

Mathalie Care Services Limited

# Mathalie Care Services Limited

## Inspection report

111 (Suite) 14 Havelock Place  
Harrow  
HA1 1LJ

Tel: 07957625993

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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?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Mathalie Care Services is a domiciliary care agency registered to provide personal care to people in their own homes. The domiciliary care agency provides support to adults with varied needs. At the time of inspection, the service supported 3 people with their personal care. The Care Quality Commission (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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support:

The provider had failed to maintain records in relation to quality assurance of the service. They had failed to identify and address the concerns we found at this inspection.

The provider had made improvements to staff training. A training programme was in place and staff had undertaken several training modules. However, the provider's training records were incomplete and did not show if staff had completed some mandatory training.

Although staff told us they met regularly with the registered manager on a one-to-one basis, records had not been kept of these meetings. Following this inspection, the registered manager sent the CQC copies of meetings, but these were dated after the inspection.

Relatives told us their loved ones 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. However, although the policies and systems in the service supported this, staff members had not received training in the Mental Capacity Act 2005.

### Right Care:

Although the provider had made improvements to their medicines administration procedures, the records did not show which staff member had supported people with their medicines on any given day.

People's care plans and risk assessments did not always include guidance for staff on how to effectively support people when delivering care and support. People's care plans were not signed or dated so we could not be sure if these were up-to date.

Staff described how they understood people's care needs and preferences. People's relatives told us staff provided care and support in a respectful and professional way.

#### Right Culture:

People's relatives and staff spoke positively about the management of the service. However, the provider had failed to record any interactions with people, their relatives and staff.

There were no records of any quality assurance monitoring which had taken place. Although the registered manager provided The CQC with records of meetings with staff that had taken place after this inspection, no records of engagement or satisfaction meetings with people and their relatives were made available to us.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 12 September 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. The delay in publishing this report was mainly due to CQC's internal quality assurance processes.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mathalie Care Services (previously known as The Havelock Hub) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to medicines records, people's risk assessments, care plans, staff support and supervision and the provider's quality assurance systems. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation in relation to staff training.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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 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 well-led.

Details are in our well-led findings below.

**Inadequate**



# Mathalie Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 1 inspector.

#### 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

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

Inspection activity started on 14 July 2023 and ended on 4 September 2023. We visited the location's office

on 14 July 2023.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider did not complete the required Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

#### During the inspection

During our visit to the provider's office we met and spoke with the care coordinator, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records which related to people's care and the running of the service. These records included 3 people's care records, 3 staff records and policies and procedures relating to the management and quality monitoring of the service.

Following our visit to the office we spoke with the registered manager and received feedback about the service from 2 people's relatives.



# 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 inadequate. At this inspection the rating has changed 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 that people could be harmed.

### Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were managed safely. People's medicines records were not accurately completed and there was no evidence people's medicines records were audited. Guidance for staff on supporting people to take their medicines was not included in their care plans. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements. However, not enough improvements had been made and the provider was still in breach of regulation 12.

- We were not satisfied there was evidence to show people's medicines were managed safely.
- Staff had ticked medicines records to show these were given and had not initialled the records to identify who had given medicines or prompted people to take their medicines. This meant we could not be sure that people had received their medicines from staff who were supporting them at the time medicines were administered.
- People's care plans and risk assessments identified the task of supporting people to receive their medicines. However, there was no person-centred guidance for staff on how medicines should be administered.
- We found no recorded audits of medicines administration records to check people had received their medicines as prescribed.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had now received training in medicines administration. They understood the importance of ensuring people received their medicines safely and on time.
- A person's relative told us that prescribed medicines were administered in a timely way.

### Assessing risk, safety monitoring and management

At our last inspection we found people's risk assessments did not include person-centred guidance for staff on safely managing identified risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements. However, not enough improvements had been made and the provider was still in breach of regulation 12.

- Risk assessments did not always contain detailed personalised guidance and strategies for staff to follow to help minimise risks to people receiving care and support.
- 2 people's risk assessments referred to using medical advice in relation to identified risk. However, there was no information in relation to what the medical advice was.
- Although there was some guidance for staff in people's care plans, this was limited. For example, a person's care plan stated, "support [them] in her personal care" but there was no guidance for staff on how to do this. Another person's risk management plan referred to "essential support by carer" in relation to community activities. However, although there was reference to community activities in their care plan, there was no guidance for staff on how such support should be delivered.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated an understanding of people's needs and how to manage and reduce risks.
- The provider had set up secure electronic messaging groups for all staff working with individual people. We saw these were used to share information about risks and risk management. However, this information had not been transferred into people's care plans and risk assessments.
- We discussed this with the registered manager. They told us they would address our concerns when they next reviewed people's risk assessments and care plans.

### Staffing and recruitment

At our last inspection we found the provider had failed to provide evidence that safe recruitment checks had taken place prior to staff working with people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were safely recruited. The provider had ensured all staff had received an up-to-date Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Two staff had no record of having had a DBS check.
- Staff files contained references and right to work documentation.
- People's relatives were satisfied with the punctuality and reliability of staff.
- At the time of this inspection the service supported 3 people. The registered manager, care coordinator and deputy manager were providing all the care and support to people.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- The provider had a safeguarding adults policy. This included guidance to follow to help protect people from the risk of abuse and keep them safe. The provider knew to notify the CQC and report to the local safeguarding team when abuse was suspected.
- The training records provided by the registered manager showed only 1 staff member had received safeguarding training. The registered manager told us this was due to an error by the training provider, and they would ensure evidence of this training was available in the future. However, staff we spoke with

understood safeguarding and of how to recognise potential signs of abuse. They knew they needed to report all allegations and suspicions of abuse without delay.

- People's relatives told us they felt their family member was safe.

#### Preventing and controlling infection

- The provider had policies and procedures in place for prevention and control of infection and for managing COVID-19.
- Staff told us they had access to personal protective equipment (PPE) and wore PPE in line with current government guidance during care visits. Supplies of PPE were maintained at the provider's office. A person's relative confirmed that care staff wore PPE when providing care and support.
- People's care plans contained guidance for staff about reducing the risk of infection.

#### Learning lessons when things go wrong

- The provider had systems in place for learning lessons following incidents or accidents.
- The provider's accident reporting policy included guidance about regularly reviewing accidents and to 'identify any accident patterns or trends.' The registered manager told us that in the event of an incident occurring, they would ensure that this guidance was followed to minimise the risk of a similar incident happening again. They advised us that immediately following any incident, staff working with the person concerned would be informed about actions to take to reduce the risk of reoccurrence. This would be followed up by a discussion with all staff at the weekly team meeting.
- The registered manager told us there had not been any accidents or incidents since the last inspection of the service and this was confirmed by the records we viewed.

# 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 inadequate. At this inspection the rating has changed to 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

At our last inspection we found the provider had failed to ensure people's care plans included guidance for staff on how to support people. Information provided in people's care plans was limited and there was no evidence of reviews of the plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements. However, not enough improvements had been made and the provider was still in breach of regulation 9.

- The provider had not always ensured people's needs were comprehensively assessed and guidance put in place to ensure care was delivered in line with standards, guidance and the law.
- The provider had made improvements to people's care plans and these now included some guidance for staff. However, in some cases, guidance was limited or lacking. For example, one person's care plan referred to using a ceiling hoist and sling to transfer them. However, there was no information on how these should be used, nor about checking the equipment for safety. The same person's care plan stated staff should "carefully connect feeding tube then dress up their chest cast." There was no specific guidance on how these tasks should be carried out.
- People's risk assessments lacked detailed risk management plans. For example, where a person was identified as being at risk of falls, their risk assessment stated they should be always supervised when mobilising. There was no information about when the risk was likely to occur, nor about what such supervision meant in relation to staff practice.
- The provider told us people's care plans had been reviewed and updated. However, the care plans we viewed were not dated or signed to confirm this. Therefore, we could not be sure staff had the up-to-date information and guidance they needed to provide people with the effective care and support.

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

- The provider had introduced secure electronic messaging groups for staff working with individual people. We saw evidence that information about people's needs was shared within these groups.
- Staff demonstrated they understood people's specific care and support needs and how to meet them. People's relatives told us they were satisfied people's needs were met by staff who were knowledgeable

about them.

#### Staff support: induction, training, skills and experience

At our last inspection we found the provider did not ensure all staff were competent, skilled and had up to date training in order to carry out their role and effectively support people and keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

At this inspection we found the provider had made some improvements. However, not enough improvements were made and the provider was still in breach of regulation 18.

- The provider had not always implemented their own policies to ensure staff received appropriate training and regular supervision to help ensure they were fully prepared for delivering high quality care and support.
- The provider had now commenced a training programme for staff. This covered a range of mandatory subjects which included health and safety, basic infection, prevention and control, safeguarding adults and dementia awareness. However, the training matrix sent to us by the registered manager showed that, although staff had completed some training, other mandatory training had not yet been started. For example, the training matrix showed only 1 staff member had completed safeguarding training. The registered manager told us this was an error by the training provider. However, there were no other records of staff having completed the training so we could not be sure they were suitably trained for their roles. The registered manager told us they would keep a separate record of staff training going forward.
- Staff told us they were supported by the registered manager. They told us they met regularly with the registered manager to discuss concerns and issues in relation to the care and support they were providing. However, in the 3 staff files we viewed there were no records of staff having regular one to one supervision meetings with the registered manager. This meant we could not be sure staff had received regular individual support. Following our inspection, the registered manager sent us records of one-to-one supervision meetings, but these were dated after the inspection.

This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

- 2 staff had now completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Some staff had undertaken training on supporting people's specific needs. For example, the provider's training matrix showed 1 staff member had completed stroke awareness training and 2 had received training on anxiety. All staff had received training in moving and handling people and medicines administration.
- Staff told us there was a regular weekly team meeting to discuss issues and concerns. We saw some recorded evidence these were taking place. Staff also told us they met regularly with the registered manager on a one-to-one basis.

#### 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.

- People were supported to make their own decisions, where possible. Staff told us they always ensured they encouraged people to make choices and decisions to do with their care and support.
- However, there was limited information and guidance about each person's capacity and ability to make particular decisions in relation to their care and support. Therefore, staff did not have access to written, up to date guidance about how people were able to make their own choices and decisions and how they should promote this and support people. Without this information it would be difficult for staff to recognise and report changes in people's ability to make certain decisions.
- The provider's training matrix did not show that staff had received training about the Mental Capacity Act (MCA). However, staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by those involved in their care. Staff told us they would report any changes they had noticed in the ability of people to make a particular decision.

We recommend the provider commissions staff training on the Mental Capacity Act from a reputable training provider.

- Staff demonstrated they were knowledgeable about the requirements of the Mental Capacity Act. They confirmed they always asked people for their agreement before assisting them with their care needs.
- People's relatives confirmed staff asked people for consent when providing care and support and respected their decisions.

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

- People were supported to eat and drink enough to ensure their nutritional needs and preferences were met.
- People's care records included some information about their dietary needs but little detail about their food preferences.
- The staff we spoke with were knowledgeable about the importance of people eating and drinking enough and knew they needed to report any changes in people's appetite and dietary preferences to the registered manager.
- Information about the food and drink staff had supported people with was recorded in their daily care records.

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

- People and their families took the lead in engaging with health and social care professionals when needed. Staff supported people to attend healthcare appointments when requested to do so.
- Staff were aware about the importance of supporting people to live healthier lives. Staff supported people to go for walks and to do exercises to help improve their mobility and confidence with walking. A staff member showed us a photograph of a person being supported to go for a walk in a local park.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us they were involved in making decisions about their care and asked for their views on a regular basis.
- Although the provider had made some improvements to their care plans there was not always detailed guidance for staff to follow to ensure people received care and support that met their needs and preferences in the way they wanted. However, staff demonstrated they understood people's care and support needs and how to meet them.
- What's App groups had been set up by the registered manager for staff working with individual people. This was designed to ensure ongoing communication about people's needs, preferences and activities was promptly shared, A staff member showed us an example of this. They told us they found this helpful in ensuring they were up to date.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that people were well treated and respected and were happy with the care and support they received.
- People's care plans included information about treating people well. The care plan records also included some information about people's cultural and spiritual needs, interests, and the activities they enjoyed doing. A relative told us that staff supported a person to do exercises to help improve their mobility.
- Staff told us they supported people's independence by encouraging people to do some things for themselves. They also supported people to go out and about in the local area where this was included in their care plan.
- Staff had a good understanding of the importance of valuing people's preferences and cultural differences and treating them as individuals with respect and dignity.
- Staff were clear about the importance of respecting and supporting people's independence. Staff knew not to share any information about people with those not involved in their care.
- Staff understood the importance of confidentiality.

# 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 requires improvement. The rating for this key question has remained 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 records did not always show that people always had choice and control to meet their needs. Care plans showed people's care and support needs had been identified and there was some guidance on how support should be provided. However, this was limited. People's assessment information varied in detail and quality.
- Some documents, including people's care plans, were not dated nor signed by the person completing them. This meant we could not be sure when they had been reviewed and updated if people's needs changed.
- There was limited information about people's background and preferences. One person's care record had included a section titled 'What's important to me?' That information could help staff to provide the person with better and more personalised care. However this section was not included in the other care records that were provided to us.
- People's daily care records were complete. These largely covered functional care and support tasks. However, some staff had recorded information about people's mood and interactions that had taken place at care visits.
- The registered manager had set up What's App groups for staff working with individual people. We saw an example of one. The messages' showed information was regularly shared about people's needs.
- People's relatives told us they were satisfied with the care people received from staff.

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.

- The provider told us they were aware of the importance of information being provided in a way each person understood, such as in large print and/or pictures.
- Information about people's communication needs was included in their care records.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which declared that all complaints would be taken seriously recorded and responded to within 24 hours.
- The provider told us there had been no complaints since our last inspection.

- A person's relative told us that they knew how to make a complaint and would not hesitate to bring any concerns to the attention of the registered manager.
- Staff understood any complaints and concerns about the service that were brought to their attention by people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care. The provider told us that before providing end of life care, they would ensure staff received the training and support they needed to make sure people received personalised end of life care.
- End of life training was included in the provider's staff training matrix.

# 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 inadequate. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found the provider had failed to ensure quality assurance activities were carried out. Records of quality monitoring, staff training and supervision were not in place. People's care plans provided limited guidance for staff. There were no records of any satisfaction surveys having taken place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not ensure they had effective systems to assess, monitor and mitigate any risks relating to the health, safety and welfare of people, staff, and the operation of the service.
- The provider had not implemented their quality assurance and management policy. The provider's quality assurance systems did not identify the concerns we found on the inspection. These included medicines records, staff training and supervision, and the lack of personalised detail in people's care plans and risk assessments.
- The provider's training records showed some staff had now received training. There were gaps in the training matrix provided to CQC. The registered manager told us this was due to the training provider. However, the service had not maintained their own records of staff training
- The provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because people's risk assessments lacked detailed guidance and strategies to manage identified risks.
- Staff supervisions had not been recorded. It was unclear how the provider was assured that staff were receiving the support they needed and how their performance, conduct and development were being monitored. Following this inspection, the registered manager sent us records of staff supervision meetings, but these were dated after the inspection.
- We asked the provider for any surveys or other measures that had been done to gather people's, relatives', and others' feedback to support the running and quality of the service. However, they told us they had asked people and where applicable their relatives for their views of the service, but there was a lack of documentation to show this took place regularly. 2 people's relatives told us they had been asked for

feedback about their experience of the service, but the provider had not maintained a record of this.

- People's care and risk assessment records did not show they benefitted from high quality and person-centred care as there was limited personalised detail about the support each person required and wanted their care needs and preferences met. Care plans were neither dated nor signed and the provider had not maintained a record of care plan reviews.

This was a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the registered manager sent records showing recorded staff supervisions had now commenced. These were dated after the inspection. The registered manager assured us staff supervisions would take place regularly and records would be maintained.
- Staff told us they had regular weekly meetings with the registered manager. However, these had not been recorded. Following this inspection, the registered manager sent minutes of a staff meeting. This was dated after our inspection. The registered manager told us staff meetings would be recorded in future.
- Following this inspection, the registered manager told us they were introducing an electronic monitoring system. They advised they would use this to improve quality assurance and records.

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

- We found the provider did not have robust systems in place to gain feedback from people or staff. Although the registered manager told us feedback was requested and obtained, there were no records of this.
- There were no records that showed staff had the opportunity to feedback their views of the service, such as via staff meetings and one to one supervision. However, care staff told us they felt supported by the registered manager and could contact them for advice and support at any time. Following this inspection, the registered manager provided records showing one to one staff supervision had commenced.
- The registered manager told us they would support people to engage with health and social care professionals if requested to do so. We saw records showing staff had engaged with other professionals to improve people's care and support.
- There was some information about people's cultural and communication needs within their care records.

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 provider was aware of duty of candour expectations and told us they knew the importance of being open and honest when something goes wrong. They informed us that they understood the types of events they needed to notify the CQC and other organisations about.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  1,3(a)(b) The provider had failed to ensure people's care plans fully recorded their needs, The provider had failed to ensure guidance for staff on meeting people's care and support needs was fully recorded in their care plans.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  1, 2 (a)(b)(g). The provider had failed to fully assess risks to people and to demonstrate how risks should be mitigated. The provider had failed to provide guidance for staff on safe administration of medicines, The provider had failed to audit people's medicines records.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  1.2 (a)(b)(c)(d)(e)(f) The provider had failed to demonstrate they were undertaking quality assurance monitoring of care and support. The provider had failed to maintain records relevant to the management of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  1,2 (a) The provider had failed to ensure staff received regular supervision and training.

