

CRW Consultancy Ltd

Kings Hill

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Kings Hill is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection there were 4 people receiving personal care. This included older people and people with a learning disability. Care and support hours varied from a few hours a week to 24 hours a day. Care and support was provided in West Kent and Medway.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People were supported by a consistent staff team or staff member. Feedback was that staff were kind and caring and knew people well including their routines. However, there was limited information on people's personal histories. One live-in carer was not able to describe a person's individual care needs.

There were widespread shortfalls in the way the service was led as the provider did not have full oversight of the service. The provider was managing the service in the absence of a registered manager. They had not promoted a positive culture as they divided their time between other services they managed. Feedback was that the provider was not easily contactable for advice and support.

Quality monitoring systems continued to be insufficient to identify shortfalls and drive continuous improvement in the service. Areas highlighted as needing improvement did not contain sufficient detail so action could be taken to address them.

Staff who worked alone were not regularly checked to make sure they had the skills necessary for their role to provide a satisfactory standard of care. Records about people's care were not audited to ensure staff responded appropriately to people's changing needs. People's records were not always available to staff.

The views of people, relatives, staff and health and social care professionals were not sought so they could be acted on to make improvements to the service.

The provider had not notified us about changes in their registration. They had not told us the service had

moved to a new location, or that the nominated individual had left the service.

People were at potential risk of harm as there continued to be a limited approach to assessing and acting on risks to people's safety. Risk assessment did not include people's health needs and there were hazards in the home environment that had not been minimised.

Staff did not always receive the necessary training, support, supervision or appraisal necessary to enable them to carry out their duties.

People could not be confident they would receive the right medicines at the right time. This was because the provider had not regularly checked medicines records or staff's competency in administering medicines.

Guidance for staff about how to manage people's health and medical conditions was not always available. People were not always supported to access the dentist to maintain their oral health.

People were not treated with dignity as some people's personal information was not always kept confidentially.

The provider told us they had consulted people about their end of life wishes and choices, but they had not been recorded. This is an area identified for further improvement.

Shortfalls in staff recruitment and the assessment process identified at the last inspection had been addressed.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Support for people enabled them to be as independent as possible so they could remain in their own home. They had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 Requires Improvement (published 29 January 2019). The provider had not sent us an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations. This is the second time the service has been rated Requires Improvement.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Enforcement

We have identified breaches in relation to quality monitoring, assessing risk, medicines, providing personalised care, treating people's records confidently, staff skills and knowledge and changes to the provider's registration.

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 from 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 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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Kings Hill

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kings Hill is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Kings Hill is also a supported living service. It provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had not had a manager who was registered with the Care Quality Commission since June 2018. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did

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

During the inspection

Inspection activity started on 29 January and ended on 6 February. We visited the office location on 29 January and 6 February. We spoke to three staff members. This included one of the providers, a live-in carer and a carer.

We visited one person in their home and telephoned another person. We also spoke with one person's friend.

We reviewed a range of records. This included three peoples care files and one person's medication records. We looked at three staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service. This included the safeguarding and quality assurance policy, staff training record and quality checks and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the staff rota, staff training certificates and medicines protocols. We received feedback from a care manager and commissioning officer at the local authority and a health care professional.



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 Requires Improvement. At this inspection this key question remained the same. 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

At our last inspection the provider had failed to safely manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- There continued to be a limited approach in assessing and acting on potential risks to people's safety.
- Assessments were not comprehensive as they did not include risks associated with people's health or medical needs. One person had epileptic seizures and another person used a catheter to help empty their bladder. These health needs and associated risks had not been identified in the assessment process. Staff had not been provided with guidance on how to recognise if a person was having a seizure, nor what action to take, or when to seek medical assistance. Therefore, it could not be assured people would be supported to stay safe.
- There continued to be ineffective checks on the environment, so it was free from potential risks before people received care. During a home visit, a person's staff member remained close by their side as they walked around their home. The staff member explained this was because the person was unsteady on their feet. This had not been identified in the risk assessment process. Furthermore, there was a large, thick rug on the living room floor which presented a tripping hazard. The provider removed the rug once the potential risks to the person's safety had been explained to them. The person was informed that the rug needed to be taken away to maintain their safety.
- A representative from the local authority fed back additional concerns. Staff had left a bottle of cleaning fluid in one person's bathroom, rather than in a locked cupboard. This was a risk the person might ingest the cleaning fluid by mistakenly thinking it was suitable to drink. This was because the person lived with dementia.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicine practices were not consistent. Therefore, it could not be assured people always received their medicines as prescribed.

- At our announced visit to one person's home their medication records had been checked at the end of the week to ensure they received their medicines as prescribed. However, we found no evidence weekly audits were undertaken before or after our inspection visit. When a representative from the local authority visited the same person two weeks later there were a number of gaps in the MAR. This indicated the person may not have received their medicines prescribed for the control of epileptic seizures, to prevent cardiovascular disease and for vitamin deficiency. One of their medicines was prescribed at 8am and 8pm to ensure there was sufficient gap between the two doses. However, their 8pm dose had been signed by staff as given at 3pm. . It was not possible to assess if people had not received their medicines or if there were a number of recording errors.
- The provider told us people had a lockable cabinet where their medicines were safely stored. However, the representative from the local authority found medicines were not stored out of people's reach. They found one person's medicine cabinet had a key in it but it was not locked. There were also packets of medicines left in their bedroom. In addition, nutritional supplements were inappropriately stored in the dishwasher.
- Staff undertook training in medicines every two years. The provider told us staff were checked by senior staff every 6 months to ensure they had the skills and knowledge to manage people's medicines. However, the medication competency forms the provider showed us were all blank. Senior staff had not completed medicines training at a higher level so the provider could be assured they had the skills to undertake this role.

There were not safe and consistent systems for the management of medicines which put 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.

Learning lessons when things go wrong

- It could not be assured safety concerns were consistently identified and addressed.
- The provider told us there had been no incidents or accidents. However, one person told us staff had called them an ambulance. We were not able to check the details of this incident as people's care records were kept in their homes rather than the office.
- There was inconsistent monitoring of staff practice to ensure all accidents and incidents were reported when they occurred. Spot checks were carried out on some people's daily notes, but not on other people. This meant the provider had no oversight of any concerns with people's safety. There was a risk that when an accident or incident occurred, staff may not have taken the appropriate action. There were not systems in place to learn lessons or reduce the chance of the same things from happening again.

There were ineffective systems to identify and monitor significant events with regards to people's health and safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- References had now been obtained from staff's last employment in a health and social care setting. Staff had a disclosure and Barring Service check (DBS) These were renewed in accordance with the provider's recruitment policy. DBS help employers make safe recruitment decisions.
- Staffing levels were based on people's individual needs. Some people required a few hours support each day and other people needed a 24-hour care package. Live-in carers were employed for people who needed care during the day and night. The staff rota ensured live-in staff had breaks from their roles each day.
- There had been minimal changes in the team of staff supporting people since this last inspection. This meant people were supported by a consistent team of staff.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from the risk of abuse.
- The provider had policies and procedures which gave guidance to staff about how to safeguard adults and children.
- Staff had received training in how to recognise the signs and symptoms of abuse. Staff had supported people for a number of years. They said this meant they could recognise any changes in people's behaviour which may indicate that something was not right with them.
- People and their friends said they trusted staff and felt safe whilst being supported.

Preventing and controlling infection

- People were protected by systems and practices to reduce the risk of infection.
- Staff had completed training in infection control and food hygiene
- Staff were provided with personal protective equipment, such as gloves and aprons to use when needed.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to assess everyone's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- The provider was registered to support older people, people with a learning disability and young people. Separate assessment tools had been developed for each group of people to take into consideration their differing needs. For example, assessments for younger people focused on working towards independence.
- There had been no new assessments of people's needs since the last inspection. The assessment process did not always include the use of nationally recognised tools such as identifying and monitoring people's skin condition and nutrition. This is an area identified for further improvement so assessments are in line with best practice.
- There were a range of policies and procedures available to guide staff to deliver care in line with legislation.

Staff support: induction, training, skills and experience

- It could not be assured staff had the necessary skills and knowledge to support people's individual needs. This has been identified as an area for further improvement.
- Some people used a catheter and others a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube that feeds directly into a person's stomach. The provider said that staff had received training in these areas from community nurses. Staff said they received refresher training in PEG feeding every 6 months. However, the provider was not able to provide assurances that all staff that supported people with a PEG, had the necessary competency and skills to do so.
- Staff training in essential areas such as first aid, health and safety and infection control was refreshed every two or three years. However, not all staff were checked to make sure they knew how to put these skills and knowledge into practice. This was because spot checks were only carried out for care staff who lived-in. A 'spot check' is an unannounced visit made by a senior carer to a person's home. This is to ensure care staff who work alone are providing care to the required standard.
- Staff said the provider was not always available when they needed their support. In these situations they said they contacted a senior carer who gave them the support and assurances they needed. Staff received

group supervision but did not complete an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Information about people's health needs was inconsistently recorded. There was a risk people were not being supported to live healthier lives and access health care services when they were needed.
- Staff guidance was available on how to support people with a PEG feed and catheter care. However, there was no information about how to recognise and respond when a person had an epileptic seizure. Staff we spoke with knew how to respond. However, without guidance to refer to, there was a risk other staff may not know what action to take to maintain the person's health.
- People could not be assured their health care needs were being met as there were no reviews of people's health care. The monthly keyworker reports for January were blank. The provider told us they did not have access to any previous records for us to check if they had been completed.
- Detailed guidance was not available to staff about the support people required to maintain their oral hygiene. The provider told us one person used to have regular dental check-ups but they were no longer needed as they only had a few teeth. There was no record this decision had been discussed so it could be made in the persons best interests.

Care had not been consistently planned and delivered to ensure people were effectively supported with their health needs. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An audit in December 2019 had identified that one person had lost weight. However, it had not been identified if this was significant amount which required further staff action or professional intervention to ensure they remained healthy.
- People were supported to shop for food and prepare and cook meals.
- Staff knew people's food likes and dislikes and made a record of people's food choices. This was to help ensure they had a balanced diet.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people had appointees who were responsible for making decisions about people's health, welfare or finances. The provider did not have a copy of these authorisations and said they would be obtained. This

was so the provider could be assured people acting on their behalf had the legal authority to do so.

- Staff had completed training around MCA. We observed staff supporting people and following their lead when making decisions.
- Staff knew when decisions needed to be made in people's best interests. They described circumstances when meetings had been held with family members and health professionals, so a decision could be made in their best interests.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Information about people was not always kept confidentially nor in a way that respected people's privacy.
- Personal information about two people's care, health and support needs was kept in the garage at their home. The provider told us only one of these people had the key to the garage. In addition, the maintenance man had a key to the garage and access to personal information about both these people. This is an area for further improvement.
- People and their friends said staff treated them with dignity and respect.
- Staff described how they encouraged people's independence by encouraging them to do what they could for themselves. For example, when supporting people to bathe, a staff member said they gave the towel to the person so they could dry themselves.

Ensuring people are well treated and supported; equality and diversity

- Feedback from people and their friends said staff were kind and caring. One person's friend told us, "The staff have a caring relationship with my friend member."
- People were supported by a regular staff. This meant people were supported by staff who were familiar to them and had got to know them over a period of time.
- We observed a staff member support a person with patience and understanding. The person was relaxed in their company and looked to them for reassurance, which the staff member gave them.
- Consideration was given to supporting people to maintain their cultural identity. Also, to build their self-esteem through praise and encouragement.

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

- People had been asked about their likes, dislikes and preferred routines. This information was available to staff so they could support people to make decisions according to their choices and preferences.
- People who were able to communicate their views, said staff listened and acted on the decisions they made about care.
- Staff described how they supported people who had limited verbal communication to make day to day decisions based on their knowledge and experience of supporting them.

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 deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- At the last inspection care plans had been noted as an area for improvement as people did not have personal histories. At this inspection there remained no or limited information about people's personal histories to help staff deliver personalised care.
- Some people were supported by live-in staff who cared for them for one or two weeks at a time. There was no evidence the provider had considered 'matching' people and staff. People benefit from this process as it enhances their experience to be supported by staff whose personality matches their own and to take part in shared interests.
- There were inconsistencies in how effective staff were in delivering care that was person-centred. When we spoke to a staff member about one person, they knew the person well and how to provide care which was responsive to their needs. After the inspection a representative from the local authority spoke to another staff member about this person. This staff member had difficulties describing their needs and did not fully understand their role and responsibilities.
- There was a risk people's care notes were inaccurate and did not support people's choices and preferences, as they were not always written straight after an event. . It was the role of the live-in staff to record people's care and support. When other staff supported the person, they did not record their needs, such as how they spent their time or what they ate. This information was verbally passed to the live-in staff to record at handover which was four hours later.
- The provider's statement of purpose set out that people would have regular key worker sessions where progress towards goals would be monitored. We found no evidence key worker sessions or reviews took place.

People did not consistently received personalised care that met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from relatives and their friends was that staff were responsive. They told us the person's regular staff member kept in contact and let them know about any changes in people's care needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which set out how people could raise a concern or complaint about the service.
- People and their friends said they would raise a concern with the staff member who regularly supported them or their family member. They felt confident the staff member would address their concerns.
- Feedback about the involvement of the provider in any concerns or complaints was mixed. People and

friends said the provider was not easily contactable. One person felt the provider would act if they raised a complaint. Another person thought it was the provider's role to check on the quality of care they received rather than for them to raise any concerns. This person told us, "I am not going to phone (The provider) and say what is wrong. It is not for me to tell him. He does not check on me or staff."

End of life care and support

- There were policies and procedures to guide staff how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.
- The provider told us they had consulted people about their end of life wishes and choices, but they had not been recorded. This is an area identified for further improvement.

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.

- At the last inspection AIS was identified as an area for improvement. This was because the provider was not aware of their responsibility to assess and record people's communication needs.
- At this inspection it had been recorded that some people benefitted from information being communicated in pictures and symbols.
- A range of documents had been written in easy read, using simple words and/or pictures to help people understand their content. This included the service user guide, complaints procedure and people's care plans.

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

- Information about how people liked to spend their time was recorded in their care plans. People attended day services where they took part in a range of activities according to their needs. Staff supported people to follow their interests such as listening to music and using sensory objects. People were also involved in daily living skills.
- Staff supported people to stay in contact with people who were important to them. This included friends and relatives.
- People used facilities in their local community. This included using local shops and cafes.

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 Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to have a registered manager in post for the carrying on of the regulated activity of personal care. This was a breach of Section 33 of the Health and Social Care Act 2008.

At this inspection there was not a manager in post who was registered with us and the provider continued to be in breach of regulation Section 33 of the Health and Social Care Act 2008.

The provider had failed to have a registered manager in post for the carrying on of the regulated activity of personal care. This was a continued breach of Section 33 of the Health and Social Care Act 2008.

- When announcing the inspection, the provider told us the service had moved to new location and was no longer operating at the registered address in West Malling. The provider had not registered the new location with CQC.

The provider had failed to register with CQC the location from which they were providing the regulated activity of personal care. This was a breach of Section 33 of the Health and Social Care Act 2008.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had neither displayed their rating of Requires Improvement at the office location nor on their website.

The failure to display the provider's service rating at its principle place of business and website. This is a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a duty of candour policy, which outlined the importance of being open and honest and how they should respond when something went wrong. However, the provider had not been open and honest in their communication with Care Quality Commission. They had not informed CQC the nominated individual had left the service in October 2019. A nominated individual is a person appointed by the provider to be responsible for supervising the management of the service on their behalf. After the inspection the

provider told us who they had appointed as the Nominated Individual.

Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was not well-led as the provider did not have full oversight of the service. Quality monitoring systems were not sufficient or robust enough to identify shortfalls and drive continuous improvement in the service.
- The provider had delegated responsibility for undertaking spot checks and quality monitoring audits to the administrator. However, spot checks of records were only carried out for two of the four people receiving care. There were no spot checks of staff who worked alone, to directly observe their practice and make sure they were providing care to a satisfactory standard.
- The quality audit in December 2019 had highlighted shortfalls in staff files, staff supervision and medicines protocols. The name of the staff member or person to whom these issues referred to had not been recorded and the provider could not explain what they related to. Additional concerns had been highlighted about one person's fire safety plan and the safety of a boiler in one person's home. The provider confirmed on the second day of the inspection that these safety issues related to people who did not receive the regulated activity of personal care.
- The December audit had also identified one person had lost weight, but there was no evidence action had been taken to ensure the person remained a healthy weight.
- Audits and quality assurance systems had failed to identify shortfalls in risk management, medicines, records and staff training identified at this inspection.
- The provider had failed to send CQC key information about how the service planned to improve. They had not sent an action plan, setting out how they would address the breaches of regulation identified at the last inspection. The provider had not completed and returned a Provider Information Return, setting out what it does well and any improvements planned.
- Records were not easily accessible as they were stored in people's homes rather than the office location. It was therefore not possible to get an overview of someone's care without visiting their home. The provider did not have access to one person's records as they were stored in their garage and they did not have the key. Staff training certificates were given to staff and copies were not kept to evidence the training had been completed.

There were ineffective systems to assess, monitor and improve the quality and safety of the service. Records relating to people's care and support were not accessible. This was a continued breach of regulation 17 (Good Governance) 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

- Engagement with people, staff and stakeholders was minimal. The provider was not following their quality assurance procedure, which directed them to use surveys to gain people's views of the service.
- The provider told us meetings were held with relatives to review people's care. In addition they told us they telephoned people regularly to check they were satisfied with the care received. However, feedback we

received and records did not support this statement. One person told us, "I have never been sent a survey or telephoned to ask how things are. (The provider) only rings if they want something. Then they ask if everything is okay, but only at these times."

- People described the care they received as similar to employing a private carer. They explained all communication was with their main carer who sorted out any issues, rather than with the provider.
- Staff attended staff meetings where it was communicated that staff could speak to the provider separately if this was needed. Staff had not been sent surveys to gain their views about how the service could improve.

The provider had failed to seek and act on the feedback of people and their representatives for the purpose of continually evaluating and improving the service. This was a 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

- The provider did not have oversight of the culture of the service to ensure it met its visions and values. There was no registered manager and the provider was not a visible presence at the service. This was because they divided their time between this service and other services they managed which were not registered with CQC. Feedback from staff, people and professionals concurred the provider was absent for long periods of time and uncontactable. One person commented, "I phone and don't get a response."
- People could not be assured of advice when they needed it. The provider told us the administrator manned the office three days a week. However, when we visited the office there was a large pile of post on the door mat indicating no one had worked at the location for the previous week. People were provided with a call-centre number which was available 24 hours a day. However, when we used this number to contact staff at the service, we did not receive a reply from the staff concerned. There was a risk that people could access information and advice about their care and support when they needed.

Working in partnership with others

- The service worked in partnership with a health professionals. Feedback was the provider did not always respond to requests for information in a timely manner.
- A representative from the local authority told us they had concerns about some people's safety. This was because information and guidance about people's health and care needs was not always available. This information was also not available when we visited the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not consistently received personalised care that met their needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p> <p>There were not safe and consistent systems for the management of medicines which put people at risk of harm.</p> <p>Care had not been consistently planned and delivered to ensure people were effectively supported with their health needs.</p> <p>12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ineffective systems to identify and monitor significant events with regards to people's health and safety. Also, to assess, monitor and improve the quality and safety of the service.</p>

The provider had failed to seek and act on the feedback of people and their representatives for the purpose of continually evaluating and improving the service.

Records relating to people's care and support were not accessible.

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