are you finding things?'. They recently went through a lot (details of the care plan) with me." Another relative said, "[The registered manager] is always very supportive, approachable and available at hand. They always get things sorted if I need something."
- Staff were involved in the service and felt able to speak up. One staff member said, "We always speak up and are encouraged to report anything which we are not happy with (to the registered manager). For example, one time we got a different [item of personal protective equipment]. We told the managers the material was not good and the next time they ordered a different one (we requested). We have contact for each other and we do have good teamwork."
- Staff received regular support from manager via spot check visits, telephone calls and supervisions. Staff told us they felt supported in their roles. One staff member said, "[The registered manager] is very supportive. I can call them, and they act quick and pick up things immediately."

Working in partnership with others; 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 provider worked well with local social services and healthcare professionals as well as people's representatives. For example, they regularly communicated with people's GPs, community nursing teams or social workers.
- The provider was aware of their responsibilities under the duty of candour. Although management processes of safeguarding were not fully embedded and effective yet, the provider was open and transparent with people and their representatives when things went wrong and took action to address this.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to consistently act in line with the Mental Capacity Act 2005 and the related code of practice.

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to operate their safeguarding systems effectively and to investigate, immediately upon becoming aware of, any safeguarding allegations to always protect people.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective governance systems which impacted on people's care.

The enforcement action we took:

Impose a condition