

Havesters Care Ltd

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Inspection report

Gatcombe House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Havesters Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service was supporting 21 people at the time of the inspection.

People's experience of using this service and what we found

The provider did not have an effective system to monitor and assess the quality and safety of the service people received. The registered manager had not notified us of all incidents as required in the regulations. A governance system was planned, and the registered manager had used learning from incidents, concerns and feedback from the local authority and this inspection to make improvements.

People and relatives told us the service provided safe care. Some areas of risk had not been assessed or plans put in place to mitigate these in people's care records. Staff we spoke with knew about people's risks and described how they provided safe care. However, information about risks to people was not always available to guide staff should they need to rely on this.

Not all the required checks to support the safe recruitment of staff had been carried out. Some staff had limited knowledge in safeguarding people and plans were in place to address this. Records to support the safe management of people's medicines required improvement including how people preferred to take their medicines and the level of support they required. We have made a recommendation about this.

People's care plans did not always include all their needs and choices to ensure staff had the guidance to deliver person centred care. Information in people's care plans was not always accurate and up to date. Although people's communication needs were assessed their support needs were not easily available to staff in their care plan. We have made a recommendation about the application of the Accessible Information Standard.

We found no evidence that people were not supported to have maximum choice and control of their lives or that staff did not support them in the least restrictive way possible and in their best interests. However, the Mental Capacity Act (MCA) (2005) had not always been consistently applied, in line with legislation and guidance. There were no records to show people had consented to their care plan and people told us consent was not always asked. Processes to support the application of the MCA required improvement.

Staff were using personal protective equipment (PPE) and completing testing for COVID-19 in line with government guidance. There were enough staff to meet people's needs and people confirmed their care calls were usually on time and for the correct duration.

The provider had introduced a more robust staff training programme to ensure staff new to care completed training to the required standard. Staff supervisions were being completed. We have made a

recommendation about the training and support of staff.

Although we identified some issues in this inspection which required improvements to be made, people and relatives spoke positively of the support from staff. Staff we spoke to knew about people's needs and people told us the care they received met their needs. People told us staff were caring and they were treated with dignity and respect. The registered manager was implementing recorded spot checks to monitor the quality of care delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30/10/2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staff recruitment, medicines, quality of care, records and information management and safeguarding. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to, safe recruitment, consent, maintaining accurate and complete records, the governance of the service and submitting notifications to CQC

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Havesters Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The Registered Manager was also the director of the company. They were 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 22 April 2021 and ended on 12 May 2021. We visited the office location on 27 April 2021.

What we did before the inspection

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

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator, senior care worker and care workers.

We reviewed a range of records. This included four people's care records and two people's medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Full information about risks to people was not always available to guide staff. Staff told us information in records about risks associated with people's care risks was improving but was still not always available. Staff told us they either called the registered manager to check information verbally or asked the people they supported.
- We found several examples where risks to people were not always assessed and actions to mitigate risks were not always evident in people's records. For example, For two people who were supported to apply cream to their skin, one whose needs assessment stated they were at high risk of skin breakdown and another who had a current pressure sore, there was no skin assessment in place and no mitigation measures to manage their risks of skin breakdown.
- There was conflicting information about a person's mobility and the equipment they used to support their mobility was not included in their care plan. This meant risks associated with their needs were not assessed or up to date. A staff member explained the person's current needs and risks so they knew how to support the person safely, but this information was not available to all staff should they need to rely on it.
- Although a person's care plan referred to their risk from falls there was no assessment of these risks which identified the actions staff should take to reduce the risk of harm to them.
- For a person who required thickened fluids there was no information about the reason for this and the presenting risk. This is important so that staff understand why mitigation measures are in place.
- Risks to a person identified in their need's assessment had not been assessed in relation to their care delivery. This included risks associated with weight loss, stress and anxiety. Although their needs assessment referred to these risks and the person was supported with food, there was no recorded monitoring of these risks to the person because the Information about risks was not comprehensive or up to date.
- From our conversations with staff we were assured they knew how to support these people despite the lack of recorded information.

We found no evidence that people had been harmed. However, the failure to maintain an accurate, complete and up to date record in respect of each service user was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- From our conversation with the registered manager it was clear actions had been taken to address risks to people. Staff we spoke with were also knowledgeable about people's needs and could tell us how they supported people safely. A new electronic system was being used to inform staff about people needs and risks and this required updating and to be fully embedded into the service.

Staffing and recruitment

- We looked at the recruitment records for three staff members and found the provider had not ensure that all the required pre employment checks had been completed before they started work. The application form in use asked applicants for a ten-year employment history. Providers are required to obtain a full employment history from the age of first employment. In addition, we found gaps in the employment history of two of the three staff files we reviewed. There was no written explanation for these gaps.
- One member of staff had started working for the service without an updated DBS check. Their DBS was dated five months earlier and undertaken by another employer. This was not in line with the providers recruitment and selection policy and no risk assessment were in place to show the they had decided not to undertake an up to date check. A DBS check is a record of criminal convictions and related information about the suitability of an applicant to work with people at risk.
- Following appointment staff were not asked about any physical or mental health conditions which are relevant to the person's capability, to perform the tasks in their role and ensure reasonable adjustments are considered.

The failure to ensure all the required information specified in Schedule 3 was available for each person employed was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs. People and their relatives did not report any missed calls. People told us staff mostly arrived on time and stayed for the correct duration of their call. People's comments included; "If they arrive late, they still give me the time that they should" and "They either arrive on time or just after, which I don't have a problem with".

Using medicines safely

- The registered manager told us they were supporting one person who was also in receiving personal care with their medicines at the time of the inspection.
- Information about the medicines support needs of this person was not clear in their care plan which stated 'assist' with medicines. This was not explained in any detail which meant the person could be at risk of receiving inconsistent and inappropriate support with their medicines. For example, a daily record stated a staff member had 'administered' their medicines, although the registered manager told us the support the person required was to prompt and observe.
- There was a lack of person-centred information to guide staff as to how this person preferred to take their medicines. Although the electronic system in use included an assessment for medicines support there was no medicines care plan in place to detail their support needs, preferences and their consent to those arrangements.
- When any medicines support is provided, records should show the support provided for each medicine. This can be in the form of a Medicines Administration Record (MAR) for example. However, we found for the person who was supported with medicines there were gaps in the recording of their MAR chart. Where there were gaps there was no recorded explanation about why, which meant it was not clear whether the person had taken these medicines.
- This person was also supported with the application of topical creams and there was no guidance in place about where and how these creams should be applied. For another person who was prompted to apply a cream there was no information about whether this was a prescribed cream, which would mean they were supported with medicines and what this was for.
- Risk assessments had not been completed for the fire risk associated with emollients (moisturising skin treatments).
- Following the inspection, the registered manager sent us evidence to show they had implemented a

medication consent form which detailed the level of support required and a topical creams form to show how, where and the frequency of application and whether applied. The registered manager told us they would ensure records were completed and care plan information updated.

- Staff who supported people with their medicines had completed training. However, checks of staff competency had not been carried out and the registered manager told us they would implement these.

We recommend the provider consider current guidance on the management of medicines for people in the community and update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service provided safe care to them or their relative. Comments included; "Absolutely, very professional", "Very nice and helpful girls" and, "They treat me nicely and they are very efficient".
- People told us they didn't know about safeguarding but they would raise any concerns about their safety with the registered manager. Following the inspection, the registered manager confirmed they had given people information about safeguarding and how to raise concerns.
- Staff had varying knowledge of safeguarding and associated procedures. Some staff had only completed safeguarding training as part of day session covering 13 topics. These staff had limited knowledge of safeguarding procedures when we spoke with them. They told us they would inform the registered manager if they had concerns Further training was planned, and we saw this was in process. A policy and procedures were in place to support staff with guidance should this be required.
- Safeguarding concerns had been acted on. However, we had not been notified of some safeguarding allegations which the registered person is required to do. We have addressed this in the well-led section. This is important as we use this information to monitor the safety of the people using the service.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic and we reviewed the infection control processes the registered manager had implemented to ensure people and staff remained safe and protected from infection.
- During our inspection site visit we found government guidance was not always followed. Two care staff visited the office together. Visits by care staff into the office should be staggered. The registered manager did not always wear a face mask in the office and social distancing was not always possible. The registered manager assured us they would address this.
- People and relatives told us staff wore personal protective equipment (PPE) when entering people's homes.
- Staff told us they had access to enough PPE and were able to describe the correct use of PPE.
- Staff had completed Infection Control training as part of a one-day training course covering several topics. In addition, information about how to use PPE safely had been sent to all staff.
- COVID-19 testing for staff was taking place in line with government guidance.

Learning lessons when things go wrong

- The registered manager had used information from incidents, including safeguarding concerns to make improvements. We saw actions had been taken as a result of investigation into these concerns.
- Staff were aware of their responsibility to report accidents and incidents and told us they felt confident to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The service was not always working within the principles of the MCA. The arrangements in place to ensure care and treatment was provided with the consent of the relevant person were not clear. There were no records in place to demonstrate consent for care and people and relatives gave mixed feedback about consent. People's comments included "Yes, they always ask". And another said: "No, but they have a routine and I am happy". In addition, no one we spoke with had seen their care plan to check and consent to the decisions within this.
- A consent document was in place, but this did not address consent for the person's care described in their care plan. This included consent to a physical exam, consulting other professionals and sharing of information.
- People's ability to make decisions was not always clear. For example, a person's needs assessment described their cognition needs as 'alert but confused' there was no further information or assessment about their mental capacity to make decisions. This person was supported with their medicines but there was no consent document in place to show they had given their consent to this arrangement or whether they had the capacity to consent to this.
- Although the registered manager told us that no one they currently supported lacked the mental capacity to make their own decisions, there was not an effective process in place to assess people's mental capacity or to evidence their consent. Following the inspection, the registered manager implemented a consent to medication record and a mental capacity assessment form.
- Some staff had not completed training regarding the MCA and were unable to demonstrate an

understanding of the principles or how to apply the MCA in their day to day work. The registered manager told us staff would now be completing this training as part of the new training provided.

The failure to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff working for Harvester's Care Ltd completed a one-day training event which covered 13 topics. Some staff had previous experience and supplied evidence of previous training completed. However, for staff new to care this did not meet the required Care Certificate Standards. Following this training staff had not their knowledge or had their competency checked in practice. Some staff we spoke with showed limited knowledge in topics such as; safeguarding and the Mental Capacity Act (2005) and told us they had not yet completed training in these areas. This meant people could be supported by staff who were not sufficiently competent to meet the needs of the service users they supported.
- The registered manager had recognised the shortfalls in training and introduced a new programme of training which included the Care Certificate. At the time of the inspection staff had begun to complete this.
- Not all staff had received supervision however a plan was in place to address this and staff confirmed supervision was now booked. Staff told us they would speak to the registered manager if they required support and advice in their role. A staff member said "If there is something you see and tell [registered manager] she can direct you and we put our heads together and get a good result. She acts promptly on things."
- The registered manager had worked alongside some staff to check they were carrying out their role competently. However, these checks were not recorded and not all staff we spoke with had been observed in their role. Following our inspection, the registered manager confirmed spot checks were being carried out and these would be recorded.
- People and relatives told us staff did have the skills and experience to meet their needs. Their comments included; "What they do for my wife is spot on". "She [carer] is good, the best person I have ever had" and "Always supporting me if I need it. I feel really safe in her hands".

We recommend the provider uses current guidance on ensuring staff have the skills, knowledge and experience to deliver effective care and support and embeds this into their practice accordingly.

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

- Care and support did not always reflect current evidence-based guidance, standards and best practice. Whilst a recognised assessment tool was available this was not always completed in respect of people's skin care needs. Staff new to care had not completed induction training in line with Skills for Care guidance. Not all staff were familiar with the principles of the Mental Capacity Act (2005) this meant people may experience care which did not respect their legal rights.
- People's needs were assessed prior to them using the service. These assessments were used to plan people's care. However, not all the relevant information in the need's assessment was included in people's care plan. This included risks to people as described in the safe domain.
- Not all the protected characteristics under the Equalities Act 2010 were identified as part of the assessment of people's needs for example, sexual orientation was not included.
- A new electronic care plan system had been introduced which enabled staff to view people's care records on an application on a mobile device. The registered manager told us this information was being updated to make sure all the necessary information was available to guide staff.

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

- Some people were supported with their food and fluids and no one we spoke with raised any concerns about this.
- However, care plans did not contain any person-centred information about people's dietary preferences or clearly detail their support requirements. For example, although a person's needs assessment identified they were at risk of weight loss and would require some help with food. There was no risk assessment and no information about the type of help required. This person's daily notes did not routinely include information about assistance with food.

We recommend the provider consider current guidance on supporting people with their nutrition and hydration needs and take action to update their practice accordingly.

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

- Some people we spoke with told us they did rely on the service to support them to contact healthcare professionals and confirmed staff did this as needed.
- Staff we spoke with told us they would report healthcare concerns to the office so they could be followed up for the person. Records demonstrated this.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- Staff told us they did offer people choices. A staff member said, "I talk to them [people] as much as possible I give them choice between anything I am going to do, if they want a certain cup or anything of if they have a certain way."
- At the time of the inspection the provider did not have a system for gathering people's views on the service. Following the inspection, we saw an example of a feedback form now in use to check people were receiving appropriate and good quality care.
- The registered manager told us she had visited people when the carer was present and when the carer was not to check people's experience of the care delivered. However, these checks were not recorded. We were unable to see people's feedback and the registered managers observations. The registered manager told us they would record these checks following the inspection.
- People and relatives, we spoke with told us that staff did listen to them, acted on their requests and showed kindness and care when supporting them. Their comments included; "I also am asked 'what would you like me to do now', after the other jobs are finished", "Always supporting me if I need it. I feel really safe in her hands" and "My mum has a good rapport with the carer and makes her feel at ease."
- Staff spoke positively about the people they supported. Staff gave examples of how they had provided compassionate support to people at time of need.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us their own or their relatives' privacy and dignity were respected. Their comments included; "I should say so, very polite. They put plastic covers over their shoes. They shower [person] and cover [person] up (after I had had words with them, so now they do cover [person] up)". "I shower myself and they do cover me up" and "There are no problems".
- Staff we spoke with described how they promoted people's dignity during personal care. The registered manager told us they promoted respectful care with staff and said "It's In the way we converse with the clients and that carers should respect privacy and dignity and offer choices around meals and what people wear and look at people holistically." The registered manager told us this was discussed in supervision and observed in spot checks which would be recorded in the future.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant there was a risk people's needs may not always be met.

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

- Care plans did not always support the delivery of person-centred care. Except for two people no one else we spoke with knew they had a care plan. The two people who were aware had not seen their care plan since it was put in place. Care plans were not always accurate or up to date and did not sufficiently guide staff on people's current care, treatment and support needs. This meant staff may not have all the information they need to ensure people receive the care and support they require that met their needs and preferences.
- For two people, one living with dementia and another thought to be living with dementia there was no information about needs or risks associated with their condition.
- We found examples where people's needs referred to in their need's assessment were not included in their care plan. For one person their needs assessment stated they 'were not always able to make their needs known even when prompted.' They had 'mild confusion and short-term memory' However, their care plan did not include any information about any needs associated with their cognition abilities or any associated risks. For another person their care plan stated they could become 'upset and distressed within the home environment' however, there was no further information which would guide staff as to how support this person effectively. We also found information about a person's mobility and moving and handling needs was out of date.
- The provider was using an electronic care planning system which had been recently introduced. The registered manager told us some information required updating and completion. The system enabled staff to see the 'tasks' for each person's call. However, there was very little person-centred information about how the task should be completed. For example, the care plan explained what the person could do for themselves but did not describe how the person liked to receive support with their personal care. This meant there was a risk people would not receive care that met their preferences.
- People and relatives told us their needs were met by the service. Their comments included; "No improvements can be made", "Sufficient for my needs" and "They are 100%".
- The care co-ordinator told us they were scheduling staff as far as possible so that people received consistent care. Staff we spoke with were able to tell us about people's needs. This meant the risks of receiving inappropriate care were reduced.
- However, care plans did not contain enough up to date information to guide and enable staff who were unfamiliar with the person's needs to provide person centred care.

The failure to maintain an accurate, complete and contemporaneous record in respect of each service user was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed they would ensure people's records were up to date and included information to support staff to provide person-centred care.
- People and relatives told us the staff arrive and leave on time and sometimes staff "Stayed a bit longer." A person said, "If they arrive late, they still give me the time that they should".

Meeting people's communication needs

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

- The registered manager confirmed they were able to produce information in accessible formats for people who required this.
- People's communication needs were assessed, and this was included on their electronic care record. However, information about people's communication support needs was not always easily available in their care plan which the staff refer to for guidance. For example, a person's communication assessment said they used hearing aids to support hearing loss. Their communication needs were not highlighted in their care plan so that all staff were quickly and easily made aware of this and how to meet needs associated with this sensory loss.

We recommend the provider consider guidance on the implementation of the Accessible Information Standard and update their practice accordingly

Improving care quality in response to complaints or concerns

- Not all the people and relatives we spoke with had cause to complain. Two people told us they had raised concerns, and these had been dealt with to their satisfaction. One person did not know who they would complain to. There was a procedure in place for people and their representatives to make complaints. Following the inspection, the registered manager confirmed this was given to people in paper form, including in an accessible format.
- We saw records of complaints which demonstrated that complaints were investigated and resolved for people. The registered manager told us how they learnt from complaints and used these to improve the service.

End of life care and support

- The registered manager told us no one was being supported with end of life care at the time of our inspection.
- A policy was in place which outlined the standards of care people could expect at the end of their life and how this would be delivered. End of life training for staff was included on the training schedule and the registered manager told us this would be completed by all staff.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- At the time of the inspection an effective system to assess and monitor the quality and safety of the service was not in place. We found breaches of the regulations which had not been identified by the provider. These have been detailed in other sections of this report and include; risk management, safe recruitment, medication management, in accurate or incomplete records and the application of the MCA.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service, to monitor and mitigate risks and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recently employed a senior carer and a care coordinator to support the management of the service. Daily office meetings were being held to plan improvements and check progress. Minutes of a meeting held on 20th April 2021 showed the registered manager planned to implement a quarterly governance report which would enable the team to audit and monitor key performance information. This would include; safeguarding, incidents, competency checks, MAR audits and care notes.
- The electronic system used for people's care had been recently installed. This provided a monitoring function which would assist the registered manager to audit and monitor care delivered. This system needs to be embedded further for effective use.
- The registered manager was open to the feedback provided during the inspection and took some immediate actions to make improvements.

- Registered persons are required to notify CQC without delay when certain incidents occur. The registered manager had failed to notify the commission of two notifiable incidents. This is important because we use this information to monitor the safety of people using the service.

The failure to notify the Commission without delay of a notifiable incident is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- We saw the registered manager had investigated these incidents which were known to the local authority safeguarding team. The registered manager has assured us all future notifiable incidents will be submitted without delay.

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

- The registered manager was making improvements to the service to ensure people experienced good outcomes. They were using learning from incidents, feedback and other providers to help shape the culture and promote person centred care. The registered manager said, "I have seen change we are getting packages and we are building trust. We have done a lot of work and we are going in the right direction. I always say if people need to talk my door is open and I am welcoming, I welcome views and say we can try it."
- People told us they received an open and personalised service. Their comments included; "Good service and I don't have any problems."; "She [person] knows the carer, which is the same one each day" and, "Brilliant". A person said, "Wasn't very organised at first, there was one incident where one carer did turn up and the second carer didn't arrive until half an hour later, but everything is ok now".
- Staff confirmed there was an open culture and the registered manager was accessible and responsive. Team meetings had not yet taken place but were planned.
- Staff said the service had improved since the registered manager had employed a senior care worker and care coordinator. Their comments included; "Yes, I think before when it was just [registered manager] it was hit and miss she was stressed. Now it is a lot more organised and more than one person you can talk to if there was any issue, we can bring it up with a few. I feel confident I would be listened to".
- During and immediately following the inspection the registered manager took action to improve their monitoring of the quality of care people received. This included planning and carrying out recorded spot checks of staff, asking people for feedback about their experience and planning and delivering supervision and improved training for staff.

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

- A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a person, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident. The registered manager was aware of their responsibility under the duty of candour and had investigated and apologised to a person who experienced a notifiable incident. However, the apology had not been given in writing and the registered manager told us they would do this following the inspection.

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

- Two people we spoke with told us they had been asked for their feedback about the service, one over the phone and the other person had filled in a form. Other people told us they had not been asked. The registered manager told us they were issuing a questionnaire for people to complete and we saw evidence this had been started following our inspection.
- We saw the service had received some compliments from people about their care.
- Staff had not been asked for their feedback although staff we spoke with told us they felt confident to talk to the registered manager, senior carer and care coordinator about their views. A team meeting was planned shortly following the inspection.

Working in partnership with others

- The service worked with health and social care providers such as occupational therapists, social workers and community nurses to promote good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met: The provider had failed to notify the Commission without delay of a notifiable incident. Regulation 18 (1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: The provider had failed to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005</p> <p>Regulation 11(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had failed to maintain accurate and complete records, in respect of each service user.</p> <p>The provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service and to monitor and mitigate risks.</p> <p>Regulation 17(1)(2)(a)(b)(c).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider had failed to ensure all the required information specified in Schedule 3 was available for each person employed.</p> <p>Regulation 19(2).</p>