

Home Angels Healthcare Services Ltd

# Home Angels Healthcare Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Home Angels Healthcare Services Ltd is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection 25 people received care from this service.

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

The registered person did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards. The registered person did not always ensure they maintained clear and consistent records. They did not ensure Care Quality Commission was informed of notifiable incidents in a timely manner.

Staff recruitment and staff deployment did not always support people to remain safe in their own homes. The way visits were scheduled, the staff felt they were not always able to support people appropriately and in good time. People were not always informed about the changes to their visits or staff, as necessary. Medicines were not always handled and recorded correctly and safely.

We made a recommendation that future ongoing staff training and monitoring of practice is updated in line with the latest best practice guidelines for social care staff. Staff said they did not always feel supported to do their job or ask the management for help when needed.

There had been management changes since the last inspection, which affected the service and staff team. The new registered person had reviewed paperwork, systems and processes to ensure they could assess and monitor the quality of care in a more consistent way. There was some progress in making various improvements but not sufficient at the time of the inspection for us to judge this would be sustained.

There was a mixture of feedback about how staff felt in regard to the management support, accessibility, and the management of the service. Staff felt the management was not always open with them and did not communicate what was happening in the service. People and relatives also felt the service was not managed consistently and some improvements could be made.

People and their relatives who provided feedback said people were treated with care, respect, kindness and their dignity were upheld by most of the staff visiting them. People were involved in review of their care and support and could change how things were done if they wanted to. People received care and support that was personalised to meet their individual needs. People's diverse needs were identified and met and their right to confidentiality was protected.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Relatives agreed they had no issues with people's safety. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. There were contingency plans in place to respond to emergencies. The registered person had the knowledge to identify safeguarding concerns and acted on these appropriately. Risks to people's personal safety had been assessed and care plans were in place to minimise those risks.

People were supported to access healthcare professionals such as their GP. The service worked with other health and social care professionals to provide support and care for people. People were supported to eat and drink to meet their nutrition and hydration needs according to their care plan.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered person had started seeking feedback from people and families, which they would use to make improvements to the service and protected people against the risks of receiving unsafe and inappropriate care and treatment.

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 good (published 5 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. 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 see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to Regulations 12, 16, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 15 and 18 of the Care Quality Commission (Registration) Regulations 2009 at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was 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** ●

# Home Angels Healthcare Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

Two inspectors carried out this inspection on the first day, 20 November 2019 and one inspector on the second day, 21 November 2019. An expert by experience (An ExE) made telephone calls to gather feedback from people or their relatives. An ExE 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 did not have a manager registered with the Care Quality Commission. The manager employed to become a registered manager was on leave during the inspection. We met with the nominated individual and they assisted us with the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. In the report we will refer to them as the registered person.

After the inspection there was a change in nominated individual to represent the provider. The report refers to the nominated individual who supported us during inspection however they are no longer with the

organisation.

#### 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

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We have contacted 21 people who use the service but spoke with five people and two relatives. In addition, we gathered feedback from five members of the staff team. We spoke with the registered person and reviewed a range of records. These included four people's care plans, associated monitoring records, daily notes and medicine records. We also looked at a variety of records relating to the management of the service, including five staff recruitment files, quality assurance, incidents and accidents, supervision, spot checks/observations and policies and procedures.

#### After the inspection

We looked at further training data and quality assurance records, meeting minutes and policies and procedures sent to us after the inspection. We sought feedback from the local authority and professionals who work with the service and received two responses.

# Is the service safe?

## Our findings

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

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

### Recruitment

- People were at risk of being supported by unsuitable staff. Since the last inspection, there were five new staff recruited. The new management team came in August 2019 however, we still reviewed these recruitment records.
- The registered person said they reviewed all the recruitment files as part of their action plan to ensure the necessary information was available.
- We still found discrepancies with the files and recruitment information was missing such as gaps in applicants' employment history, evidence of conduct where previous employment was in health and social care, verifying reason of leaving that employment, and satisfactory information about any physical or mental health conditions for one staff.
- In four out of five files, we found issues with a Disclosure and Barring Service (DBS) check such as no information if the barred list was checked. Two DBS checks were completed five to six months after staff had started working at the service. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- We asked the registered person to provide us with actions the registered person planned to take moving forward to ensure safe recruitment process was in place and used. However, we did not receive any further information.
- This meant provider's recruitment practices indicated people were at risk of having staff providing their care who may not be suitable to do so.

The provider had not followed their established recruitment procedures or obtained the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- People did not always have their medicines managed safely.
- We looked at medicine administration record (MAR) sheets for two people. We found gaps without explanation why people did not have their medicine. For example, one person had pain relief four times a day and it was not 'as required' medicine. There was no record noted to explain why the MAR sheet was not filled in and if the medicine was given as prescribed.
- MAR sheets we looked at did not have a clear record to indicate which month it was for. The medicine list in the care plans did not match the list of medicine in the MAR sheets.

- The registered person explained there had been no audits completed to review MAR sheets since they had taken over the management of this service. Therefore, there was no system in place to monitor administration of medicine. The registered person said they were aware medicine administration and recording was an issue.
- Some work was in progress to ensure staff could record notes and codes for medicine administration consistently. However, we were not able to judge this would be sustained and medicine errors reduced as it was not yet implemented.
- Not all staff administering medicines had completed medicine training or had their competency assessed to do so. The registered person said three staff have had classroom training. However, no assessments had been done yet to assess staff's competence while supporting people who use the service.

The unsafe management of medicine placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing

- There was not always sufficient numbers of staff to meet people's needs effectively and in time.
- The staff confirmed they did not always have enough time to visit and support people but tried to help each other to cover absences. They said there were too many visits arranged and they did not have enough time to travel from one place to another.
- Staff also noted there were not enough staff members to cover the visits and they felt they had to rush it. They told us some visits were missed.
- People and relatives were not always informed of late visits or changes of staff members. But people and relatives confirmed staff took time to support and care for them appropriately.
- The registered person was aware the timings of visits were an issue. They told us they were reassessing with the manager the number of care packages according to the geographical area and staff numbers to address this issue.
- The registered person oversaw the rota using an online system that helped identify visits that needed staff allocation.
- There was a system in place to alert them if a staff member was late for an allocated visit. They would call the staff member and check if there was an issue and address it.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.
- The registered person understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff knew how to recognise abuse and protect people from the risk of abuse. They were aware of what actions to take if they felt people were at risk including to contact the outside organisations.
- However, not all staff felt confident the management team would act on concerns reported to ensure people's safety.

### Assessing risk, safety monitoring and management

- The registered person assessed the risks to people's personal safety and put plans in place to minimise these risks.
- Risk management information was part of the care plans to guide staff how to support people and ensure people continued to receive safe and effective support.
- People's care plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs, likes and the support they required.



- There was information in the care plans to ensure people's rights, independence and freedom were considered when managing risks.
- The service had business continuity plans to ensure the service could continue in the event of an emergency. As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.
- There was an on-call system in place for staff should they need help and advice and staff confirmed this.

#### Preventing and controlling infection

- Staff were provided with and used personal protective equipment to prevent the spread of infection.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.

#### Learning lessons when things go wrong

- There was a system for recording accidents and incidents. The registered person explained how they would investigate these and discuss the findings within the team to think of ways to prevent recurrence.
- The registered person took on board the queries we raised during our inspection and started addressing them.
- The registered person also recognised the management changes could have been dealt with in a different way and that was a lesson learned.

## Is the service effective?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the training they needed to meet people's needs and ensure their safety. For example, not all staff had received up to date training in relation to safeguarding, medicines, moving and handling, the Mental Capacity Act and training specific to people's needs.
- The registered person explained the information was missing in order for them to establish what training needed updating since the management changed. They advised they were arranging training to ensure staff had the right knowledge and skills.
- People and relatives gave mixed feedback about staff's skills and knowledge as some were better than others. They also said new staff were not always introduced to them before delivering care.
- This meant the registered person could not ensure people received effective care and support from staff who were guided by best practice and up to date knowledge. While training was ongoing, the registered person said senior staff would work alongside staff to observe their practice.
- The registered person had a system for monitoring staff training to ensure training was up to date however it was not always effective. Some spots checks had been already completed to monitor staff member's practice and performance and they were detailed and clearly described the process.
- Not all staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- Not all staff felt supported by the management. Some staff had a few one-to-one supervisions to discuss performance, training needs and any matters.
- There were 10 staff who did not have an appraisal completed for them and four staff had not had it for more than a year. The appraisals were scheduled in December 2019.

We recommend the provider seeks advice and guidance from a reputable source to ensure staff training provision is in line with the current best practice guidance for the ongoing training for social care staff.

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

- People's care needs were reassessed to identify the support they required and to ensure that the service was meeting these individual needs.
- Each care plan was based on a full assessment and it clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. It demonstrated the person had been involved in drawing up their plan.
- There was information on the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a certain condition, support plans identified the impact of these needs

on them individually and how staff should support them in all areas. It was also to ensure people were able to live life to their full potential and as they chose.

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

- People were supported with their meals and drinks as part of their care package. Where someone needed help with eating or encouragement with drinking and having a balanced diet, guidance would be provided to staff.

- Where people were not eating well staff would highlight that to the person's relative, the manager or a senior member of staff and advice would be sought from a health professional if necessary.

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 remain as healthy as possible. Care plans covered aspects of care including health and well-being to meet people's individual needs.

- People's changing needs were monitored to ensure their health needs were responded to promptly.

- The service communicated with GPs, the local authority, community nurses, occupational therapist and families for guidance and support. People would be referred to various health professionals in good time to address any health or changing needs.

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.

- We found some support plans or care records would be signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the provider and we asked them to change this practice, so it evidenced people's consent was sought and recorded in line with the MCA legal framework.

- People's rights to make their own decisions, where possible, were protected.

- People and relatives felt the staff were polite and respectful towards people, sought consent and respected their decisions.

- Staff felt they understood the need to assess people's capacity to help them make decisions.

- People had specific information in the support plans regarding how they were able to make their own choices, decisions and how staff should promote it.

# 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 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

- We received some mixed feedback from people we spoke with in respect of staff always treating them with compassion and kindness but overall they found staff to be respectful.
- Relatives said they thought staff were kind and caring and staff knew how to support their family members and things they liked. Relatives felt staff showed respect to people.
- The registered person placed an importance on ensuring continuous caring support was provided to people. They worked with staff to ensure they understood the importance of treating people respectfully at all times.
- The registered person and staff checked during their visits, whether people were happy with their support and staff listened to any issues or questions.
- We saw records of feedback gathered from people and relatives were positive about staff's care and support provided.
- Staff spoke about people with respect and one member of staff told us, "I treat them as a human being and they need nurturing. I treat them with respect and dignity, give happiness and make them feel that they can live their life."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt the staff protected their dignity and two people said it was not applicable to them. They said staff were encouraging independence where possible.
- Relatives told us the staff protected people's dignity. They added to say that the staff encouraged independence as much as was possible.
- Staff ensured people were involved with their care, promoting independence whenever possible. They understood people's independence was an important aspect of their lives.
- Staff said they provided people's care in a dignified way and they maintained their privacy.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office.

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

- People and those important to them were encouraged and involved in making sure they received the care and support they wanted. People and relatives confirmed they were involved in review of their support.
- People's records included detailed information about their personal circumstances and how they wished to be supported. Staff used this information to learn about people and engage with them in decisions about

their care and support.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Not all complaints were managed according to provider's policy.
- There was one complaint that was not acknowledged for over a month. The issues were raised with the provider verbally first and according to the policy, it should have been acknowledged in three days. Another two complaints were made by the same person. These were acknowledged.
- The provider said there was a miscommunication between staff in regard to progressing the complaint. This meant the staff did not fully understand the process of managing complaints.
- The provider said this was a learning curve and they had now put a process in place that all issues, concerns, and complaints had to be reported to the main office contacts to ensure it was not missed or delayed.
- After the inspection we found the policy was still not followed as the complainant did not receive their final responses to all three complaints as promised by the due date set by the provider. This meant the provider did not ensure the person was informed of any remedial action taken and lessons learned to prevent it happening in the future.
- Not all people knew how to raise a complaint or concern with the provider or knew where the contacts were.

The registered person did not establish an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives felt they could approach the management or one of the staff if they had any issues. When they raised some small issues, these were addressed.

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

- People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Where a care plan was in place, it clearly described people's abilities, likes, dislikes, preferences and wishes, support needed, and desired outcomes. This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs, and support plans were reviewed for any changes. However, where a person's health had changed, some staff felt it could have been communicated better amongst staff.
- Staff recorded care and support provided at each visit, however, they did not consistently record the start and end time of the visit. We were aware some visits were shorter than needed or times were changed such

as instead of an evening visit, staff would ask to come in the afternoon. The registered person was aware this was an issue and were working with staff to improve visit times.

#### Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- There was some guidance in communicating with people in a manner they could understand. We discussed the five steps of AIS with the registered person to ensure all information presented was highlighted and in a format people would be able to receive and understand.

#### End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- The registered person said there was nothing in place in regard to people's care at the end of life yet. They said this would be discussed with people and their relatives if it was needed.
- The registered person said the question about people's choices in relation to end of life care, preferences relating to protected characteristics, culture and spiritual needs would be added to the assessment form to support a care plan.

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

- Services registered with the Care Quality Commission (CQC) are required to notify us of any changes to the running of the service.
- There was a change in the directors and the registered person did not notify us of this change until after our inspection.

The registered person failed to notify the Commission of specific changes to the running of the service. This was a breach of Regulation 15 (Notice of changes) of the Care Quality Commission (Registration) Regulations 2009.

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
- During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events within a reasonable time frame such as allegations of abuse.
- This meant we could not check that appropriate action had been taken to ensure people were safe at that time. We asked the provider to submit notifications retrospectively. We received only one notification after the inspection.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider's quality assurance processes were not always effective. They failed to identify all of the concerns found on inspection. Records were not always completed accurately or updated when necessary.
- There were issues raised around late or missed calls and there was a process to follow to investigate it. However, we did not see a record to show it was addressed and actioned, so this could be better managed in the future.
- We looked at two audits of daily notes booklets. Looking through the booklets, we found that the record indicated the person was supported by one staff rather than two as per their care plan. We raised this with the registered person. They said they had not yet reviewed the audit. This was not picked up in the audit which evidenced it was an ineffective way of reviewing the quality of support provided.



- The registered person did not ensure their quality assurance systems were always used to promptly address identified areas for improvement. For example, management of medicine including records on the medicine administration record sheets; recruitment information; acknowledging and investigating complaints; timings and length of the visits; support and guidance to staff; and keeping records.
- Although the registered person had identified other similar issues we found and ways to improve these, we were not able to judge the system would be sustained and improvements made proactively and swiftly.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place.
- However, there was not one registered at the time of this inspection. The current manager had been in post for one month and was on leave during inspection.
- We spoke with the registered person about the progress of the application of registration during our inspection. He explained the progress was the manager was processing the DBS check.
- We checked our system and there was no application submitted yet.

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

- The registered person had begun addressing various issues identified such as staff training needs and support, paperwork and practice since the management changes in August 2019.
- They were working with staff encouraging them to contact the management if they needed anything. The registered person had an open-door policy and aimed to accommodate staff's needs. They also said some staff had volunteered to take on more responsibility which helped with the service management.
- The registered person worked with staff to ensure they shared responsibility for promoting and supporting people's wellbeing, independence and safety. They felt there was work to do in order to change the culture in the service. The management team was there to help and to advise staff.
- There was mixed feedback from people and relatives about the service being managed well. They were not always informed about staff changes and time keeping was an issue. Some people and relatives were asked for their opinion on the quality of the service, but others disagreed it was the case.
- Some staff felt the managers were not always accessible or approachable. They were not sure if concerns raised would be dealt with effectively.
- Staff said they could rely on other team members but not so much on the senior staff. Staff did not feel they were asked what they thought about the service or took their views into account. Not all staff felt the service was well managed.

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

- We discussed with the registered person duty of candour and what incidents were required to be notified to the Care Quality Commission. They were clear about their role. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- The provider started carrying out telephone surveys to seek feedback from people who use the service or

their relatives.

- The provider said they were planning to conduct a quality assurance survey for people and staff as it had not been done before.
- The provider started holding staff team meetings to ensure all staff team members were aware of any issues, actions to take and pass on positive feedback.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged feedback from different stakeholders and worked with them to improve the quality of the service.
- One professional said the new management team changed things and were using different policies to support improvements. Where issues and actions had been flagged, the provider had responded positively.
- After management changes, the registered person had to re-establish partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been contacted or kept up to date with developments.
- The service worked in partnership with professionals such as GP's, occupational therapist, social services, mental health teams, community nurses and the local authority.

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 15 Registration Regulations 2009 Notifications – notices of change</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of changes in regard to directors.</p> <p>Regulation 15(1)(e)(ii)</p>
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The registered person failed to notify the Commission of notifiable events, 'without delay'.</p> <p>Regulation 18 (1)(2)(b)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure safe care and treatment. The management of medicine was not safe.</p> <p>Regulation 12 (1)(2)(d)(g)</p>
Regulated activity	Regulation

Personal care

Regulation 16 HSCA RA Regulations 2014  
Receiving and acting on complaints

How the regulation was not being met:

The registered person did not establish an effective and accessible system for identifying, receiving, handling and responding to complaints from people using the service, people acting on their behalf or other stakeholders.

Regulation 16 (1)(2)

## Regulated activity

## Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

How the regulation was not being met:

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d)

## Regulated activity

## Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available.

Regulation 19 (1)(a)(c)(2)(3)

