

MAY'S HOMECARE LIMITED

May's Homecare Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

May's Homecare Limited is a domiciliary care agency that provides care and support to people in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. 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 our visit the service was providing personal care to 6 people in the boroughs of Haringay and Enfield.

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

We identified shortfalls related to the running of the service. Governance of the service was ineffective and the provider did not have systems and processes in place to monitor service delivery effectively. This was needed to ensure the care was provided effectively, safely and in line with the current national guidelines.

The shortfalls we identified related to the lack of adequate assessment of risks to people's health and wellbeing and risks associated with delivering care. Further shortfalls concerned unsafe management of medicines, recruitment procedures, working alongside external health and care professionals, the lack of personalised care planning, and limited managerial oversight of the service.

However, relatives spoke positively about the care provided and thought the care staff were kind and caring.

People were not always supported to have maximum choice and control of their lives and we were not assured that staff always supported people in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Staff asked for people's permission before providing care, however where the consent for care was signed by people's relatives, there was no evidence to show that these relatives had the legal right to give such consent.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service partially demonstrated how they were meeting the underpinning principles of Right support, right care, and the right culture.

Right support:

We could not always ascertain if the care provided was fully person-centred as people's care plans lacked personalised information on people's care needs and how they liked to receive care. Based on the feedback

from people and relatives staff promoted people's dignity, privacy and human rights when providing care.

Right care:

People, their relatives and staff told us when providing care, staff maximised people's choice, control and independence.

Right culture:

The ethos, values, attitudes and behaviours of leaders did not always ensure people using services lead confident, inclusive and empowered lives. The managers did not have enough oversight of all the safety concerns and risks related to the running of the service and providing safe care.

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)

This service was registered with us on 22 July 2020 and this is the first inspection.

Why we inspected

We inspected May's Homecare Limited as part of our inspection prioritisation programme. We carried this inspection as we had not inspected this location since it was registered with us in July 2020. We needed to carry out a comprehensive inspection to take an in-depth and holistic view across the whole service, looking at all five key questions to consider if the service is safe, effective, caring, responsive and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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 have identified breaches in relation to providing safe care, staffing, need for consent, person-centred care and the governance at this inspection. We made two recommendations about handling people's money and recruitment.

We issued the warning notice about Regulation 17 (Good governance). Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was 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 ●

May's Homecare 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 Care Act 2014.

Inspection team

The inspection team included one inspector and one 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, one care worker and an external contractor responsible for the training and the quality assurance process at the service. We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment. We looked at a variety of records relating to staff recruitment and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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; Using medicines safely

- The provider had not always assessed risks to people's health and wellbeing. Two people were at risk of choking from food and drink. Care staff supported these people at mealtimes. There were no choking risk assessments to inform staff about this risk and what action to take to minimise it. Where people were living with conditions that could affect their skin tissue integrity, there were no risk assessments to guide staff on how to recognise the level of risk and what action to take to reduce it. We also saw the absence of risk assessments around epilepsy and medicines administration (creams).
- Where the provider identified risks, they had not provided staff with sufficient guidance on how to manage and reduce them. One person exhibited behaviour that could challenge the service. Staff were not provided with examples of what could trigger the behaviour and how they could help the person to stop the behaviour. There was a risk that staff would take incorrect action leading to harm to them and the person. We saw a similar lack of detail around risks related to falls, moving and handling, pain management, nutrition and hydration and others.
- Care plans included guidance for staff that could lead to a person being harmed. Two care plans directed staff to ask people to test the water temperature before they started the bath/shower. However, both people did not have the mental capacity to judge if the water temperature was safe for them.
- The provider had not assessed the risks related to specific elements of care. Where care staff used equipment to support people, for example, a hoist or a wheelchair, there were no risk assessments to guide staff on how to use this equipment safely, and what action to take in case the equipment was faulty. There were also no risk assessments around supporting people in the community and when handling people's money. There was a risk that, without appropriate guidance, staff would not safely manage these elements of the support provided.
- The provider did not manage medicines as required by national guidance. Care staff were applying creams for all people using the service. The provider did not assess risks related to cream application. They also did not provide staff with directions on how to apply creams for each person and how to record this support in line with current guidelines. There was a risk staff would not manage this support safely and effectively.

We found no evidence that people had been harmed. However, the lack of robust risk assessment and safe management of medicines procedure placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy on how to handle people's money, however, it was not followed. During the

inspection, we were made aware that staff supported people with shopping for small items, for example, groceries. However, the provider did not monitor this. People and relatives could have the capacity to agree to this support and monitor it themselves. However, the lack of oversight from the service could lead to a potential risk of financial abuse.

We recommend that the provider reviews their practice around handling people's money and implements changes to reflect this.

- People and relatives told us people were safe with staff who supported them. One person said, "My mental health has improved since the carers have been coming." Family members said, "I trust them (carers)" and "The carers communicate calmly with my relative and keep them okay."
- Staff understood their role in protecting vulnerable adults. They said, "Safeguarding people is being able to protect them from harm and abuse. If I had concerns, I would inform my manager."
- Care staff had training in how to safeguard people from abuse.
- The provider had a safeguarding vulnerable adults' policy that set out main principles of protecting people from harm and abuse, and guidance on what action to take if the staff thought people were at risk of harm.

Staffing and recruitment

- The provider could not assure us that they obtained satisfactory references from staff's previous employers. There was no reference request letter or an email in staff files confirming that the provider had contacted previous employers to enquire about staff conduct there. The references that were on file, apart from one, did not have a company stamp or any accompanying documents to show that the previous employer had issued these documents.
- Two care staff had two references. Both references for individual staff were from the same referee within the same employer. However, they had been issued in a slightly different format, i.e. a different font used, different signature or a different date. It was unclear why double references would be issued for one staff member. There was no evidence to show that the provider took action to verify these or any other staff references.

We found no evidence to suggest that staff employed at the service were not of good character. However, the lack of satisfactory information about the most recent conduct could lead to an unsuitable person being employed by the service. We recommend that the provider reviews the latest guidance on recruitment and implements changes to reflect them.

- Other recruitment checks had been completed. This includes undertaking a criminal record check to ensure that a prospective employee had not been barred from working with vulnerable adults and employees right to work in the UK.
- The provider deployed enough staff to visit people. People told us they were usually supported by the same staff, which ensured continuity of care. One person told us, "I don't like to see many different people, so May's send me the same carer and when she is off one other comes and that works well for me." One relative said, "The carers always come on time. "

Preventing and controlling infection

- We were not fully assured that the provider was accessing COVID-19 testing for the care staff. The registered manager and staff told us they participated in weekly testing. However, May's Home Care managers did not monitor this to ensure all staff undertook this test or to record the results, as required by the national guidelines. The lack of suitable managerial oversight around testing meant they could not always be assured staff visiting people were COVID-19 free. This was a breach of regulation 17 (Good

Governance) and we reflected this in the Well-led section of this report.

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. People and relatives told us staff followed good infection prevention and control practices. One person told us, "The staff wash their hands and put gloves and a mask on as soon as they enter. They also wear aprons when they help [person] to wash and bath." One family member said, "The gloves are here, and the staff arrive with masks and aprons on."
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had a process for reporting and recording any accidents and incidents. The registered manager informed us, so far, there were no accidents or incidents at the service.

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.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision. In staff files, we saw one supervision record for one member of care staff. From the record, it was unclear what exactly was discussed during the supervision meeting and what support the staff received with their work with people, training and wellbeing.
- The provider could not assure us that they monitored how staff supported people. The registered manager told us there were spot checks of staff directly working with people in their homes. However, there were no records available to show when these spot-checks took place, who completed them and what was the outcome.
- The provider could not assure us that all senior staff were suitable for tasks that were allocated to them. One care staff conducted a variety of managerial and monitoring tasks but there was no evidence that they had received appropriate training and support to do so.

We found no evidence that people had been harmed however, the lack of suitable oversight of staff could place people and staff at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care staff had the training to help them to support people safely and effectively. New staff undertook an induction that included mandatory training, shadowing and an introduction to the service. Where staff supported people with specific care needs and equipment this was provided to them.

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

- The provider assessed people's needs and care preferences before they started receiving support. The provider sought information from relevant local authorities and from people and their relatives where appropriate. The information gathered included a person's care needs and a description of health conditions, cultural and religious needs. We noted that gathered information was limited and we describe it in more detail in the responsive section of this report.
- People and relatives confirmed they participated in the assessment process. One person told us, "We agreed at the beginning what the carers would do for me, and what type of care would be provided on specific days."
- Each person had a partially person-centred care plan. Care plans for different people were similar and lacked detail on how people wanted to receive their care. The same staff supported people, and they knew people's preferences well. Therefore there was a level of assurance that the care provided would meet people's preferences. However, the lack of detail in care plans on how people wanted to be supported could

lead to staff, less familiar with the person, not providing the support effectively or in a way that each person most liked. We explore this matter in detail in the responsive section of this report.

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

- Care documentation had limited information on people's food, drink and mealtime preferences. There was general information on what type of food people ate, for example, specific cultural food. However, documents were lacking description of how people liked to receive their food and if there were any risks related to mealtimes. We have reflected this in more detail in the safe and responsive sections of this report.
- People and relatives told us they were happy with the support they received around meals. People told us, "Staff cook some meals for me to heat later" and "Sometimes I will make my toast myself, but others the carers will make it for me. They are very good." A relative said, "Meals are prepared for carers to heat up. They will also make my relative eggs on toast if she fancies it."
- Staff said they knew how to support people during mealtimes. One staff member told us, "The carer knows what [person] likes to eat and they always decide together what to prepare."

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

- The provider could not assure us that they worked with external professionals to provide consistent, effective, timely care to people. Staff and the registered manager told us that they had been in contact with external health professionals about people's care. This communication was not recorded, therefore, the service could not evidence when it took place, what was discussed, or the outcome. There was a risk that important information about people's care needs would be missed and not shared with staff and professionals involved in people's care. We discussed this with the registered manager, who told us they would introduce a new recording procedure to ensure any communication with external health and social care professionals was recorded for further reference and the audit purpose.
- Staff knew what action to take if they thought a person's health deteriorated. They told us they would notify the managers at the service and external health care services about it.

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.

- The provider was not working in accordance with the principles of the Mental Capacity Act The provider had not completed their own mental capacity assessments where appropriate to check whether people could make decisions about their care. Where people were unable to express views, the provider sought support from people's families and referring social care professionals. However, these conversations were not recorded. Therefore, the provider could not evidence that decisions made on behalf of people were made in their best interest and that the best decision process was always followed.

- Where people lacked the capacity to make decisions the relatives signed the consent for people's care. However, there was no evidence available to show that the provider had checked that these relatives had the legal right to make decisions on behalf of people.

We found no evidence that people had been harmed. However, the provider did not have the system to assess people's capacity to make decisions and that the best decisions process was always followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training on the principles of the MCA.

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 as partners in their care.

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

- The staff who supported people were kind and respectful. People and their relatives spoke positively about the way staff approached people. One person told us, "At the beginning, I did not feel comfortable receiving personal care. The carers were good, and now I look forward to them coming." One relative said, "The carers are excellent and always arrive on time."
- The same care staff supported people. This helped develop a positive and friendly relationship with people and their relatives and meet people's needs better. One family member told us, "My relative has the same carer every day and that makes them feel good and happy."
- The care staff showed empathy towards people and were able to support them suitably when needed. One relative told us, "Carers care for my relative a lot. They help to keep her calm when she gets upset. They communicate calmly with her and keep her okay."
- Staff spoke positively and kindly about people and it was important to them to provide good support to people.

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

- People felt involved in the delivery of their care. They described staff as helpers rather than somebody who was doing things to or instead of people. People told us, "Staff are very good. They will often call me and ask if I need anything so they can get it on the way here" and "The carers check to see if I am okay and that's good."
- Staff understood how to involve people in making decisions about people's care. One relative told us, "The carers let my relative do things herself, but will help when needed such as to put on her clothes."

Respecting and promoting people's privacy, dignity and independence

- People could choose if a male or female care staff supported them. People and relatives confirmed that these preferences were followed.
- Care staff ensured people's dignity was protected when providing personal care. They told us, "I need to explain to a person what I am doing so they can trust me and feel comfortable." One person confirmed this saying, "I feel comfortable with the carers during personal care." One relative said, "Care staff wash my relative and are very considerate with his personal care."
- Staff knew how to promote people's independence and enable them to participate in decisions about their care. One staff member told us, "Usually, people can tell you what they can and cannot do. If they can do something themselves, I ensure that they do as this makes them feel good about themselves."

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 people's needs were not always met.

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

- People's care plans were not person-centred. All care plans we viewed had similar information on people's needs and preferences. The information was also generalised and lacked details on specific care needs and preferences for each person.
- As care plans had limited information on people's individual care needs, there was a risk that staff would not meet these needs safely and correctly. We noted a lack of detail around support with nutrition, moving and handling and specific health conditions, for example, epilepsy.
- Some care plans included information that differed from what staff and relatives told us about the care provided to people. For one person, the care plan stated staff should administer medicines to them, however, staff told us the person was doing it themselves.
- Staff were not provided with sufficient details about people's personal history and interests. The section on what mattered to people was completed with similar information in all care plans we saw. Any additional information was general and did not guide staff on how to support people with what mattered to them. However, we noted that care documentation reflected people's support networks and religious needs well.
- Where care staff recorded information about care provided to people, the information was limited. It had not fully described the support given, for example, social activities undertaken with people and how people were presenting on the day of the visit. We fed this back to the provider, who assured us improvements would be made.

We found no evidence that people had been harmed. However, the lack of robust care planning around people's needs and choices placed people at risk of receiving care that was not responsive to their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed issues with the care planning with the registered manager who assured us action would be taken to address them.
- Although we identified shortfalls in the care planning process, family members were happy with the support staff provided to their relatives. It appeared that staff based their support on what they knew about people's needs and preferences, and they did their best to care for people well and as people wanted. One person told us, "The carers help me to do the things I asked for. The carers are all nice" A family member said, "My relative has carers every morning to help with personal care and breakfast. She has regular carers, and they are all very good."

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.

- People's communication preferences were not detailed in their care documentation. For example, one person had a hearing impairment and their preferred method of communication was recorded as speaking and listening. There was no additional guidance for staff about the level of the hearing loss, how this affected the person and how staff should speak with them to ensure they could hear. We fed this back to the registered manager alongside other comments on person-centred care. They assured us they would review communication preferences for each person using the service.
- Staff told us they knew how to best communicate with the people they supported. This included conversation in the language preferred by people. Family members told us, "The carers speak the same language, and it helps my relative that they understand her."

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 it was part of their care plan, staff supported people to maintain their links with the community and do the things liked doing. This included helping people to attend scheduled activities in the community or shopping. Staff also told us that as part of the usual practice they had casual conversations with people about things that interested them.
- Staff supported people to follow their interests and participate in events that were important to people. One person told us, "The carers have accompanied me and celebrated my religion with me, so I was not alone."

Improving care quality in response to complaints or concerns

- The provider had a complaint policy, and it was available to people and their relatives. People and relatives said they never had to make a complaint about the quality of the care provided. They told us that when they made suggestions about the care, the registered manager listened to them. One relative said, "We have not had to complain about the carers, they are doing everything okay. I have never had a problem, but if I did, I would call the office, they have provided a number."

End of life care and support

- The service was not providing end of life care at the time of our visit.

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; Working in partnership with others

- The provider did not have suitable quality assurance processes in place to ensure people received safe care. There were no quality monitoring systems in place for staff files, care plans and medicines to show that these had been assessed and reviewed for the required standard of care.
- The provider had not always assessed risks to people health and wellbeing. When risks had been identified there was not sufficient guidance for staff to provide safe care to people. We reflected this in detail in the safe section of this report.
- The provider had not assessed the risks to the health and wellbeing of staff employed by the service. There were no risk assessments related to the COVID-19 pandemic and the provider could not show they had put measures in place to protect staff. The provider did not monitor if staff undertook weekly COVID-19 testing or the outcome. There was no general service risk assessment to assess, manage and reduce other risks to staff, including lone working in the community.
- The provider could not evidence that staff visiting people were COVID-19 free. They did not monitor if staff participated in COVID-19 testing and what was the outcome.
- The provider could not evidence that they monitored staff's direct work with people in their homes. Staff said they received supervision and managers at times visited them at people's homes. However, there were no supervision and spot check records to show when these took place. Also, there were no retrospective records to show what was discussed and agreed following the checks.
- There was no monitoring system used to monitor late and missed calls. Therefore, we could not say if all care visits took place as agreed. We noted that people and their relatives told us staff were usually on time. However, the lack of a care visit monitoring process could lead to managers not knowing when staff arrived significantly late, early or missed a call.
- The provider could not assure us there was ongoing managerial oversight of the service. The recently recruited registered manager was employed for approximately six hours a week. The availability of the nominated individual, who was also the director at the service and participated in aspects of service delivery, for example, care call scheduling, was limited due to other commitments. A large number of tasks and duties related to the running of the service were attributed to a member of the care staff whose role was described as the lead care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- Staff were not always provided with clear specifications of their roles and responsibilities. The lead care staff was described by other staff, people who used the service and their relatives as 'the manager'. The registered manager and the staff themselves confirmed that they undertook a variety of tasks related to

service provision including staff supervision, shadowing of new staff and staff spot checks. However, we found their formal role at the service was not clearly defined, therefore, the level of accountability for carrying out tasks was also not clear. There was no evidence that the lead care staff had suitable training, experience and support to carry out these tasks.

- The service did not have a business continuity plan that outlined what actions should be taken in case the service had to deal with difficult situations, for example, a sudden absence of a member of the management team or staff illness. Therefore, the provider could not assure us that they would be able to continue to provide continuous and safe care to people with as little disruption as possible if an untoward and disruptive event took place.
- The provider could not assure us that they had worked in partnership with other professionals to provide safe and effective care to people. The registered manager told us that when needed they would contact health and social care professionals about people. However, there was no system for recording communication between the service and the external professionals. Because the communication was not recorded, it was not available for future reference and audit purposes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had limited knowledge of their obligation under the duty of candour. We discussed this with them, and they assured us they would review their knowledge and understanding of their responsibility to share information with respective stakeholders when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt involved in the planning of people's care. They said, "Before we started to use May's Homecare the manager came to see us, and we talked about what we needed" and, "I told Mays Homecare everything that I needed them to do for my relative, they wrote it down and everything is done."
- The service was new and people and their relatives had not yet been asked to complete surveys or provide formal feedback via quality questionnaires. However, people and their relatives said it was easy for them to approach the service for any changes and their requests were followed. One person told us, "The manager (lead care staff) is really nice and goes that extra bit." One relative said, "One carer came, and we liked them very much, so we asked if we could always have this carer and they agreed."
- We reviewed the minutes of one staff meeting, which was made available to us during our inspection. Most staff attended and the matters discussed included the recruitment and induction process, and how best to support people.

Continuous learning and improving care

- The registered manager was responsive to our comments and findings during our inspection. They were keen to make improvements and implement needed changes. Following our visit, the provider sent us a number of documents showing that they started planning the improvements. These included the quality monitoring audit report which outlined planned improvements around recruitment, staff supervision and spot check records, handling people's money and other areas. The provider also submitted training and a supervision planner indicating when these would take place.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that care and treatment to service users met their needs and reflected their preferences and with regards to their wellbeing</p> <p>Regulation 9 (1) (2) (b) (i)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person had not always ensured that care and treatment was provided with the consent of the relevant person.</p> <p>The registered person had not always acted in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (3)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because:</p> <p>They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> |

They had not ensured the safe and proper management of medicines.

Regulation 12 (2) (g)

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

| | |
|---------------|--|
| Personal care | |
|---------------|--|

| Regulated activity | Regulation |
|--------------------|------------|
|--------------------|------------|

| | |
|--|---|
| | Regulation 18 HSCA RA Regulations 2014 Staffing |
|--|---|

The registered person did not ensure that staff received such appropriate training and professional development as is necessary to enable them to carry out the duties they were employed to perform.

Regulation 18 (1) (2) (a)

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service. Enforcement actions This section is primarily information for the provider</p> <p>Regulation 17 (2) (a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17 (2) (b)</p> <p>Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p> <p>Regulation 17 (2) (c)</p> <p>Evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) (b) (c).</p> <p>Regulation 17 (2) (f)</p> |

The enforcement action we took:

We issued the warning notice about Regulation 17 (Good Governance). Please see the action we have told the provider to take at the end of this report.