Prestige Healthcare Services Limited

Prestige Healthcare Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Prestige Healthcare Services Ltd is a domiciliary care agency, providing personal care support to people living in their own homes. At the time of the inspection, the service was supporting 24 people with their personal care needs.

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's medication records did not always reflect that they were administered safely. It was not always clear that people received their medications as prescribed. Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine.

Risks to people were not always managed in a safe way. Care records were not always up to date and accurate. Risk management plans did not always highlight how staff should mitigate risks that were identified. Action was not always taken to mitigate such risks.

Governance systems were not always effective and did not always identify actions for continuous improvements. Audits in place did not always identify when there were issues relating to the recording of medicines. We were not always notified, as required by law, of notifiable safety incidents.

Safe recruitment practices were not always followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable. We have made a recommendation about ensuring robust recruitment practices.

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. However, systems in the service did not always support this practice. We have made a recommendation about working within the principles of the Mental Capacity Act (2005).

People's communication needs were not always documented in accordance with the Accessible Information Standard. We have made a recommendation about ensuring the registered provider meets this standard.

People and their relatives told us they felt safe with the staff who supported them, and that staff were caring and respected their privacy and dignity. People felt the service they received helped to maintain their independence where possible.

People were treated with care and kindness. They were consulted about their care and support and could change how things were done if they wanted to. Staff worked well together for the benefit of people and were focused on the needs of people living at the service.

People and their relatives knew how to complain and knew the process to follow if they had concerns. Staff were able to describe what action they would take if a person raised a concern with them.

People were supported by skilled staff with the right knowledge and training. Staff felt the management was supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

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 (report published 9 January 2019) and there were breaches of Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of Care Quality Commission (Registration) Regulations 2009. The provider completed an action plan after the last inspection for the breaches of Regulation 17 and 18 to show what they would do and by when, to improve. The provider was served with a Warning notice for the breach of Regulation 12. At this inspection we found there had not been enough improvements made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We have identified continued breaches in relation to Regulations 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to inspect 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 effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Prestige Healthcare 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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 looked at previous inspection reports, information received and notifications that had been sent to us. A notification is information about important events which the service is required to tell us about by law.

During the inspection
We spoke with eleven members of staff including the provider (who was also a director), registered manager, branch manager, another director, care coordinator and care workers. We reviewed a range of records. This included four people's care records and six people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We attempted to speak with a further three people and two relatives, however, received no response. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 11 staff members to get feedback, we received one response. We spoke with five professionals who have contact with the service.

Requires Improvement

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 has remained Requires Improvement.

This meant some aspects of the service were not always safe and there wasn't always assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely
At our last inspection the provider failed to ensure medicines were managed in a way which ensured people received them in a safe and effective manner. This was a breach in Regulation 12 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.

● We found medicines administration records (MARs) did not always clearly reflect whether a person had received their medicines as prescribed. We found MAR charts had gaps where staff failed to sign that they had administered the person's medicines. For example, one person was prescribed creams to manage their risk of pressure ulceration. We looked at their MAR chart for April 2019 and found 13 gaps where staff had failed to sign that they had administered the creams as prescribed. We looked at the person's daily notes, however, these also did not always have the documentation that showed these medicines had been administered.
● Where people were prescribed topical creams, the provider required a 'body map' and list of prescribed creams to be recorded in a person's care plan. This provided guidance to staff where to apply the prescribed creams. However, we found that some people's body maps were not in place or did not always reflect where the creams should be applied on the person's body. For example, the above person was prescribed four types of creams to manage their skin integrity. However, only one cream was identified on the list of topical medicines and this was the only prescribed cream on the body map, with guidance for staff on where to apply it. There was no guidance for the other three prescribed creams on where staff should apply them.
●We looked at another person's care records with a prescription for topical cream. There was no MAR in place for staff to record when they had applied the prescribed cream. There was no guidance such as a body map in place to identify where the cream should be applied, in line with the providers procedures.
● When reviewing people's MAR charts, we identified that guidance had been added to them providing instruction to staff that said, "Please allow a 4 hour gap between administration of medication." However, this guidance may not be an accurate reflection for all medication that people are prescribed. For example, one person who was prescribed a time specific medication for a neurological condition, required this medicine six times a day, with a three-hour gap between each dose. This meant that staff could be at risk of administering medication not as prescribed. We discussed this with the management team who agreed to remove this from the MAR chart.

● Where people were prescribed 'as required' (PRN) medication, the service did not always have protocols or guidance in place to ensure that staff knew when to administer PRN medicine or what the PRN medicine was for. For example, one person who suffered from a neurological condition was prescribed a fast-acting PRN medication to help with the condition when it worsened. There was no PRN guidance in the person's care records. We asked the management team if there was PRN guidance in place for staff to follow and they advised that they had communicated this to staff through a secure messaging group but were yet to implement the PRN guidance. We looked at the communication that had been sent to staff, however, this did not reflect if the person was able to identify for themselves when they needed the medicine. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given. We found that staff were supporting people with PRN medicines without the appropriate guidance in place. The provider advised they would ensure this was completed and that it was available to staff in the person's home.

We found no evidence that people had been harmed however, the registered person failed to ensure the proper and safe management of medicines. 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.

Assessing risk, safety monitoring and management
At the last inspection the registered provider failed to ensure risk management processes were robust and to ensure they did all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 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.

● Risks to people were not always managed in a safe way. For example, we looked at one person's care records which identified they were at risk of pressure ulceration. The person's care plan identified that staff took responsibility for identifying areas vulnerable to pressure damage and applying prescribed creams. This person had an air mattress which needed to be adjusted to support the person's weight. The registered manager told us ensuring the setting is correct on the pressure mattress was the responsibility of the district nurse who "visits regularly." The providers "Pressure care policy" stated that, "The manufacturer's recommendations for the use and maintenance should be followed" and "Pressure relief aids should provide a surface that conforms to body weight". However, there was no evidence in the care records who was responsible for ensuring this mattress was set to the correct setting to support in the prevention of pressure ulcers. Following the inspection, we contacted the district nurse team who had ordered this person's air mattress. They advised that they had discharged this person and "handed back to the carers [care staff]." As the provider had stated during the inspection it was the district nurse's responsibility, they had failed to check and ensure this risk was being mitigated by the district nurse or record this. The provider had not taken responsibility for checking the setting of the air mattress to ensure it was effectively mitigating the risk of pressure ulceration.

● Risk assessments and management plans in place did not always evidence how risks to people were being managed and mitigated. For example, we looked at a person's care records and how the provider was assessing and mitigating individual risks to this person and recording such risks. Risk assessments were in place, however, where a risk was identified, records did not always reflect how the risk was being mitigated This person's care records highlighted a risk that they struggled to retain information. However, there was no action identified to mitigate or manage this concern.

The registered person failed to ensure risks relating to the safety and welfare of people using the service were always assessed and managed appropriately. 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.

● We saw evidence of some good practice in relation to the management of pressure area care. For example, where staff had identified some redness to a person's skin they had promptly contacted an appropriate professional to raise these concerns. This evidences that staff were actively monitoring and managing the risk for this person.
● Where people had a specific health condition, care plans were in place on how staff supported the person with the condition.

Staffing and recruitment
● We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
● The service kept recruitment records of staff. Records showed the registered person carried out the appropriate Disclosure and Barring Service checks. Records also showed the service sought evidence of people's conduct in previous employments in the form of employment references. These checks identified if potential staff were of good character and were suitable for their role.
● We found that the provider had not always sought evidence of satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made. Records identified that one staff member had gaps in employment history which remained unexplored.
● We raised this with the registered manager who provided this information following the inspection.

We recommend that the registered provider refer to current guidance to operate robust recruitment procedures, including undertaking any appropriate relevant checks.

● People, relatives and staff told us there were enough staff to meet people's needs. One person told us, "They are on time. No one has not turned up." A relative told us, "They [staff] are there when they should be."
●A staff member told us, "I think there are enough staff to provide care to our clients [people]."

Systems and processes to safeguard people from the risk of abuse
● Care staff had received training in safeguarding vulnerable adults. Staff we spoke with were able to describe signs of potential abuse and how they would report any concerns they had. Staff knew how to recognise abuse and protect people from the risk of abuse.
● Staff knew what actions to take if they felt people were at risk, including who they would report this to. Staff felt confident that appropriate action would be taken by the provider should they report a concern.
● People told us they felt safe with staff. One person told us, "They are concerned about my safety…I am so blessed. So lucky."
●Relatives told us they felt their family member was supported to stay safe by staff. One relative said, "I definitely think so."

Preventing and controlling infection
● People told us that staff used appropriate personal protective equipment (PPE). One person said, "Oh yes, they always wear [gloves and aprons]."
● Staff received training in the prevention and control of infection.
● Staff were provided with PPE so they could carry out their work safely. Staff confirmed this.

Learning lessons when things go wrong

●Accidents and incidents that had taken place since our last inspection were investigated and actions were undertaken to prevent recurrences.

● Lessons learnt were discussed with staff to ensure people were provided with the correct and timely support that met their needs.

Good

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 remains Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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, 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.

- Where people may lack capacity to make certain decisions, records should reflect arrangements in place for people's care or treatment. These must show evidence of best interest decision-making in line with the MCA (2005), based on decision-specific capacity assessments. We found the provider could not always evidence they were working in accordance with the MCA (2005).
- One person deemed not to have capacity to make certain decisions had bed rails in place to prevent them from falling out of bed. The provider had made a referral to an appropriate community professional to request the bed rails. However, there was no recorded evidence that a capacity assessment had been completed regarding this decision. There was no evidence that a best interest discussion had taken place regarding the decision to implement this restriction. We discussed this with the management team who advised that this had taken place, however, they had failed to record it. Following the inspection, we spoke to a community professional who had been involved in this person's care. They confirmed that the person's capacity had been discussed regarding this decision and why it was in the person's best interest.
- People told us that they had consented to their care and people's care records indicated whether the person themselves, or a representative had signed and consented. However, where consent had been signed by someone other than the person themselves, it was not clear whether the person had given

permission for someone else to sign on their behalf.

We recommend the registered provider seeks guidance in line with current best practice to ensure they are acting in accordance with the MCA and to ensure that records clearly reflect arrangements in place for people's care and treatment.

● Staff knew the principles of the MCA and understood people's right to choose and sought people's permission before supporting them.
● Staff encouraged people to make their own decisions on a day to day basis, ensuring those important to the individual were involved in this decision making, if appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People received care and support from staff who knew how they liked things done.
● When a person required support from the service a staff member would visit them in their home and discuss what support they required before commencing care. Relatives would be part of the decision-making process, where appropriate.
● Each care plan was based on an assessment of the needs discussed and included details on people's individual preferences.
● Care plans were kept under review and amended when changes occurred or if new information came to light.
● People reported that staff understood their needs and knew how they wished to be supported. One person said, "Yes, everything is right."

Staff support: induction, training, skills and experience
● The provider used training, competency assessments, supervision and appraisal meetings to ensure staff developed and maintained the required skills and knowledge to support people according to their needs.
● People and their relatives said staff had the knowledge they needed when providing their support. One relative told us, "Yes, they have the skills and knowledge. We never have any trouble."
● Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. One staff member said, "The training is good. We do online training and face to face [training]."
● Staff told us they had regular supervision and appraisals which they felt enhanced their skills.
● The provider undertook regular spot check observations of staff when they were supporting people in their homes. One staff member told us, "We have regular spot checks. It's there to support you. We work with the management a lot and they do care calls with us."
● New staff told us they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. One staff member told us, "I do shadowing shifts [with another experienced staff member] until I am ready."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff members ensured people received food and drink, according to their needs when this was part of their package of care. One person told us, "They [staff] make sure you have food. It's good."
● A relative told us that staff had supported their family member to have a more appropriate set up to have their food and drink. They told us, "We mentioned that [family member receiving support] was having food on a lap tray. They organised a proper table. Now her drink is right in front of her which really makes a difference."
● Where people were not eating well, staff would highlight that to the person's relative, the registered

manager or a senior member of staff and advice would be sought from a health professional, if necessary.

● A relative told us they felt Prestige Healthcare Services helped their family member live a healthier life. They told us, "[Name] had certain health issues. They [staff] were very good…we feel that things are so much better now."

● Staff knew how to refer people to other healthcare services if they had concerns about a person.

● Records showed staff communicated with other health and social care professionals such as social workers, GP's and dieticians, to make sure people's health and care needs were met.

● Professionals told us that the provider communicated well with them to ensure people's needs were being met. One healthcare professional told us, "They let us know if there is a problem straightaway."

Good

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 remains Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care.
- People told us about the caring, compassionate relationships they had developed with staff. One person told us, "They [staff] help you in any way they can. Nothing is too much trouble." Another person told us, "Having not needing help in past, I am proud man, they make me feel so comfortable."
- People's relatives commented on the caring approach of staff. Comments included, "They [staff] are kind and caring. So professional and pleasant" and "Very kind…I give them full marks!"
- We saw a thank you message from June 2019 during our inspection. It said, "Thank you and your lovely team for all the kindness and encouragement."
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual needs.
- Staff we spoke to demonstrated pride and passion in relation to supporting people in their homes. One staff member told us, "It's so rewarding."
- A community professional felt that staff built positive relationships with people. They said, "I definitely think they provide and develop good relationships with [people]."

Supporting people to express their views and be involved in making decisions about their care
- People told us they were actively involved in decisions about their own care and support. One person told, "It's up to me what I want. I get a lot of support."
- Care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff teams' knowledge from working with them in the service.
- We looked at one person's care plan which they had written themselves with the support of staff. The care plan was reviewed by the person to ensure it met their needs and reflected their likes, dislikes and preferences.
- Staff advocated for people by liaising with support services and health care professionals to ensure people received the appropriate care.

Respecting and promoting people's privacy, dignity and independence

● Staff provided care and support which protected people's privacy and dignity.

People told us that staff treated them with respect and dignity. One person told us, "Oh yes, they [staff] are very understanding."

● People told us staff supported them to be independent where they were able. One person said, "They always encourage me."

● Relatives told us staff encouraged their family members to be independent. One relative said, "They encourage [name] to do things which she is capable of."

● People's care plans were written using respectful language.

● Staff understood the importance of maintaining people's privacy and dignity when delivering personal care. One staff member said, "I always make sure the curtains and door [are] closed and then no one will come in. I always ask for people's consent before [delivering care]."

● People's confidential information was held securely by the provider and only shared with their consent.

Good

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 remained Good.

This meant people's needs were met through good organisation and delivery.

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.

- We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand and met the standard. The registered manager advised that they had an AIS policy. However, this was not routinely followed.
- One person's care record stated they had a hearing impairment and required hearing aids. We asked how this impairment impacted on the person and a member of the management team said, "Hugely". However, steps had not been taken to ensure that the AIS was being met. The person's risk assessment stated that they are "hearing impaired". However, there was no action as to how staff would meet this need. Records did not indicate how staff should communicate information in a way they can access and understand.
- A relative told us that their family member had received a questionnaire that they could not complete themselves due to a sensory impairment. They said, "She's partially sighted so couldn't complete."
- The registered manager said they were aware of the specific requirements of the AIS and would ensure people's communication needs were documented and met in a way that meets the criteria of the standard.

We recommend the provider seeks guidance in line with best practice to ensure they work to the standards as required by the Accessible Information Standard.

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

- People's needs were explored and recorded in care plans which contained information about how they wished to receive care and support. However, we found some people's care records contained inaccurate information. For example, one person's care records stated that they a had a "Significant risk" of displaying "Challenging behaviour" and that they had "an issue with drugs or alcohol". There was no action in place to manage or mitigate this risk. We discussed this with the management team who confirmed that this was incorrect and there was no risk of challenging behaviour and the person did not have an issue with drugs or alcohol. We have dealt with this concern in the well-led domain.
- People and relatives told us reviews were held with the person, their representative and any professionals involved in their care, where appropriate.
- Consistency and continuity of care provided by a stable staff team had a positive impact on

people's quality of life. A relative told us, "They provide a weekly rota with photos of the carers [staff] that will be coming. It's really helpful for [family member receiving support]."

● A community professional thought the service provided personalised care that was responsive to people's needs. They said, "They do provide care that is responsive to people's needs".

● People felt staff knew them well, understood their personal routines and provided responsive care. One person said, "They help you in any way they can."

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

● People were supported by staff to remain active members of their local communities through attending groups and socialising with loved ones. For example, one person attended day centres regularly. Staff supported them in the morning to ensure they were prepared and ready to be collected to attend this service.

● People were supported to maintain contact with people important to them.

●Care plans indicated people interests and preferences. They highlighted who people wished to be involved in their care.

Improving care quality in response to complaints or concerns

● The registered manager advised us that they had received one complaint since our last inspection. This had been investigated and responded to appropriately.

● People and their relatives told us they had been provided with information about how to make a complaint and knew how to. They were confident action would be taken if they did raise concerns.

● Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.

End of life care and support

● At the time of this inspection the service was not providing end of life care to anyone using their service.

● The provider had procedures in place in preparation should they need to support someone with end of life care needs.

Requires Improvement

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 remains Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider failed to ensure they had effective systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a breach in 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.

● There were some quality assurance audits in place. However, we found these were not always effective. Audits of medicine administration records were completed to monitor safety and identify any gaps in records or errors. However, an audit completed on one person's MAR chart for April 2019 did not identify there were gaps in recording. We found that there were 13 gaps where staff had failed to sign whether the person had been administered their prescribed creams. The audit completed for this MAR stated, "No issues."
● At the last inspection the provider had introduced a secure communication group using a technology platform that would allow staff to evidence they had signed the person's MAR chart after administering medication. However, we discussed with the management team if these gaps had been picked up using this process and they advised that they did not use this system to check whether prescribed creams had been administered.
● Staff were able to describe how they supported people's individual needs. However, inconsistent documentation meant that information was not always reflective of people's needs, and this had not been appropriately picked up by the registered person. We found that whilst staff provided appropriate care to people, accurate records were not always maintained or did not accurately reflect the support people were being offered.
● Another person's care plan we looked at stated the person had hearing aids. However, when we discussed this with the registered manager we were made aware that this person does not have hearing aids and the care records were inaccurate.
● There was a risk that any new staff coming to work at the service could provide ineffective and unresponsive care, by following insufficient and contradictory care plans.

● The provider did not have systems or processes in place to ensure that new staff were recruited in accordance with regulation 19 of the Health and Social Care Act. Checks had not always been undertaken in accordance with safe recruitment practices as defined in the Act.
● We found that the provider had not always kept a record of all decisions taken in relation to care and treatment of a person who was deemed to not have capacity to make certain decisions. Where a person had a restriction in place there was no recorded evidence that a best interest discussion had taken place. The provider's Mental Capacity Policy stated, "Anyone who claims that an individual lacks capacity should be able to provide proof." The providers policy also stated a "Record is kept in the Service User file" of best interest decisions. The registered person had failed to do this.

The registered person failed to ensure they had effective systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had not always notified Care Quality Commission (CQC) of reportable events. This was a breach in Regulation 18 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 18.

● The provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the CQC of certain events affecting people and the running of the service. During the inspection we found a record of an allegation of abuse against the provider from a health and social care professional. The registered person had taken appropriate action. However, they had failed to notify CQC. The registered manager was directed to the notification guidance and advised they would submit a notification retrospectively.

The registered person had not always notified CQC of reportable events. This meant we could not check that appropriate action had been taken to ensure people were safe. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● The service had a registered manager as required.
● There was a management structure in place. Staff were clear on their roles and who they should report to.
● People and relatives described the service as well managed and spoke highly of the management team. One relative told us, "We were very impressed right from the start."
● Staff and community professionals provided positive feedback regarding the management of the service. A health and social care professional provided feedback and said, "I do think that they deliver good management and leadership." A staff member said, "It is very well managed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff told us their managers were accessible and approachable and dealt effectively with any concerns they raised. Staff said they would feel confident about reporting any concerns or poor practice to the registered manager. A staff member told us, "If we have a concern or issue, they [management team] listen."
● Staff promoted an open and transparent atmosphere and no blame culture.
● A health and social care professional provided feedback and said, "I can honestly say they have provided a really good caring professional service and my client is extremely happy with them."

● The provider held regular meetings with staff and senior team to review service development, quality and any concerns.

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 registered manager had an understanding of the duty of candour and knew the action to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

● A relative of a person receiving care told us, "They always let me know if there is anything wrong."

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

●The provider carried out formal quality assurance surveys to obtain the views of people and their families. One relative told us, "[Person receiving care] had a questionnaire which I did with her." A person told us when asked if they are asked to feedback back about the service said, "I filled in a survey."

● Staff told us they were able to make suggestions regarding the service. One staff member said, "We are always asked for feedback. Questionnaires are sent to staff. They [management] are always asking what we think."

● The provider recognised good work by individuals in supervisions and team meetings. A staff member told us, "They have an award for a staff member. We had to vote. They involve us a lot, we do feel like a team here."

Working in partnership with others

● Staff worked in partnership with other organisations including local social and health professionals.

● People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.

● A health and social care professional commented, "They have worked in partnership with us."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents How the regulation was not met: The registered person failed to ensure they notified the Commission of notifiable incidents without delay. Regulation 18 (1)(2)(e)

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 23 August 2019.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not met: The registered person failed to ensure the proper and safe management of medicines. The registered person failed to ensure risk assessments relating to the health, safety and welfare of people using services were robust and do all that is reasonably practicable to mitigate any such risks. 12(1)(2)(a)(b)(g)

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 23 August 2019.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not met: The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user

records were not always up to date and accurate. Audit and governance systems were not always effective.

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

The enforcement action we took:

The registered provider was served with a warning notice which they must comply with by the 23 August 2019.