

Lean on Me Community Care Services Ltd

Northolt

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Northolt, also known as Lean On Me, is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Ealing. It also supports some adults who are living with dementia and adults who have physical disabilities. At the time of our inspection the service was providing care and support to 139 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We received mixed feedback from people and their relatives about using the service. People said their regular carers were caring, treated them with respect and promoted their dignity and privacy. Some people felt less confident with staff who visited them occasionally.

People told us they felt safe. However, the provider had not always assessed risks to people's health and well-being or done all that was reasonably practicable to reduce those risks.

There were processes to support people with their medicines, but the provider did not always ensure the safe and proper management of medicines. The provider had not regularly assessed staff to ensure they were competent to give the medicines support being asked of them.

People's care and risk management plans were not always kept up to date so staff were not always provided with sufficient up to date information on how to provide personalised care.

Some people had experienced late or missed care visits. The provider was implementing new ways of working to address this.

There were systems in place to monitor the quality of the service and recognise when improvements were required. These had identified issues such as people's care and risk management plans being out of date, but had not been sufficiently robust to have identified some of the issues we found at this inspection.

There were mixed views from people and their relatives regarding the way the service was managed by the provider. People and their relatives' views were sought about the quality of the care being provided.

People knew how to make a complaint or raise a concern, but the provider did not always happen in a timely manner.

Staff received induction, training and supervision. A new management structure had recently been introduced at the time of our inspection and staff felt supported in their roles. The registered manager was approachable, listened to staff and staff told us they felt supported.

We have made recommendations about sharing safeguarding adults information and end of life care.

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

Why we inspected

This inspection was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Enforcement

We have identified four breaches of regulations at this inspection. These were in relation to managing medicines and risks to people's safety, person-centred care, handling complaints or concerns, and having effective systems in place to monitor and improve the quality of the service.

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

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 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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Northolt

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

One inspector conducted the inspection over two days.

Service and service type

This service provides domiciliary care to people living in their own homes in the community. It provides personal care to mostly older people, some of whom might be living with dementia, and adults who have physical disabilities.

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

This inspection was announced. We needed to be sure managers would be available to facilitate this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. We reviewed information about important events the provider had notified us about that had happened at the service. 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 this information to plan our inspection.

During the inspection

We spoke with six people and seven relatives of people who used the service. We visited the office where the service was managed. We spoke with the registered manager, the deputy manager, the human resources and training manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four care staff who visited the office. We looked at a variety of records related to the running of the service. These included the care needs assessments and care and risk management plans of five people using the service, the staff files for six care workers and records the managers kept for monitoring the quality of the service.

After the inspection

We spoke with three health and adult social care professionals who have worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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 people could be harmed.

Assessing risk, safety monitoring and management

- People had risk management plans in place to reduce risks to their safety and well-being, but the provider had not always assessed the risks to individuals' health and wellbeing or done all they could to reduce risks.
- A number of these stated people lived with differing health conditions, such as epilepsy, diabetes, osteoporosis or venous thromboembolism. There was no assessment of how the risks associated with these conditions might affect the individuals. There was little or no guidance or information for staff on how to recognise a person was becoming unwell due to their conditions and what they should do in that event.
- Staff used financial transaction records to document when they handled people's money as part of their planned care, such as when shopping for a person. A care worker told us supervisors collected these records from people's homes regularly, but we found this had not happened for all people. These records for one person who had received weekly shopping support for two years had not been collected so they could be audited. There was no evidence of other checks of these records. This meant the provider did not always promote safe working with people when staff handled their money.

These issues indicated risks to people's safety and wellbeing were not always assessed, monitored and managed so they were supported to stay safe. This 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.

- Records indicated staff had completed training in Basic Life Support to help them support people in case of a medical emergency.
- People's risk management plans including considerations of their home environment to make sure it was suitable for staff to provide care safely. We saw the provider had responded to a request from the local commissioning authority to monitor how a person used their electric heater so they stayed safe.
- Supervisors conducted periodic checks of care staff in people's homes to make sure people were safe, such as checking the home environment for hazards and that staff used equipment appropriately.

Using medicines safely

- Medicines were not always managed safely.
- Staff had received training in medicines support, but the provider had not assessed staff to ensure they were competent to give the medicines support being asked of them. This did not comply with National Institute for Health and Care Excellence (NICE) guidance for the effective management of medicines for people receiving social care in the community.

- The medicines administration records (MARs) we saw did not provide a clear record of the prescribed medicines people required or received. The MARs listed the name and strength of people's prescribed medicines, but not the form of the medicines and their dosage, nor how and how often it should be taken. This also did not comply with the NICE guidance and meant people were at risk of not receiving their medicines as prescribed.
- One person appeared to have two MARs completed in March 2019 for the administration of the same medicine at the same time. This meant it was not clear if they had received more than their prescribed dose of medicine. Another person's MARs for March 2019 to May 2019 only stated, 'blister pack' and did not provide any information about the medicines staff supported the person to take by prompting. We brought these issues to the registered manager's attention, so they could make sure people were safe.
- There was no evidence of people's MARs being checked by the provider to pick up on actual or potential errors in people's medicines support and take action to address these.

This indicated medicines support was not always managed in a safe way. This was also 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 did not consistently record appropriate audit checks to protect people from the risk of financial abuse.
- People told us they felt safe with the care they received.
- The provider had arrangements in place to help protect people from the risk of abuse.
- Safeguarding concerns were recorded and shared with the local authority. Adult social care professionals told us the provider engaged with local safeguarding processes, which included attending meetings with other agencies and taking appropriate action to investigate and address safeguarding concerns.
- One professional told us there was sometimes a delay in receiving information regarding the provider's investigations, but the provider usually informed them of this delay and explained the reasons why.
- Staff completed training on safeguarding adults. Staff knew how to recognise and respond to safeguarding concerns. However, not all staff were clear how to share information appropriately regarding adult safeguarding concerns.

We recommend that the provider seek and follow best practice guidance on sharing safeguarding adults information and make sure all staff are aware of this.

Staffing and recruitment

- People gave us mixed feedback about the timeliness of their care visits and if the right number of staff visited them. Some people told us they never experienced missed or late care visits and said staff were, "Always on time." Others told us their care visits were on time "Sort of," "Most of the time," or "Sometimes late, but it's because of traffic." One person told us their visits had been missed "here and there." The relative of another person told us they had experienced "many" missed visits. They added, "The most significant was Christmas day and they forgot [the person]."
- The local commissioning authority told us they were monitoring a number of complaints where people experienced missed care visits or only one care worker attended to a person when two staff were required to support them safely.
- The provider relied on people or care staff to inform them if there was a missed care visit. The provider did not record, monitor and review missed visits to as identify how to reduce the frequency of these.
- These issues indicated the provider had not always deployed staff effectively to meet people's care needs. However, during the inspection we observed managers introducing and training staff on a new digital

monitoring system that would enable the provider to monitor staff providing care to people at the right time.

- Managers told us they tried to arrange care visits so staff had enough time to travel between visits. Care staff confirmed this.
- Staff recruitment records showed the provider completed necessary pre-employment checks, so it only offered roles to fit and proper applicants. However, the provider had not always recorded all efforts made to obtain references for applicants from previous employers. We discussed this with the human resources manager and they told us how they would improve their recording of this.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training on infection prevention and control. Staff used personal protective equipment when required, such as gloves and aprons. Staff told us they could always access supplies of this.
- Managers described to us how they had supported staff to provide safe care to a person when they were discharged from hospital with an infection.
- Staff had training on food hygiene and safety so they could prepare meals safely for people.

Learning lessons when things go wrong

- The provider responded to incidents and investigated where appropriate. One adult social care professional told us the provider acknowledged when things had gone wrong. Another adult social care professional commented that some incidents kept repeating, such as missed care visits. We noted the provider had learnt from these and was introducing the new care visit digital monitoring system to address this.
- Staff we spoke with told us they felt supported by their seniors when incidents or accidents happened. For example, when a person was unwell and emergency services needed to be called.
- The provider used formal procedures to address staff performance concerns so as to reduce the likelihood of these re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- It was not always clear if staff had received training to enable them to competently carry out their duties when working with people who had specific needs.
- One care worker told us they had only received diabetes and epilepsy awareness training "years ago". We saw the provider was developing a new training plan to address ongoing staff learning and development needs. This included providing training on specific support issues such as catheter care and epilepsy and diabetes awareness.
- Records indicated staff completed a range of mandatory training so they were competent to support people. This included person-centred care, health and safety, incontinence awareness, moving and handling, and dementia awareness.
- Some people told us they thought care staff were well trained and good at their job, especially the staff who visited them regularly and they knew well. Some people said they felt the staff who visited them occasionally when their regular carer was away were not trained as well.
- The staff we spoke with appeared competent and knowledgeable about the people they supported. New staff received an induction to the service which included training and then shadowing more experienced staff.
- Care staff said they had supervisions with senior staff and felt supported by their managers. Records showed staff supervisions were held periodically throughout the year.

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

- Staff supported people with their meals, where needed. Daily records of the care provided indicated people were being provided with varied meals and drinks.
- Staff had received training on diet and nutrition support so they could support people safely to have enough to eat and drink. One care worker told us how they always made sure people had drinks with them before they leave. We saw there were instructions in care plans for staff to leave drinks in easy reach for people.

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

- People were supported to maintain their health and access healthcare services.
- Staff described how they worked with other agencies to help meet people's health needs, such as working

with district nurses and helping people liaise with their GP.

- Care plan records indicated the provider responded to changes in people's health and care needs, such as providing more care visits when required.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection which can authorise deprivations of liberty.

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

- Managers told us people had the mental capacity to understand their care and support. We saw people had signed their care plans to indicate they consented to their care arrangements.
- Staff had received training regarding the MCA. Staff recognised people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.
- The provider included people's families in discussions about people's care arrangements to help people be involved in decisions about their care.

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

- Staff assessed people's care and support needs before beginning to provide a service. These assessments informed people's care and risk management plans.
- People's initial assessments were informed by statutory assessments of their needs. They included information about people's medical history and known allergies and considered their home environment, moving and handling issues, mobility and medicines support needs. People's families were involved in these assessments.
- Assessments and plans recorded information about people's ethnicity, religious beliefs and marital status. They did not include information about their sexuality or gender identity. Managers told us the service was not currently supporting anyone who identified as LGBT+ but they had done in the past. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had not received training in promoting equality and diversity in their work. The registered manager said they would look into arranging this training to promote a more inclusive service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people were supported and treated with dignity and respect by staff but the service did not always treat people in a caring manner.

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

- Whilst staff were individually caring, the service was not always caring to people. The provider had not been caring enough to ensure that risks to people were identified and appropriately managed so people did not experience harm as a result. Additionally, people did not always receive their care visits as had been planned and agreed with them. Complaints or concerns from were not always responded to in a timely manner. We also saw a lack of person-centred care planning, meaning people may not have received care individualised to their needs.
- People told us the staff who visited them regularly treated them in a caring manner. People's comments included, "They [the staff] are really nice and helpful" and "really respectful". One relative said, "The carers are kind, they're very good." Some people told us this had not always been the case over the last year, but the provider had improved this when they had reported their concerns.
- People said staff respected their cultural needs. One person said, "[Their care worker] is really respectful. [The care worker] knows about our religion and they do what they need to do."

Respecting and promoting people's privacy, dignity and independence

- People told us carers afforded them privacy and dignity.
- Staff described how they promoted people's dignity when providing care. This included always speaking with the person, giving them time and helping them to suitably cover areas of themselves while washing. Staff attended training on 'dignity, choice, respect' so they could promote this in their work.
- Staff explained how they respected people's privacy, such as appropriately sharing information and making sure the environment was private when providing personal care. One care worker told us, "I close the curtains and don't let people in, like [young relatives] knocking on the door."
- Care staff demonstrated empathy for the people they worked with and explained how they supported people to do some things independently. For example, involving and encouraging them in their personal care.

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

- Records showed people, and their family where appropriate, were involved in planning and reviewing their care. People and the relatives confirmed this as well. This gave people an opportunity to make decisions about their care.
- We sampled records of spot-checks of care workers' performance. These showed the provider regularly

encouraged people to express views about their care and if there were things they would like to change.

- Care staff described how they were aware of and respected people's preferences for their care, such as wanting particular bed linen used when staff changed this for them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, 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

- The provider did not make sure people always received personalised care that considered their whole life needs.
- Some people's care plans contained only contained brief information about each person and did not always reflect a person-centred approach to supporting people. Plans gave basic information about the tasks care staff needed to complete, without always including information about people's preferences or the way they wanted to be cared for. For example, some care plans stated people needed support with bathing and meal preparation. There was no recorded information about how they liked to be supported to wash or about the food they liked or disliked and how they preferred this to be prepared or served.
- Staff were not always provided with enough up-to date information on how to provide personalised care. Care and risk management plans were not always kept up to date. For example, four people's plans were dated June 2017. Records showed the provider had met with people to review their care since then, usually on a six monthly basis, and people confirmed this. However, these meetings did not inform a recorded re-assessment of people's needs or an update of their plans of care.
- It was not always clear how people's planned care helped to promote their independence. For example, one person's care plan stated, "[The person] would like to stay as independent as [she/he] can". There was no information about how they should be supported to retain skills and be independent where they wanted.
- Two people's care plans stated they experienced depression. There was no recorded information on how this might affect them or about how staff might recognise and respond to person was becoming unwell.

The above issues indicated people did not always receive care and support that recognised and reflected their individual needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the provider had identified that some people's care plans were out of date. Managers were in the process of auditing people's care and risk management plans to see which ones needed updating.
- The daily records of care we sampled in some cases only listed care tasks staff had ticked off as completed. They did not record any personalised information about a person's well-being at that time or how staff interacted with or involved them in their care. The registered manager told us these records of care had not been checked when they were returned to the office. However, they had recently introduced new forms for staff to record more personalised information.

- Plans gave very little information about people's personal history, hobbies and interests. However, staff we spoke with knew the people they supported well. People and relatives also said their regular carers knew them well and understood how they liked to be supported.
- Care plans recorded people's preferred names and the gender of care staff people preferred. Daily records of care indicated these preferences were respected.
- Some people told us care staff provided support that was responsive to their needs. One relative told us, "They always ask if we need anything, like shopping as they do that as well".

Improving care quality in response to complaints or concerns

- The provider did not always maintain an effective system for handling complaints in a timely way.
- The local commissioning authority told us it had received a number of complaints or concerns regarding the service over the last year. The authority was waiting for information from the provider on how 40 of these had been investigated and resolved. This meant people and the authority were not getting responses to their complaints and concerns in a timely manner. Managers told us they were working to improve how the it responded to these concerns.
- Complaints records at the service indicated complaints and concerns were being noted and responded to by the provider, but not in a timely manner.
- The provider had not analysed records of complaints since reviewing these in May 2018 for the preceding year. This meant there was little evidence of learning from complaints being applied to current practice.

This meant the provider did not always operate effectively a system for handling and responding to complaints by service users and other persons. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had been given information about the complaints process or knew they could contact the agency to raise concerns. One person said, "I would complain if I needed to." People we spoke with told us they felt their complaints or concerns had been listened and responded to when they raised them.

Meeting people's communication needs

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

- The provider did not always record and plan how to meet people's communication needs. One person was hearing impaired and could not use a telephone to communicate. Managers were aware of this, but it was not recorded in the person's care plan. There was also no guidance in the plan for how staff should appropriately communicate with the person. This meant the provider did not always record and plan how to meet people's communication needs. We discussed this with the registered manager who added this information to the person's care plan.
- Care plans recorded some information about people's communication preferences, such as the languages they spoke.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider did not have an effective approach to engaging with people in considering their preferences and choices in relation to end of life care should a sudden death occur. Managers told us the service avoided discussing this with people, because some people did not like it and it had irritated them in the past. Managers said they felt it was not the place of a domiciliary care agency to discuss end of life care with

people who used the service.

- Nevertheless, staff told us the provider employs some care staff experienced in palliative care and would organise for them to provide care to people at the end of their lives if required.
- The care and risk management plans we viewed did not record people's end of life care wishes, information about advanced statements or any end of life care discussions staff may have had with them.

We recommend that the provider seek and follow good practice guidance on promoting good end of life experiences in domiciliary care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- The provider carried out a range of checks and audits to monitor safety, quality and make improvements when needed. However, this system of checks had not consistently operated effectively as it had not identified the issues we found during the inspection.
- The assurance systems had not identified and addressed that risks to individuals' health and wellbeing were not always assessed or that reasonably practicable actions were taken to reduce these risks.
- The systems had not identified and implemented requirements to maintain appropriate records of medicines support and to assess staff competency in giving the medicines support asked of them.
- The provider had not identified and addressed in a timely manner that people's care and risk management plans needed to be updated. It also had not identified people's plans did not always provide personalised information about people and their preferences for how they liked to be supported. Additionally, it had not addressed records of medicines support, of money handling and of daily care not being regularly checked to make sure people were receiving safe and effective care.

This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not consistently informed the CQC of important events that happened in the service as it is legally required to do. We found records of three allegations of abuse the provider was aware of, had responded to, but had not notified the CQC of these. The CQC is still considering what action it needs to take in relation to this matter.
- The provider's quality assurance checks included periodic unannounced spot-checks of staff conducted by care supervisors to assess staff performance. The provider took action in response to issues these checks identified.
- The ratings for the last inspection were clearly displayed at the provider's office and on their website.

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

- People and their relatives described having mixed experiences of the provider. People were positive about and appreciated being visited regularly by the same care workers. Some people felt communication by the

office staff could be better. One person's relative told us, "The care company doesn't give me peace of mind. The carers do."

- Staff said they felt supported in their roles. One care worker commented, "When there is a problem, you get a swift response to any concern about a client. They quickly give me help." Another described the registered manager as "really fantastic" and supportive.

Continuous learning and improving care; and how the provider understands and acts on duty of candour responsibility

- The registered manager and nominated individual were open about acknowledging concerns at the service and making improvements. They had identified a number of the issues we found at this inspection and were already in the process of establishing new ways of working to address these. For example, introducing a new rostering system to better manage and monitor people's care visits and establishing new and more comprehensive compliance monitoring checks.
- Before our inspection the provider had recently made significant management changes to help improve the service. These included employing a new nominated individual and business manager, care co-ordinators and a previous registered manager leaving. Staff we spoke with felt positive about these changes.
- Adult social care professionals told us the leadership of the service had been variable over the last year and a new management team could help to improve the service.

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

- Periodic monitoring and care review visits to people's homes asked about their experiences of the service. These were recorded and showed that people had been asked about whether the staff were polite, met their needs and arrived on time for visits.
- Managers held team meetings regularly to discuss the service and improvements required or being made.
- The provider sent our yearly surveys to people and their relatives so they could comment on the service. We saw the provider was in the process of sending these out at the time of our inspection. People's feedback to provider in their 2018 Customer Service included, "Seeing the same carer makes me feel safe."

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, district nurses and GPs and hospital staff, to help to provide coordinated care to people.
- The new management team had engaged with the local authority quality team to improve how the provider responded to complaints and concerns.
- The manager attended local forums for providers to share and learn good practice.

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 service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</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 and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none">- Assess the risks to the health and safety of service users receiving care.- Do all that was reasonably practicable to mitigate such risks.- Ensure the safe and proper management of medicines. <p>Regulation 12(1) and (2)(a),(b),(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person was not always operating an effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons</p> <p>Regulation 16(2)</p> |

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person was not always operating effective systems and processes:</p> <ul style="list-style-type: none"> - To assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity. - To assess, monitor and mitigate the risks relating to the health safety and welfare of service users. - To maintain accurate and complete records in respect of each service user. <p>Regulation 17(1) and (2)(a), (b) and (c)</p> |