

Jaysh Care Services Limited

# Jaysh Care Services

## Inspection report

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Date of inspection visit:  
05 October 2022  
10 October 2022

Date of publication:  
10 January 2023

## 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

Jaysh Care Services is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 44 people with personal care needs 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

People did not always receive a service that provided them with safe, effective, compassionate and high-quality care.

People were at risk of harm because staff did not always have the information, they needed to support people safely. Medicines were not managed safely.

The provider did not have enough oversight of the service to ensure that it was being managed safely and that quality was maintained. Quality assurance processes had not identified all the concerns in the service and where they had, enough improvement had not taken place. Records were not always complete. People and stakeholders were not always given the opportunity to feedback about care or the wider service. This meant people did not always receive high-quality care.

The service was not always well-led. Governance systems were ineffective and did not identify the risks to the health, safety and well-being of people or actions for continuous improvements.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service was not maximising people's choices, control or independence. There was a lack of person-centred care. We made a recommendation about this.

People and their relatives were not always supported to give feedback. We made a recommendation about this.

People were not always supported to express their views and make decisions about their care. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 5 September 2019). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

At our last inspection we recommended the registered manager review the requirements under the duty of candour to ensure their knowledge and processes were up to date and fit for purpose. At this inspection we found the registered manager had acted on the recommendation and improved their understanding.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make improvements. Please see the Safe, effective, Caring, Responsive and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jaysh Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines management, consent, support and training and governance at this inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was 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** ●

# Jaysh Care Services

## 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

This inspection was carried out by one inspector and one 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.

#### 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 were two registered managers in post. One registered manager will be retiring in the near future. We spoke mostly to the registered manager who will be continuing in post and have referred to this registered manager throughout the inspection report.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 5 October 2022 and ended on 18 October 2022. We visited the location's office on 5 October 2022 and 10 October 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. 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 7 people who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of staff including both registered managers and care workers. We received feedback from one external professional. We received email feedback from a further 8 members of staff.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always clear, some risks had been identified however, we found where risks had been identified, there was not always guidance to identify actions staff should take in the event of the risk occurring. For example, one person was at risk of seizures caused by Epilepsy. A risk assessment was completed however, it did not identify what the actions staff should take to monitor the time of the seizure or the duration of any seizures. This meant the person may be at risk if the staff did not have the correct information to hand over.
- Care plans did not contain enough information about people's specific medical conditions. Two people had several medical conditions which were listed in their care plans however, there was no detail about how some of these conditions affected them. Examples of some of these conditions are, chronic obstructive pulmonary disease (COPD), osteoporosis, coronary artery disease and stroke. There was no guidance for staff to follow should these people have an incident associated with their medical conditions while being supported. This meant staff may not know the correct procedure to follow to get people the right support.
- One person who was a smoker did not have a smoking risk assessment in place.
- All people had personal emergency evacuation plans (PEEP) in place however, these lacked detail and guidance for staff. For example, one person was immobile and cared for in bed upstairs. Their PEEP stated for the escape plan, 'Make way to nearest exit.' However, there was no detail how this should be managed. There was a risk staff would not know how to support this person downstairs. We spoke to one of the registered managers about this who told us they would add more detail.
- Another person had a PEEP in place which asked where the gas, electric and water cut off points were. The response is recorded as, 'Unsure.' This meant staff would not have the details to pass on to the fire brigade on their arrival and this could put people at risk of harm.
- A third person had a PEEP in place however this did not identify an escape plan. None of the PEEPs we looked at described how people might react in a fire and what their challenges were or how to support them in this situation.
- We found risks to individuals from activities or the environment had not always been considered. Although there were some risk assessments in place, they did not contain the detail staff would require, to support people safely. For example, one person had a care plan in place which identified this person was at risk of leaving the gas cooker on however, there was no risk assessment in place to support this. We spoke to the registered manager about this who told us the gas had now been turned off however, the care plan and risk assessment had not been updated to reflect this.

The provider failed to assess the risks to the health and safety of services users and do all that is reasonably

practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with the registered manager about our concerns. The manager told us they would review all the care plans and risk assessments to ensure the information was accurate and care plans would be updated to include more detailed information.

#### Using medicines safely

- Medicines were not managed safely. Medication Administration Records (MAR) charts did not always detail if medicines had been given, there were gaps in MAR chart documentation with no explanation why. For example, one person had 51 gaps on their MAR in September 2022 for two topical creams and two topical spray medicines. Another person had 76 gaps in their MAR with no explanation or management follow up recorded. The same person also had 23 records stating, 'not taken'. There was an explanation for four of these occurrences which just stated, 'missing medicine.' However, no explanation for the other 72 gaps. This meant there was a risk people were not always receiving their medicines which could put them at risk of harm.
- We spoke to the registered manager about this who told us they did not know why there were so many gaps on the MAR charts. When we asked how this is monitored, they told us, "We do follow up medicines checks but not for every client, we do five clients a month." The registered manager told us they would introduce monthly audits for all medicine's records and investigate the reason for the gaps.
- Where people were prescribed 'as required' medicines (PRN), guidance was not always in place for staff to understand how and when they should be administered. When guidance was in place, it lacked enough detail. For example, one person was prescribed pain relief medicine PRN. The MAR chart stated, 'Take one or two tablets every four to six hours when necessary however, there was no guidance for staff to say when one tablet would be needed and when to administer two tablets. Another person was prescribed a PRN medicine to manage asthma symptoms. There was no guidance for this medicine use.
- Risk assessments were not in place for medicines that posed additional risks. For example, one person was prescribed a medicine that thins their blood. This meant they were at higher risk of significant bleeding, even from a minor injury. There were no risk assessments in place to support staff to reduce this known risk.
- Staff had received training in the safe administration of medicines and the registered manager told us they carried out observations and checked staff competency at the office by asking questions about medicines administration however, they were unable to provide written documentation to corroborate this.

The failure to ensure medicines were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were in place for the use of flammable topical creams.

#### Staffing and recruitment

- People were not always protected from the employment of unsuitable staff because safe recruitment practices were not always followed. For example, gaps in the employment history of staff were not always followed up to ensure there was a satisfactory written explanation for this. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to safely work with vulnerable people.
- In addition, not all other employment checks had been carried out prior to staff commencing employment, for example there were several staff members who had been employed and started working. Although they had applied for their Disclosure and Barring Service (DBS) checks for all staff prior to commencing employment some staff members DBS certificates had not been received. DBS checks provide



information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We spoke to the registered manager about this who told us, to mitigate the risks to people staff who had not received a DBS certificate did not lone work. However, there was no risk assessment in place and supervision for staff did not record any discussion in this area.
- Following the inspection, we received assurance from the registered manager that their recruitment processes had been reviewed and improved. Furthermore, we received assurance from the local authority who told us they had reviewed the new recruitment processes and all DBS checks were now completed prior to new staff starting work and recruitment processes were now robust.
- The provider had recruited several new staff and there were enough staff to meet people's needs.
- People and their relatives told us there were enough staff, however, did raise concerns about the turnover of staff and the lack of continuity. One person told us, "They cannot get carers to stay so I get anxious as I need familiarity" We spoke to the registered manager who told us they were working hard on recruitment and are moving in the right direction to ensure continuity of support.

Systems and processes to safeguard people from the risk of abuse

- Other than the concerns identified above in relation to recruitment checks, risk and medicines management there were suitable procedures in place to safeguard people from the risk of abuse.
- Most staff had received training in safeguarding adults and children. New staff had dates planned for them to access this training.
- Safeguarding incidents had been reported to the local authority.
- Family members told us their relative was safe from the risk of abuse.
- There was a safeguarding policy in place which was up to date.

Learning lessons when things go wrong

- When things went wrong, lessons were not always learnt to support improvement, and this was evident from our findings at this inspection. This meant the service did not always demonstrate learning, reflective practice and improvement.
- Systems and processes were not always in place to monitor people's safety. Some audits were in place to review incidents and accidents, the registered manager checked for trends or themes so these could be acted upon. This helped to mitigate risk and reduce the risk of recurrence.
- Although improvements had been made at the last inspection, at this inspection those improvements had not been sustained and the provider was found to be in breach of regulations.

Preventing and controlling infection

- The provider had an up to date infection control policy in place and staff had completed infection control training. This ensured people were protected from risks associated with the spread of infection.
- Staff had access to personal protective equipment (PPE) such as disposable masks, gloves and aprons and this was used effectively and safely. People confirmed this was worn as required by staff. One person said, "The carers always wear their masks and gloves." Another person told us, "They [staff] wear their PPE."
- Staff told us they had access to personal protective equipment (PPE), and waste was disposed of correctly. We observed stocks of PPE available for the registered manager to deliver or for the staff to collect.

# 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 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.

- Some people had specific mental capacity assessments in place however, there were no best interest decisions recorded when a person was assessed as lacking capacity to make a particular decision. We spoke with the registered manager about this who told us, "No, we don't do them."
- We spoke with the registered manager about the MCA and asked what their understanding was in relation to this. They told us, "If there is something questionable about people's capacity, we let the GP know, family and the mental health team... We make a referral to the local authority and they guide us. GPs and Psychiatrists make those decisions." We could not be assured the registered manager fully understood the MCA or their responsibility to carry out mental capacity assessments and best interest decision meetings.
- Where mental capacity assessments were in place they were not detailed enough. For example, one person had a mental capacity assessment for personal care. It did not detail how the information relating to this decision was shared with the person or what was put in place to help them understand the decision being discussed. They did not have a mental capacity assessment for consent to share information.
- Another person had a mental capacity assessment in place for personal care. It stated they were not likely to understand which suggests they were not consulted. It also detailed their relative, 'has asked that we carry out personal care regardless of what [person] says.' The outcome was the person lacked capacity however, there was no best interest decision record.
- We discussed these concerns with the registered manager, who told us they would review their mental capacity records and make improvements.

The failure to act within the principles of the Mental Capacity Act (2005) was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive supervision in line with the provider's policy. The registered manager told us, "Staff have a supervision in the first month and then a supervision at 6 months in post, sometimes earlier and it is 6 months after that." The registered manager told us they thought this was enough because they do spot checks and try to work with every carer however, their policy states, 'These schedules ensure that if working full-time they [staff] attend a minimum of 6 sessions per year. (Pro rata for part-time staff.)' The failure to ensure staff are appropriately supervised means gaps in knowledge or skills may not be identified and improvements made as required.
- Staff had not received all necessary training to give them the skills and knowledge to provide safe, effective care. Eight staff members who had been in post for over 4 months had not completed the Care Certificate. 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.
- Furthermore, the provider did not have records to demonstrate staff had received detailed training to equip them in their roles. For example, 1 staff member had completed a list of 33 different training subjects in 1 day and several other staff had completed between 10 and 24 courses in one day. We were not assured areas such as safeguarding, fluids and nutrition, medication and basic life support could all be sufficiently covered within 1 days training. We spoke to the registered manager about this, they told us not all the courses would have been completed on the dates recorded however, were unable to provide any evidence to demonstrate this.
- The registered manager told us staff received observations and competency assessments to ensure they were able to do the job however; they were unable to provide any evidence this took place. The registered manager told us they only make a record when there has been a problem which needed to be followed up.
- One family member told us, "There are times that my [relative] is not safe as they [staff] are not trained, there are times they do not put the brake on [manual handling equipment] ... It causes me great anxiety when the carers don't do their job properly." Another relative told us, "I have to watch over the new ones to ensure my [relative's] care is safe... some carers are not sure how to use [manual handling equipment] so I need to step in and show them."

The failure to ensure all staff receive appropriate support and training to enable them to carry out their duties was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said they felt the training was good and told us they could request additional training and this would be approved.

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

- Care plans did not cover the full range of people's needs. They lacked person centred detail and guidance for staff.
- For example, one person's care plan stated, 'Assist with [medical equipment].' However, there was no detail to say how to provide this support or how the medical equipment was to be fitted. Another person's care plan stated, 'There are no medical conditions recorded for [person].' However, further on in the care plan seven medical conditions were listed.
- People's needs were assessed prior to care being provided. Once this information was gathered, it was used to develop people's care plans and risk assessments. However, family members comments included,

"We were late in receiving a care plan, we were 6 weeks into the care package before the care plan was signed off," "There is a folder with a care plan in the house and it is so unprofessional, spelling mistakes, surname and address not correct," "There have been no reviews of [relative's] care...Access to care records shows lack of detail, so you do not get a comprehensive view of what has occurred during each visit," and, "They only seem to review [relative's] care if we raise any issues."

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

- Care plans, medicines information and risk assessments were not always up to date. We have reported more about this in the safe domain of this report. If these were shared with healthcare professionals in an emergency, they would not have the relevant and up to date information required. This was important to ensure people's needs were met if they moved between different services and meant people were at risk of harm.
- Staff contacted healthcare professionals to ensure people had access to health services and had their health needs met when required.
- Records confirmed people had access to GPs, district nurses, continence teams and other professionals.

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

- Information about people's specific dietary needs was recorded in their care plans. People and their family members told us they were supported appropriately to access food and drink of their choice. Comments included, "They cook meals and make sure [person] has drinks," "They make me nice meals and always plenty of drinks," and, "They give me choices of meals and drinks and leave me with water and cranberry juice when they leave so I always have a drink on hand."

# 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 good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and their relatives told us communication with the management team was poor. Comments included, "They need to have better communication with myself as well as ongoing reviews to improve their understanding of changing needs," "They don't inform us if they are going to be late," "I never know who is coming as we have no rota," "If you ring the manager, they don't answer the phone. You have to chase the manager about things," and, "The company do not communicate what activities have been done or how [person] is. It is [person's] cleaner that will update me. Communication is a major issue." Care plans did not identify people had been involved in their care plan reviews.
- The registered manager told us they sent surveys out to people's family members however, they did not receive any response. They told us people and their family members are more likely to speak to them when they go out to their houses

We recommend the provider seeks current guidance on how to support people to express their views and update their practice accordingly.

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

- Most people and their relatives told us staff were caring. However, two relatives made the following comments, "There is no unkindness shown towards my [relative] but they need to be more aware of their needs and how to look after them well," and, "The regular carers, that we don't see too often now, are very kind and caring, the others don't seem to have the same caring attitude." Other relatives and people were positive about the support they received; however, this was generally where people had regular carers to support them.
- People's care plans identified people's age, communication needs, disabilities, religion and diverse needs. This is important to ensure people's diversity, values and beliefs are explored in relation to how they want to receive their care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how to provide dignified and respectful care. They described how they respect people's privacy when providing personal care, for example, closing curtains, and doors and covering people when providing personal care.
- One person told us, "They treat me with dignity and respect and listen to what I ask them to do." A relative told us, "They are respectful and treat her with dignity during personal care as they close the bathroom door to give her privacy."

- Care plans identified what people could do for themselves and talked about encouraging people to participate in their care.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

### End of life care and support

- No one was receiving end of life care at the time of our inspection. A death, dying and bereavement online training course had been completed by one of the registered managers and some staff members.
- The provider had a policy in place to guide staff should they need to provide end of life support.
- At our last inspection we reported, 'An end of life care plan was available which included people's preferences and priorities for their care. However, this did not explicitly include asking about people's preferences relating to protected characteristics, culture and spiritual needs.' At this inspection we saw there was a question about cultural needs, however, this still did not include questions about people's protected characteristics and spiritual needs.

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

- Care plans were not always up to date or complete.
- This meant staff, in particular, staff who did not know people well, may not have all the information available to them to deliver safe person-centred care.
- Although some people's care plans did contain some person-centred information, others did not. Information was hard to find and did not reflect an up to date, complete record of people's individual and diverse needs and wishes.
- People had needs in relation to mobility, using medical devices and medical conditions. Information about these needs was not always available in their care plans. This meant staff may not always understand how to find the information they needed to support people or know when to act and people may not receive the care they need.
- When care plans had been reviewed, inconsistent or out of date information was not identified and corrected. This meant reviews were not effective and led to people being put at risk of harm. More information about this is detailed in the safe section of this report.

### 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 care plans included their communication needs and described how these should be met. However, due to the concerns we found with people's care records being inconsistent or out of date, we could not be assured this information was always up to date.

- Information in care plans described how people communicated and if they needed any aids to support them. In addition, the registered manager told us they could provide information to people in large print if needed to support people to make choices. We saw a copy of the complaints policy written in an accessible format.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. We reviewed complaints records and could see they were looked at and responded to appropriately.
- People and relatives told us they knew how to make a complaint. One relative told us, "The company do respond when we raise any issues." They described a situation which was resolved to their satisfaction. Another relative told us, "I have informed the manager of my concerns and when I said a while ago, I did not want a particular carer as they were inadequate, they did make sure they never came back."



# 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 requires improvement. At this inspection the rating for this key question has remained 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

- Leadership arrangements did not ensure the safety and quality of the service. The provider had failed to ensure there was adequate oversight of the service.
- Systems and processes were not always operated effectively to ensure the service was safe and people were receiving high-quality care. This led to breaches of regulation and placed people at risk of harm as outlined in the safe and effective domains of this report. Without these robust systems, the provider and management team could not be proactive in identifying issues and concerns in a timely way and acting on these. The concerns found at the inspection included but were not limited to, care records, risk management, medicines management, consent and the mental capacity act.
- The provider failed to follow their own governance policy to ensure quality and safety. Several audits were carried out, but these were not done in line with their policy because they were not completed effectively and did not drive improvement.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act. 2008 (Regulated Activities) Regulations 2014.

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

- People were not always engaged and involved. Care plans did not identify, where people lacked capacity, how people had been involved in decisions about their care.
- Staff and relatives told us the provider did not always communicate effectively. We spoke to the registered manager about this who told us they were working on improving communication and had recently put a system in place where the office phone now rang on 3 people's phones to ensure it was answered.
- Supervisions did not take place in line with the provider's policy. This meant there were limited opportunities for staff to share feedback. The registered manager told us they spoke to staff informally daily.
- There was a lack of systems in place to evidence people were supported to express and review how they wanted their care to be provided. Although questionnaires were sent out, people and their relatives did not respond. The provider did not have other processes in place to gather feedback in another way. The registered manager did tell us they spoke with people and their relatives when they completed observations however, this was not documented. Some people told us they were not given regular opportunity to discuss their individual care needs or wider issues and their care plans were not always robust and up to date.

We recommend the provider seeks current guidance on how to formally seek feedback from people and their relatives and updates their practice accordingly.

- Peoples chosen pronouns had been considered when developing care plans and people were supported with their chosen gender of carer when this was requested.

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

- People were not empowered because there was a lack of understanding of the MCA process. You can read more about this in the effective section of this report. People and their relatives were not always happy with the care and support they received. Comments included, "[Person] seems to be losing their balance but this has not been identified by the carers or company, and I am concerned about falls," "The [previous care provider] used to sit down and chat more with [person], give her company, but this company is meeting her immediate needs," and, "Lots of improvements need to be made." Other people were positive about their care and told us they couldn't do without the care provided.
- People were not always receiving person-centred care and support. People's care records sometimes lacked detail and did not fully capture their individual needs and wishes. This meant good outcomes may not always be achieved for people.
- Systems did not evidence how people were supported to express and review how they wanted their care to be provided or how the service was run.
- Care plans did not always include people's goals or longer-term aspirations.

We recommend the provider seeks current guidance on providing person centred care and update their practice accordingly.

- Staff consistently told us they felt supported by the management team when asked.

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 previous inspection rating was displayed clearly in the office area and on the providers website.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The failure to act with in the principles of the Mental Capacity Act (2005) was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The failure to ensure medicines were managed safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act. 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

The failure to ensure all staff receive appropriate support and training to enable them to carry out their duties was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.