Care 24/7 Solutions Limited

CARE 24/7 SOLUTIONS LIMITED

Inspection report

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Tel: 07447487485

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Care 24/7 Solutions Limited is a domiciliary care service, providing personal care to people living in and around Wiltshire. At the time of our inspection there were 22 people using the service. The service supported people living with physical and sensory needs, and older people, including those living with dementia.

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 service did not assess, monitor or manage people's safety well, including against risks of abuse. We also identified concerns about the safe management of medicines and controlling the risks of infection. Staff recruitment practices were not always fully followed in line with the provider's policy and procedure to ensure the safe recruitment of staff. We have made a recommendation about arrangements for staff training, supervision and deployment.

Most people and relatives told us they believed care was safe, and advised they were supported by staff who were kind and compassionate. People commented, "They are very caring" and "[Staff are] generally friendly and they do the job ok". Some people told us they would benefit from enhanced staff continuity. A relative advised, "The [staff] I've met are nice and my [relative] says they are nice but they change all the time."

Governance processes had not been operated effectively to assess, monitor and drive improvement in the quality and safety of the services provided. People were supported by a service which lacked effective oversight and auditing by the provider. We received variable feedback from professionals regarding communication and management of the service.

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 did not always support 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 April 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider implement a robust check process to ensure all recruitment steps are followed and that the provider review their systems and processes for the safe management of medicines. At this inspection we found concerns in both these areas.

The last rating for this service was requires improvement (published 24 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We received concerns in relation to safeguarding and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care 24/7 Solutions Limited our website at www.cqc.org.uk.

Enforcement and Recommendations
At this inspection we have identified breaches in relation to safety, safeguarding from abuse, recruitment practices, governance and in informing the Commission of information they are required to.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

CARE 24/7 SOLUTIONS LIMITED

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by 2 Inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

At the time of our inspection there was not a registered manager in post. The nominated individual had submitted an application to be appointed as the registered manager. We are currently assessing this application.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority in which the service operated. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with 5 people using the service and 7 family members. We also spoke with 7 members of staff, including 3 care assistants, 1 senior carer, the care coordinator, the assistant manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from 9 additional members of staff.

We reviewed a range of records. This included 5 people's care and support plans, either in full or in part, as well as people's medicines records where they received support with this task. We looked at 4 staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, compliments and audits of the service. We received feedback from 6 health and social care professionals.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not safeguarded from risks of abuse. The service had failed to identify and report some potential safeguarding concerns. For example, in April 2023 a person made contact with Police to make an allegation. The service asked a staff member to provide an account, however there was no evidence available of subsequent follow up with the person, and the nominated individual confirmed the service had not notified the local safeguarding authority.
- In another example, 1 person had a history of making accusations. Staff notes dated 11 and 17 October 2023 stated the person made subsequent accusations. We asked the service to evidence how the recent allegations were followed up. Daily notes indicated a manager visited the person's home on 18 October 2023, however during our inspection, no evidence was provided of an investigation or body maps from this period. Following our inspection, we received a body map dated 17 October 2023, which included no evidence of management oversight or action. Therefore, we were not assured a meaningful investigation had taken place, and no safeguarding referral was made.
- Safeguarding processes should be person-centred, to ensure actions taken are proportionate and in line with people's desired outcomes about how they wish to be kept safe. We found safeguarding processes placed an emphasis on seeking feedback and statements from staff, and did not reflect adequate follow-up with people and their representatives to corroborate staff feedback or explore their wishes and feelings about concerns.
- Follow-up with staff in relation to safeguarding concerns was not always adequate to address potential areas of concern. For example, we reviewed the supervision record for a member of staff who had allegedly caused a person to be uncomfortable and fearful. The supervision record did not evidence how the concern was explored with the member of staff.
- We reviewed safeguarding supervision records for 2 staff who had supported someone subject to a safeguarding concern. The records, dated June 2023, noted these staff required refresher training in key topics such as dementia, mental capacity, record keeping, dignity and respect, and skin care. Records did not evidence the 2 staff had refreshed their training in all of the identified topics.

The service had failed to operate effective systems to identify, investigate and appropriately respond to allegations of abuse. This was a breach of Regulation 13(1) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our feedback. The nominated individual had already identified that staff would benefit from additional training, to ensure the service was equipped to respond effectively to safeguarding concerns. Staff had completed a level 3 safeguarding course, and the management team completed level 4 training after our inspection visit.

● A safeguarding and whistleblowing policy was in place. Staff understood their responsibility to report concerns to the management of the service. We noted team meetings had been used to encourage staff to promptly raise any concerns and to encourage staff to read key policies.
● Most people told us they felt safe. Two people expressed concerns about safety, and the nominated individual provided feedback about actions they planned to take in response to concerns. Comments from people and families about safety included, "They get her out of bed carefully and they are very caring", "If it's the same ones yes [feels safe]…he gets used them", "They seem to know what they are doing" and "My [relative] says some are a bit rough in their handling of [person]".

Assessing risk, safety monitoring and management
● Risk assessments were either not present, had not been updated in a timely manner, or lacked sufficient detail to help staff understand and respond to risks. We found 1 person did not have a risk assessment in place, with the exception of a risk assessment for their medicines support.
● Care plans and risk assessments contained insufficient information about moving and handling support, including where people required repositioning or equipment aids. During our inspection 2 people raised concerns about how they were moved by staff, and we asked the service to investigate. In another example, 1 person's care plan did not outline how staff worked with a relative to complete moving and handling tasks.
● Risks assessments did not adequately address environmental risks. For example, risk assessments lacked sufficient information about access and safety outdoors, food storage and hygiene, the risks associated with the use of cleaning products, or fire safety, such as the presence of smoke alarms, use of emollient creams, or people's ability to evacuate in the event of a fire. One person had used a microwave inappropriately on 3 occasions within 2 months. There was no evidence the service took sufficient action, such as considering a referral to the fire service.
● Information in some risk assessments was outdated or incorrect. For example, information in risk assessments for the use of bed rails for 2 people was not in line with the feedback we received from staff. Staff told us 1 person did not have bed rails, and said another person chose not to use bed rails.
● Staff completed some tasks which were not documented within care plans. This meant the service had not conducted appropriate risk assessments. For example, staff applied a hair removal product to 1 person, and told us they followed the person's instructions about where to apply the product and how long to leave this in place. Staff also followed the person's instructions to scratch their skin which could have posed a risk to skin integrity.
● Care plans did not provide sufficient information about the nature and impact of people's health conditions to enable staff to understand the impact and potential risks. This was not in line with the provider's policy which stated, "A full assessment of the healthcare needs of people…with corresponding plans should be included." For example, 1 person's care plan contained a list of medical conditions, including a history of a serious bowel complication. The person's regular staff member was aware the person took a medicine for their bowels, and said they asked the person if they had opened their bowels, but they were unsure what the medical terminology referred to. This meant the staff member may not have understood the level of potential risk associated with the person's medical history.
● Where staff supported people with their finances, including the use of a bank card, risk assessments were not documented to ensure governance systems protected people from the risk of abuse. We asked for evidence of checks in relation to 1 person, and the nominated individual stated receipts were kept. Following our inspection, the nominated individual provided a screen shot showing financial transactions. This did not address the risk of staff being aware of the person's PIN.

Risks to people were not clearly identified and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff who knew people well could describe how they responded to known risks, such as monitoring a person as they used a walking aid. Staff described monitoring for skin sores or rashes, and monitoring bowel movements. Another staff member described their awareness that a person needed encouragement to drink well, and told us they regularly encouraged good fluid intake.

● Team meetings were used to remind staff about risk management processes, such as highlighting the importance of checking people's skin and using a body map to note any concerns. The service's electronic care system could be used to circulate important updates to staff, such as notifying staff when a new piece of equipment was provided in someone's home.

Using medicines safely

● Some medicines risk assessments stated medicines should be locked in a safe place, without specifying where this was, or whether the person had consented to this. In practice, staff told us medicines were not stored in a lockable place. This meant we were not assured medicines risk assessments were meaningfully tailored to people's individual risks and needs, or that medicines were being appropriately stored and kept safely.

● Medicines administration records (MARs) did not always represent an accurate record of all prescribed medicines and topical creams administered. This was because some creams staff told us were prescribed were not included on MARs, and 1 person's MAR had been used for training/demo purposes, meaning some administration entries were erroneous.

● Details within medicines risk assessments and care plans of people's prescribed medicines and support required was not complete or up to date. Where documents such as risk assessments had been reviewed, these were not consistently updated to reflect the medicines on the person's MAR.

● A system of monthly medicines audits were in place, although these were not effective in identifying the issues we found, outlined above.

● A medicines audit on 3 September 2023 stated 1 staff needed more training following errors. The care coordinator said normally staff would redo their competency, however, they could not find the competency for this staff following this error. Another medicines audit on 5 September 2023 stated a staff member was called for a disciplinary meeting as not all medicines were signed for. We asked to review this disciplinary meeting records which could not be located. Following our visit, the nominated individual stated there was not a disciplinary and instead shared an action plan, which did not record the staff name and had not been signed. This stated the MAR would not be left blank again and the staff would redo their medication training. The training matrix showed no staff had completed medicine training after the date of this error.

● We reviewed 1 staff member's medication competency assessment workbook completed in June 2023. This asked some questions not relevant to a domiciliary care service such as temperatures of a drug fridge and clinical rooms. The nominated individual said they had decided to retain the content relevant to care homes. The workbook answers we reviewed were populated with internet responses. We raised this with the nominated individual who told us after staff completed the workbook, they would test them on some questions. We were not assured this was an adequate process to assess staff competency.

● We reviewed the medicine competency folder; we found this was more of an audit system and not observing individual staff practice competency. We saw in this folder there were staff medicine administration competency assessment forms which would look at practice, but these were all blank. The forms were not specific to the service type and appeared more relevant to care home services. The care co-ordinator said the completed forms were recorded on staff files, but we did not see any of these in the 4 staff files we checked.

The service had not ensured the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

● The care co-ordinator completed a daily check on the system to ensure staff had given people their medicine on time and signed for this. If anything was showing as a concern, the care co-ordinator would contact the staff member. Further to this, they completed a monthly observation check to witness staff providing medicines support. We saw these daily medicine audit checks were being completed regularly and were identifying some issues. For example, 1 person had not had their prescribed cream applied on 1 day. This had been investigated and the reason recorded because the person had been unwell.

Preventing and controlling infection

● People and families provided variable feedback regarding whether staff consistently wore appropriate personal protective equipment (PPE). Comments from people and families included, "They wear gloves but no aprons", "Not all of them wear the [uniform] but they do wear gloves" and "Always gloves, not masks and some wear aprons."

● Care plans and risk assessments did not identify people at increased risk of becoming seriously unwell if they were to contract COVID-19. For example, 1 person was living with a neurological condition which is identified by the Government as high risk. This was not in line with the provider's business continuity plan (BCP) policy for COVID-19, which stated, "Reviews…should include assurance that all care plans are up to date and identify vulnerable people. Additional protections may need to be in place for such individuals."

● An infection control policy was not provided during our inspection. The provider shared an infection control policy after our inspection which lacked detail in areas such as the chain of infection, assessing risk, management of laundry, ventilation, and techniques which can make hand hygiene safer, such as the importance of uniforms, removing jewellery and having clean short fingernails.

● We were not assured the service had adequate plans to respond to an outbreak of infection. The BCP policy listed "key contingency areas" for care homes, but did not include a clearly defined plan, referring to "outbreak management" and contingencies for "staffing shortages" without further explanation. After our inspection, the provider shared an additional undated BCP. For staffing shortages, the BCP suggested using alternative agencies, without specifying which had been identified, and noted, "Staff performing key tasks should be encouraged to write procedure notes so that less experienced staff would be able to perform these". The plan did not address how the service would identify and prioritise people at highest risk, such as people requiring care in bed or living alone.

The service had not established or effectively implemented robust infection prevention and control procedures to effectively mitigate risk to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Spot checks were undertaken to monitor staff adherence to PPE guidelines. We saw staff meetings had been used as an opportunity to remind all staff to wear appropriate PPE.

● Staff completed care certificate training, which includes a learning module and assessment about infection prevention and control. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Learning lessons when things go wrong

● Systems and processes were not effectively operated to ensure appropriate action was always taken following incidents. For example, 1 staff had not received re-training in safeguarding and continence care until 2 and 3 months respectively following an incident. This meant they continued to work without the provider ensuring their practice remained safe.

● The service had failed to follow the provider's policy in relation to the investigation of accidents and

incidents. The policy stated, "All accidents, incidents, dangerous occurrences and/or near misses occurring…in the homes of people receiving care in connection with the work activities of the organisation, should be investigated. Investigations should be conducted or led by a suitably trained manager." The accident/incident forms and body maps we reviewed were not signed off by a manager and no comments were added to indicate actions had been taken to investigate the circumstances of each incident or take appropriate action.

● Systems were not operated to analyse accidents/incidents, complaints and safeguarding concerns to identify trends or themes. The service's accident/incident folder contained an analysis form for January-February 2023 which stated no incidents had occurred. An analysis had not been documented for subsequent months, including months when incidents had occurred.

Systems were not effectively operated to promote learning from incidents to prevent reoccurrence and mitigate risks to people. This was part of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service had shared the outcome and learning from a safeguarding enquiry with staff. Staff were informed about the severity of the concerns and encouraged to communicate with the office should they have any concerns for people's welfare. The provider organised level 3 and 4 safeguarding training for staff, which was prompted by learning from a safeguarding concern.

Staffing and recruitment

● Staff lacked adequate recruitment checks in line with legislation to prevent unsuitable staff working with people. During the inspection, one of the management team's staff files could not be located, and was sent following our visit.

● Two staff had not had their most recent employers contacted for a reference. We saw 1 of the management team's references was from an employer 13 years previous instead of their most recent. The reference was not completed until June 2023, however the employee started in April 2023. The staff member's passport was not taken and signed and dated until 9 November 2023.

● There were inconsistencies in the dates used on documentation, and at times no dates were recorded. One staff file recorded they commenced work at the service in 2019 but the nominated individual told us this date was wrong and a job offer letter in the same file was dated August 2022.

● The interview process carried out by the provider was not comprehensive enough to ensure staff were of good character, and had the skills and experience required for their roles. Responses to interview questions were limited and sometimes staff gave a one-word answer. One staff recorded if a person fell they would ring the bell, which was not an appropriate response for a domiciliary care service. Another staff had been asked if they knew anything about safeguarding policies and their recorded response had only been 'Yes'.

● Checks were requested with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The DBS for 1 of the management staff had been undertaken by a previous employer in 2021. When they joined the service in 2023 a new DBS had not been completed.

Staff were not safely recruited. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The rotas we reviewed did not give staff sufficient travel time. One staff had back-to-back visits where no travel time had been allocated, however the visit locations were 30 minutes away from each other. Some staff told us they were satisfied they had sufficient travel time and breaks.

● We received some variable feedback from people and families about whether staff arrived on time. People

and families told us they would prefer greater continuity of staff deployment, with comments including, "Recently there have been many changes and we don't know who is coming from day to day", "She gets around 3 [staff] a week", "It would be better if there was more consistency", "They do what they are supposed to but there are lots of changes to staff members" and "Lots of changes – we never know who is coming – but they are all delightful".

● The supervision matrix did not always match up with the supervision forms in staff files. For example, 1 staff had received a supervision on 30 June 2023 and 29 September, but these were not recorded on the matrix. Most staff told us they were satisfied they had access to regular supervision and support.

● Staff had completed significant amounts of hours of training of many different subjects in 1 day. For example, 1 staff on 9 March 2023 had spent 15 and a half hours training. Another staff on 8 March 2023 had covered 12 different training subjects over a 13 and a half hour day. We saw 1 of the management team had not completed any training within the service until 3 months after they started which included their safeguarding training. The nominated individual was unable to provide assurances for all the concerns identified.

We recommend the service review their approach, to ensure arrangements for staff training, supervision and deployment promote safety, and to ensure staff obtain the necessary skills, knowledge and experience for their roles.

● An induction programme covered information including the rota system, staffing responsibilities, training modules, and the company structure.

● Spot checks were undertaken to monitor safe staff practice. The assistant manager said all staff would receive a spot check within three months minimum, but they also used any opportunity to go out and monitor staff.

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

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

At our last inspection there was a failure to have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Effective systems were not operated to ensure the service met the fundamental standards and requirements of regulation. During our inspection, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Additionally, notifications were not consistently submitted to CQC, and we found the provider had not displayed their CQC rating on the service's website in line with requirements. The website was updated at our request.
● Systems did not operate effectively to sustain improvements. A service action plan was ratified by a local authority as successfully completed between April and June 2023. This included actions related to the quality of recruitment records and risk assessments, however our inspection identified further concerns in both these areas.
● Some records were incomplete, outdated, or inaccurate, and did not consistently represent people's individual needs. For example, information such as medicines storage arrangements and use of bed rails was inaccurate, some documents were undated, and some information was inaccessible because the service was unable to access emails of a former staff member. The supervision matrix did not always match up with the supervision forms in staff files. Daily records did not accurately identify which staff had entered people's homes, as the driver was added to visit records for admin purposes.
● Audits were conducted in relation medicines and care plans. However, audits had not been fully effective in driving improvement in the quality and safety of the service, because they failed to identify some of the concerns we found. Care plan audits contained repeated actions without evidence of resolution, the accompanying action plan dates did not always relate to the date of the audits, and there were basic factual errors, such as using the name of the previous registered manager as the auditor, or repeatedly referring to each month's audit as the first audit.
● The provider's Quality Assurance and Management policy stated the service should conduct at least an

annual self-evaluation of the service's performance against each of the five key questions, including service user and stakeholder feedback. Whilst we noted some service user surveys were completed, no evaluation against CQC's key questions was supplied when requested.
● The same policy did not clearly define the auditing schedule required to monitor quality and safety. The policy included a list of suggested audits, some of which related to care homes not domiciliary care and stated, "An auditing schedule might include any or all of the following if applicable to the care service." This meant we were not assured the provider had established and embedded effective audit arrangements to monitor all aspects of the type of service it was operating.
● We reviewed an action plan in place following our last inspection. This stated audits included late/missed visits. We asked the service to provide the last 2 of these audits and no information or explanation was supplied. After our inspection we received a document which tracked missed visits, but the section to monitor late visits was left blank without explanation.

Systems had not been operated effectively to assess, monitor and improve the quality and safety of the services. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of Regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service had failed to submit notifications to CQC in line with requirements, including the failure to notify CQC of some instances of alleged abuse. This meant prior to our inspection we were unable to gain a full and contemporaneous understanding of risks.

Effective systems were not in place to identify or report incidents to CQC in accordance with requirements. This was a breach of Regulation 18 (Care Quality Commission Registration Regulations 2009).

The provider agreed to review their knowledge of notification requirements.

● The nominated individual and office staff spoke positively about the recent move to a new electronic care records provider, and described how this would improve governance. For example, we observed the service had already started to use this system to log compliments.
● The service had experienced a period of change in 2023, with a change of office staff, and the outcome of a safeguarding concern identified learning for the service. The nominated individual explained their own learning from this period, and outlined actions they had taken to increase their oversight and form a view of quality. This included increasing the frequency of surveys with people and families, and closer monitoring of office staff actions, to ensure tasks were completed satisfactorily. The nominated individual had also registered with a local care association.

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; Working in partnership with others
● We were not assured the provider had been fully open and accurate with people about how they could escalate concerns if something went wrong. We noted contact information in the service user guide, including email, address and telephone was incorrect for both CQC and the Local Government and Social Care Ombudsman. The address given for the Ombudsman misdirected people to a student accommodation block.
● We received variable feedback about whether the provider worked effectively and provided accurate information when working with professionals. Professionals told us they did not always receive a timely response to emails, and a professional noted instances where the service had failed to arrive at planned joint visits. Recent correspondence from another professional noted the service had failed to provide a full

response, "despite numerous attempts to chase".
● Accident and incident, and safeguarding records, showed the service did not always communicate effectively with professionals when concerns arose. The nominated individual acknowledged communication by the previous office team was not always effective, and explained they were committed to working well with professionals moving forwards.

Communication and records management systems were not operated effectively to work with, and seek the views of, people and relevant professionals to help them to identify and make improvements. This was a continued breach of Regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Two professionals provided more positive feedback about partnership working, describing the service's communication as, "proactive, when requested, evidence [was] provided", adding the management team were "open to accept suggestions and advice". The second professional noted the service had worked well in partnership with them to help a person resolve a financial matter, and found leaders were familiar with the person and understood what was important to them.
● The service had a duty of candour policy in place. At the time of our inspection, the nominated individual stated no serious incidents had occurred requiring a formal written duty of candour response.
● Team meetings were used to promote an open culture. For example, at one meeting communication channels were highlighted and staff were encouraged to inform the office of any problems faced. At another meeting staff were encouraged to be open and honest if any mistakes occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Written language used to describe people was not always respectful, and we found examples of disempowering language which did not promote equality values. A safeguarding document stated a person "uses all kinds of tricks" to decline care, and records for another person described them as "little bit tricky" and said they would become frustrated "and finally play victims of poor care". People were described as "bedridden" and the term "suffers" with or from was in frequent use. Best practice guidance suggests phrases such as 'suffers from' should be avoided as this suggests discomfort, constant pain and a sense of hopelessness.
● Care plans lacked information about goals and there was limited detail about people's life history, likes and dislikes, and what was important for people to promote good outcomes.

Governance systems were not operated effectively to promote high quality, person centred care. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some care plans described what people could do for themselves. Staff told us they promoted independence and whilst information was lacking in care plans, told us they got to know people's likes, dislikes and routines. One staff member told us, "I always take consent...I always respect the client custom, culture and tradition. I maintain the privacy of client."
● Most people and families told us staff were kind, caring and person-centred. Comments included, "Every single one is kind and caring", "The majority [of carers] are really nice", "They are very patient with him" and "Carers are very good…there are only a couple that don't communicate well."
● The nominated individual explained following the departure of former office staff during 2023, they had worked to create a more accessible and open culture for the staff team. We observed the office had an open door policy, and team meetings were used to promote good practice, positive team working and effective

communication.
● The majority of staff stated they were supported and valued by senior staff. One staff member spoke positively about the nominated individual, advising, "I also raised the [queries] with manager and she solved all my problems ASAP". Another staff member praised the assistant manager, stating, "Very understanding, he is a problem solver and a listening manager".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Some service user surveys were undated, and notes were not added to reflect what action was taken in response to individual feedback. The nominated individual provided verbal assurance actions were taken. We asked for the analysis of trends or themes and were directed to a single handwritten sentence which stated, "Different carers. Clients do not need or want different carers". Following our inspection, the nominated individual provided a more detailed, typed analysis, which included a list of actions, however this did not identify who was responsible for some of the actions and there were no target dates or evidence of completion.
● The service had recently increased quality assurance questionnaires to monthly. We received variable feedback from people and families about whether the service sought their feedback. Comments included, "I saw [office staff member] at Mum's, he asked a few questions about the care", "I get a phone call from the manager every few months", "They are very good and help me and come round now and again to see if everything is ok" and "The lady that came out when we first started hasn't even called once to ask us anything."
● People and family views also varied about whether feedback was acted on effectively and in a timely way. Comments about this included, "They called me and I did say about the time keeping, we were never sure when they would arrive. [Staff member] said he would deal with it and nothing has changed" and "I have complained when we weren't getting enough time in the morning – they sorted it out and now it is working out ok."
● People and relatives could opt to access their care records and rota electronically. Families were also able to leave a note for staff if they wanted something in particular done or needed to pass information on via the app. The nominated individual highlighted the system had improved how the service worked in partnership with families. One relative provided positive feedback to the service, advising, "Thank you for the app… finding it really helpful and I can tell [relative] who is coming".
● Staff could provide feedback via team meetings, supervisions and surveys. We noted this had included a recent survey about the change of electronic care record provider to ensure the new software was working well for staff.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents Effective systems were not in place to identify or report incidents to CQC in accordance with requirements.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff were not safely recruited.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not clearly identified and managed. The service had not ensured the proper and safe management of medicines. The service had not established or effectively implemented robust infection prevention and control procedures to effectively mitigate risk to people.

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had failed to operate effective systems to identify, investigate and appropriately respond to allegations of abuse.

The enforcement action we took:

We served a Warning Notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to promote learning from incidents to prevent reoccurrence and mitigate risks to people. Systems had not been operated effectively to assess, monitor and improve the quality and safety of the services. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. Communication and records management systems were not operated effectively to work with, and seek the views of, people and relevant professionals to help them to identify and make improvements.

Governance systems were not operated effectively to promote high quality, person centred care.

The enforcement action we took:

We served a Warning Notice.