

GGW Care Limited

GGW Care Limited

Inspection report

Capital Business Center
Capital Business Centre, 22 Carlton Road
South Croydon
CR2 0BS

Tel: 02089162067
Website: www.ggwcare.com

Date of inspection visit:
17 October 2023
18 October 2023
23 October 2023

Date of publication:
24 October 2024

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

GGW Care Ltd is a domiciliary care service whose office is located in the London Borough of Croydon. The service currently operates in the London borough of Bromley and in Surrey offering mainly private packages of care to older adults, people living with physical disabilities, mental health needs and or 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.

At the time of the inspection we were told the service supported 20 service users in Bromley and 5 in Surrey with personal care.

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

There was an absence of effective leadership and while some concerns identified in the warning notice we had served on the provider following the October 2022 inspection had been acted on other areas of concern we identified had not been resolved. We identified further areas of concern.

There remained an ineffective quality monitoring system. It was difficult to gather clear and consistent information and some records were not readily available, other records about people's care were not accurate or contradictory. The registered manager did not have a clear grasp of the day to day running of the service.

Safeguarding issues were not always identified or managed effectively. Risks were not always assessed or safely managed. Medicines were not always safely managed. Staff recruitment processes were not sufficiently safe to ensure people were protected from unsuitable staff.

Assessments of people's needs were carried out but they did not always accurately reflect their needs or the care provided. Care plans and assessment records we viewed contained contradictory information about the people staff supported. Staff did not always have guidance on how to provide person centred care. Care plans did not always guide staff on people's individual preferences, likes and dislikes.

Care plan records did not show how people's needs under the Equality Act, such as their culture, religion or sexuality had been discussed or considered. Care plans did not guide staff on how to meet these needs.

People told us they felt safe and well looked after by staff. They said their calls were mostly on time and they were supported by staff who understood their health needs. Staff followed safe infection control 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; the policies and systems in the service supported this practice. However, we found some improvements needed to the way mental capacity assessments and

best interests' meetings were recorded to evidence that each decision was considered separately.

The provider had acted on our recommendation in relation to training and a new training provider had been sourced. Staff told us they received the right training for their roles.

People told us they were supported by staff who knew them well and who were kind and caring and supported them to be as independent as possible.

People and their relatives told us they knew how to raise a complaint and were confident these would be addressed and acted on.

People told us their views about the service were sought through surveys and regular phone calls. They had a strong relationship with their care coordinator or supervisor and contact with the service was mainly carried out this way rather than through the office.

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 under the previous provider, at their previous address was requires improvement (published 3 February 2023). This service has been rated requires improvement for the last four previous inspections. The provider had 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 that the provider review their staffing levels and staff training arrangements. At this inspection we found the provider was using two new training providers. Staff told us they received appropriate training for their work.

Why we inspected

This inspection was prompted by a review of the information we held about this service and 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.

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

Enforcement and Recommendations

We have identified breaches in relation to assessing risks, medicines management, safeguarding people from harm, safe recruitment processes, showing dignity and respect and providing person centred care, at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety in respect of some breaches identified. 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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

GGW Care 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

This inspection was carried out by two inspectors on each site visit day and an Expert by Experience who made calls to people or their relatives over 2 days. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 17 October 2023 and ended on 2 November 2023. We visited the location's office on 17, 18 and 23 October 2023.

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 authorities who work with the service.

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 this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and a care coordinator. We looked at 9 care plan records and 9 staff training and recruitment records as well as records related to the management and running of the service. The Expert by Experience and an inspector between them spoke with 7 service users, and 10 relatives of people using the service by phone following the office visits. The inspector also spoke with the deputy manager, a supervisor and 7 care workers by phone following the office visit. We asked for some information to be sent to us following the site visits for review.

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.

Assessing risk, safety monitoring and management

At our last inspections in October 2022 and February 2023 the provider had failed to assess some risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Risks were not always identified or safely managed. The epilepsy risk assessment for one person did not provide any information about the type, nature frequency of seizures to guide staff. The medical history referred to administering the medicine after 5 minutes. However the risk assessment and the risk management plan told staff to call for help if a seizure lasted over 10 minutes. This was longer than medically advised in guidance from National Institute of Health and Social Care Excellence (NICE). This delay could place people at risk. Staff were not trained in the administration of rescue medicine and we were told had provided live in care to this person in August 2023. This placed the person at risk should they experience a seizure.
- Care plans and risk assessments we looked at contained contradictory information about how people should be safely transferred which placed people at risk of staff following the wrong information. There was not always sufficient detail provided to staff to guide them on safe transfers. Detailed guidance from health professionals was not always included in people's care plans. Most staff had moving and handling training and we saw evidence of referrals being made to occupational health for assessments. However, the guidance from the occupational therapists was not always included in people's care plans to guide staff on how to support them in a safe person centred way.
- Risk assessment tools to support assessment of risks were not always completed accurately to identify the right level of risk. Where people were identified as at high or very high risk, there were no skin integrity care plans to guide staff on how to mitigate the risks identified by the provider's assessments. One person who had live in care, was prescribed food supplements, but no risks in relation to their food intake were identified.

These issues were a continued breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their relatives said that staff understood their health risks and they felt safe when staff

supported them to transfer. One person said, "Everything feels safe especially with the transfer of me from the chair to the bed and vice versa."

- Other risks to people such as environmental risks were assessed and considered.

Using medicines safely

- Medicines were not always managed safely and people were not always supported to have their medicines as prescribed. The care plan for one person contained contradictory information about who was responsible for administering their medicines; this placed them at risk of not receiving their medicines. The registered manager told us it was the family but, we found staff were completing medicines administration records to confirm they administered the medicines.
- For two people where more than one dose of medicines were prescribed throughout the day staff were not recording if they had administered each dose which meant there was a risk that people did not receive their medicines as prescribed.
- Staff were not administering medicines in accordance with the health professionals' instructions. Where medicines were prescribed to be administered before eating staff were routinely administering them after food which may damage their effectiveness. Medicines risk assessments failed to adequately assess risks in relation to areas such as refusal to take medicines or medicines storage.

These issues were a further breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, people and their relatives told us they received their medicines as expected from staff. Staff completed a weekly medicines count to ensure medicines had been administered and to check for sufficient supply. One person said, "I always get my medicines. No problem there. They check there are enough."

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong
At our last inspection the provider had failed to ensure people were always protected from the risk of abuse or harm. Possible signs of abuse or neglect were not always promptly identified and acted on. This was a breach of regulation 13 (Safe Care and Treatment) 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 13.

- There were not always processes to identify where action may be needed to reduce the risk of abuse. We found the provider had failed to consider possible safeguarding risks in respect of the arrangements for one person's care. No assessment of possible risks had been completed. There was no risk management plan in place to protect people from possible risk. We raised this with the local authority safeguarding team and requested the provider to investigate and provide us with their investigation. However, at the time of writing this report this has not yet been received.

This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives said they thought they were safe. One person commented, "Yes I`m safe as I get on very well with the carers as they are very nice."
- Staff told us they received safeguarding training. They were aware of the different types of abuse that could occur and what action to take if they suspected abuse.

- The registered manager had reported other possible abuse allegations to the local authority safeguarding team and to CQC when required and cooperated with the local authority provider concerns safeguarding process put in place as a result of information of concern about the service.
- There was a system to report accidents and incidents which staff were aware of. We saw these were logged and reviewed for learning.

Staffing and recruitment

At our focused inspection in October 2022 we had made a recommendation that the provider reviews their staffing levels and call punctuality to ensure there are always enough suitably qualified staff to meet people's needs.

At our last inspection in February 2023 we had been unable to report on all the areas of this key line of enquiry.

- The provider did not always follow safe recruitment practices to reduce the risk of unsuitable staff. Prior to the inspection we were made aware that the provider's visa sponsorship licence issued by the Home Office had been revoked due to irregularities they found.
- We found continued concerns about staff recruitment. For 4 members of staff we found full recruitment checks had not been carried out in line with the regulations. This included new disclosure and barring checks (DBS), references and gaps in employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A new staff member was identified as working on the rota carrying out visits with another staff member where people needed the use of equipment to mobilise or transfer safely. There was no evidence they had completed the necessary moving and handling training to ensure safe transfers. For another 2 staff members there was no record to evidence they had completed their induction training. Safe recruitment checks were not always in place to ensure people were protected from the risk of unsuitable staff.

These issues were 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 and cover people's support calls. Most people and their relatives told us that they receive their support as planned; where staff were running late they would let them know. A family member said, "Yes they are on time and stay for the full length of time and never miss a visit."
- The provider operated an electronic call monitoring system and the registered manager told us responsibility for monitoring and reviewing this was shared among a group of staff. We saw there were no missed calls during the inspection and that the records were regularly reviewed, to identify any concerns.

Preventing and controlling infection

- There were infection prevention and control measures to keep people safe. People and their relatives confirmed staff wore appropriate personal protective equipment to reduce risks of infection, and disposed of it safely. A family member told us, "They wear gloves, shoe covers and aprons."
- Staff confirmed they had access to sufficient supplies and had been trained in how to use it safely. Staff had received training on infection prevention and control and told us they understood the importance of good hand hygiene.

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 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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments of people's needs were carried out but they did not always accurately reflect their needs or the care provided. Care plans and assessment records we viewed contained contradictory information which meant there was a risk staff could be confused about how best to support people. For example, one person's care plan stated they did everything independently. However, daily records showed staff recorded they supported them with personal care and continence care.
- Where people had additional needs in relation to their behaviour best practice guidance was not included to support staff. One person had identified behavioural needs and the care plan advised care staff to, "create a positive behaviour support plan" placing the responsibility on staff not trained in positive behaviour support. The provider and registered manager had not assessed this need or guidance sought from relevant health professionals on how to deliver this approach. (Positive behaviour support is a recognised approach focused on building positive relationships for people with a learning disability or autistic people.)

Accurate records of people's care were not maintained this was a breach of regulation 9 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their families told us that they had been consulted about their care and support before they started to use the service. One person remarked, "Yes, we started from scratch and I explained everything that I wanted."

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 MCA 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.

- Records related to the assessment of people's capacity and best interests meetings needed improvement to ensure they demonstrated they followed the principles of MCA. For 2 people best interest meetings, particularly in relation to consent to care or medicine management were not always clearly recorded to evidence the assessment of each separate decision.
- Staff worked within the principles of MCA and sought consent of the people they supported. People, their relatives and staff told us they always sought consent before they offered support. A relative commented, "They always ask for consent, yeah, they do what [my family member] wants and ask, how can we help or work with you."
- Staff told us they received training on MCA and if they had any concerns about people's capacity to make decisions they would let the care coordinators or office staff know.

Staff support: induction, training, skills and experience

At the last inspection in October 2022 we had recommended the provider reviewed its staff training provision and seek appropriate advice on providing staff training in health and social care from a recognised body.

- Staff received training and support to meet people's needs. At this inspection we found the provider had made improvements and staff received training from social care training providers
- Staff told us they received a range of training and supervision to meet people's needs and felt they had enough training to support them in their roles. One staff member said, "I feel very supported in my role. We have lots of online training and some face to face training too." New staff said they had an induction and shadowed experienced staff for a period to ensure they understand their role.
- The registered manager told us that inexperienced staff would complete the Care Certificate which is a recognised qualification for those staff new to social care.

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

- People were usually supported to maintain a balanced diet. However, for one person prescribed food supplements there was no eating and drinking care plan or guidance for staff to reduce risks as addressed under the key question safe.
- People and their relatives said staff knew them well and understand their preferences. One person said, "They know I eat a lot of yogurts and milky Weetabix." People told us staff took the time to get to know them to understand how they liked their meals prepared and always offered them a choice.

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

- People's health needs were identified. However, advice from health professionals was not always included in the care plan which we have referred to under the key question safe.
- People and their relatives told us their health needs were supported and staff would seek the advice of relevant health professionals such as the GP if someone was unwell.
- Staff told us they would report any concerns they had about people's health to the office for follow up. Where relevant staff would support people to attend appointments if this was part of the agreed plan for their care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs under the Equality Act 2010 were not always identified or assessed. Care plan records did not show these needs had been discussed or considered and did not guide staff on how to meet these needs; for example in relation to their personal care.
- Two staff we spoke with told us there was no information about people's diverse needs in respect of their culture, religion, ethnicity, or sexuality to guide them. They told us they had asked people about what support they needed.
- Records were not always written respectfully. For 1 person with a developmental condition the care plan referred to them having mood swings due to their "illness". They were described as having, "abnormalities in their social interactions." This use of language in relation to their condition was disrespectful.

This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and their relatives told us they felt well supported and cared for by a small consistent staff team who knew them well. A relative said, "We generally have the same care team and one constant." Another relative told us, "They are very patient and very thoughtful; they are just really kind!"
- People and their relatives were positive about the way staff interacted with them. A relative commented, "They do [my family member's] nails and let them choose their outfits. They are very patient and talk to them about their past, make them laugh."

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

- People told us they felt listened to and involved in decision making about their care. People and their relatives said they were involved and consulted about their day to day care. A relative remarked, "[My family member] has dementia and they recognise what they want and how to approach them to encourage them."
- Staff told us they involved people in day to day decisions about what they wore or ate and how they liked to be supported. One staff member said, "It's important to ask people what they want and how they liked it to be done. If people are not sure you can make suggestions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Feedback from people and their relatives was consistently positive about the way staff treated them. A relative said, "Care staff are very flexible, caring, kind,

compassionate, humble, well-mannered and responsive. Trust me they treat [my family member] with respect."

- People gave examples of how their dignity and privacy was respected. One person commented, "They definitely make sure that no one is there when I`m getting a shower." Another person remarked, "They are very patient and always respectful and do things at my pace so it doesn't hurt me."
- People confirmed they were supported to be as independent as possible. One person said, "I sit on my chair in the washroom and wash myself for my independence and for my dignity. They are very patient and never rush me." Another person told us, "They encourage me to dress myself as much as possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- Staff did not always have guidance on how to provide person centred care. Care plans did not always guide staff on people's individual preferences, likes and dislikes.
- Most people told us there was an electronic or written plan for their care. However, one relative said, "I got a care plan years ago but don't know if I have a more recent one. I'd really like a list of what they are meant to do!" Another person commented, "We have no care plan that I know of." People were not always certain if they had a plan of care to refer to.
- Some care plans contained general principles rather than person centred information. For example, asking staff to support one person's, "Strengths, challenges, communication abilities, sensory sensitivities, and any additional conditions they may have." However, there was no guidance for staff on how to do this.
- Staff told us care plans were reviewed with people and their relatives and we saw evidence records were reviewed. However, we had mixed feedback about whether care plans were reviewed with people and their relatives. One person said, "I think the care plan was done at the hospital-it's never been reviewed." A relative commented, "We updated the care plan a few weeks ago." We found five care plans that were not consistently reflective of people's current needs which could mean unfamiliar staff may not provide person centred care.

These issues were a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they received care that was person centred and that staff knew them well and understood their likes and dislikes. Staff told us they spoke with people they supported to learn how they preferred to be supported and to ensure they had choices.
- The registered manager told us no one currently using the service required support with end of life care. If this arose, they would work with people, their family members and health professionals to make sure people were supported to have a dignified death in line with their wishes.

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

- Where people received live in care their care plan did not always guide staff with person centred information about how to provide meaningful activity throughout the day. For example, what pastimes they enjoyed and information about who was meaningful in their lives. Information was task centred such as

'administer medicines' rather than person focused. One care plan stated the person receiving care "should talk to their carer." For another person staff were directed to engage them in conversation and enhance their self-esteem but there was no guidance for staff on how to provide this care. This meant there was a risk that people would not receive person centred care.

- Care plans were not always up to date to reflect people's current needs where they were supported in the community. We found for another person their care plan stated they walked twice a day and also attended a place of worship weekly. However, their support notes showed this was not being provided by care staff. They told us the person's needs had changed. However their care records had not been updated to ensure unfamiliar staff knew how to deliver support in accordance with their needs.

These issues were a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always fully assessed or guidance given to staff on how to support effective communication. Where people had a neuro-development disorder their communication needs had not been clearly identified or assessed. Staff were not guided on how to support good communication with them. The responsibility was placed on the staff rather than the provider ensuring this assessment was completed. Staff were instructed to, "Enhance communication skills and social interactions," and "Identify the most effective communication method."

This was also a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us that if people required information in different formats such as Braille and large prints, they could organise this for them.

Improving care quality in response to complaints or concerns

- There was a system to manage and respond to complaints. People and their relatives told us they knew how to raise any concerns.
- Most people and their relatives told us they had not needed to complain but knew how to do so if needed. One person told us, "I would pick up the phone and would ring the manager, but I have no complaints about anything." Where people had complained they felt this had been acted on. However, one person said they had not received a written outcome about their complaint. "Everything is done on the phone; we get no paper record. I did complain but, it's been rectified."

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 has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At our inspection in October 2022 we found there was not an effective system to monitor 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. We took enforcement action and served a Warning Notice in relation to regulation 17.

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

- The registered manager and provider continued to fail to operate effective systems to monitor the quality and safety of the service. Their system of quality monitoring did not identify the concerns and breaches of regulation we found. There were no care plan audits to identify the issues of discrepancies and contradictory information we found in care records and risk assessments. Medicines audits and reviews of the electronic care notes failed to identify the issues we found at this inspection.
- We were notified prior to the inspection the Home Office had revoked the provider's visa sponsorship licence and removed GGW Care Limited from their register of licensed sponsors for non-compliance with the conditions. Despite the Home Office identifying to the provider and register manager problems with their recruitment processes prior to the inspection, we found continued concerns about recruitment practice issues and breaches of regulation.
- Since the last inspection the provider had appointed a consultant to advise periodically on quality monitoring. We were shown a report they had written in July 2023 about 4 people's care records over a limited period. They had made several recommendations related to one person's care. When we checked the care records for this person we found most of these recommendations had not been implemented.
- After our inspections of October 2022 and February 2023 the provider had submitted an action plan to tell us they were putting in place a new quality assurance team to oversee the quality and safety of the service. At this inspection we were told this new team was the current management team and the oversight was provided in management meetings. However, minutes of management meetings shown to us did not evidence oversight of quality monitoring.
- The quality monitoring system did not identify that some risk assessment tools we looked at were not correctly added up or not correctly scored to provide an accurate measurement of risks. Advice provided on risk assessment tools to contact health professionals if people were identified as of high risk was not always

followed through.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Spot checks were carried out to ensure staff were where they should be and remained competent in their roles. People and their relatives gave us mixed feedback about if spot checks had taken place. One person said, "Spot checks? I don't know-just the carer`s come, I`ve not seen a manager since the initial history was taken." However, other people confirmed spot checks had been completed. A relative commented, "Yes they do spot checks, they are doing one this week actually."

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

- The registered manager and provider did not always demonstrate they had the skills and knowledge required for the role. At this inspection we identified continued breaches of regulations 12 and 17 across five consecutive inspections since 2018 and breaches of regulation 19 at three inspections. The service has been persistently rated requires improvement since 2018.

- The chaotic atmosphere we found at the inspection in October 2022 continued. Records such as a list of all employees were not readily available when inspectors requested on the first two days of inspection. Some staff records were not provided when we asked. We were told they were in the IT cloud and could not be downloaded or printed that day. These were provided at a later date but this did not assure us that the registered manager had a robust system for managing staff records.

- We found discrepancies in staff records. Inspectors were given two different staff lists at the end of the first and second days of inspecting. However, on the third day the electronic call system showed additional staff working at the service who were not included on these staff lists. We asked the registered manager for the staff records for the most recent staff member and checked on this when they provided the records. However, we subsequently found at least 3 other staff had joined the service since that date.

- We had asked the provider for a policy related to staff under investigation in April 2023 and were told this policy did not exist at that point. We asked to see the policy at the inspection some 6 months later and were told it was still being worked on. This meant there was an absence of policies to address risk management in these circumstances. The registered manager had also failed to notify us of a Police incident earlier in the year as required.

- The registered manager did not always have an up to date picture of people's needs when we spoke with them. They told us for one person staff did not administer medicines when we found medicines administration records that evidenced staff were administering medicines. They gave us information about a person's mobility needs that they later changed.

- We asked to see plans for how people's support needs particularly live in care needs would be met with the loss of the visa sponsorship licence and loss of those staff. The registered manager told us they were recruiting but no clear plans were provided.

- Systems for oversight by the registered manager could not be identified. Most people or their relatives told us they contacted a particular care coordinator or supervisor about any issues and this worked well. About half the people we spoke with were not sure who the registered manager was and thought it was one or other of the care coordinators or the previous deputy manager. One person remarked, "I can always get through to (care coordinator) -I don't ring the office but (the care coordinator) is well managed and runs things well." Another relative said, "It`s badly run but I have built a relationship with X (Care coordinator)."

- The registered manager told us they were always kept updated about changes by staff. However, we found no records to evidence this. We also found a new staff member to be delivering care that the

registered manager told us they were not aware they were doing this. Communication between care coordinators, supervisor and the registered manager was frequently done by phone as they were often not in the office together which meant audit trails of action were hard to follow or establish.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and their relatives told us they had consistent contact from either a care coordinator or supervisor and if they had any issues they would approach them in the first instance. They were confident any issues would be resolved. The provider carried out surveys spot checks, telephone feedback and supervision sessions for staff.
- The registered manager was aware of the duty of candour regulation and the requirements of a registered manager to notify CQC of significant events. They had raised safeguarding notifications when required.

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

- The culture was not always person centred or empowering. At the time of the inspection the provider and registered manager had not advised people that their care workers would need to be changed in the near future due to the loss of the visa sponsorship licence. During the inspection we asked the registered manager to begin this process so that people's needs would be best met and families would have sufficient time to adjust to the change in care worker.
- People and their relatives said the care provided was person centred and they felt involved in their care. One person said, "I would give the carers' 10 out of 10." Another person told us, "All my needs are sorted by the carers. The carers are very good and know me very well."
- Staff were positive about working at the service and told us they felt well supported and understood their roles. They said they would go to the care coordinators and supervisor initially with any problems. They would go to the registered manager if the care coordinator or supervisor was not available.
- Staff said they took part in staff meetings and that these were open and they felt able to express their views.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Most people and their relatives told us they were asked for their views about the service either by survey or phone call. One relative told us, "I'm always filling in forms and questionnaires giving me the opportunity to say what I want and take note."
- The surveys responses were recorded but it was difficult to see how learning was identified and then used to improve the service as the surveys were not analysed for themes and trends but responded to on an individual basis.
- The registered manager liaised with health and social care professionals and the local authority quality team in respect of people's care and support needs where this was relevant.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person centred care Regulation 9(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect Regulation 10(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not always provided because risks to people were not always identified or safely managed. 12(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Effective processes to prevent abuse to service users were not always followed. Regulation 13(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service and to identify risks were not effectively operated. Accurate records of people's care were not maintained. Regulation 17(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment processes were not followed to ensure staff were of good character and had the necessary skills and experience to carry out their roles. Regulation 19(1)

The enforcement action we took:

The following condition was placed by consent on the provider and registered manager's registration.

- a. The Registered Provider and Registered Manager must provide to CQC on the first Monday of each month by 4pm a written report to include a monthly overview of any quality assurance processes undertaken in particular regarding new staff recruitment, new service users, call monitoring issues, new complaints, safeguarding and accidents including any risks identified and actions taken and outcomes