

Goldcrest Care Services Ltd

# Goldcrest Care Services

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

- The service's office is based in the Slough trading estate. Care is provided in the surrounding areas and into greater London areas.
- The service provides personal care to older adults, some of whom have dementia.
- This is the only location that the provider operates.
- At the time of our inspection, six people used the service and there were 11 staff.

People's experience of using this service:

- The provider had made some improvements to the service since our last inspection. This meant the service had achieved compliance with the prior breaches of regulations.
- The governance of the service had not improved and therefore there is a breach of a regulation.
- The service had improved the amount of staff support. This included induction processes, supervision sessions, training and retraining and performance appraisals. Further improvements were needed to ensure that staff supervisions and appraisals were meaningful.
- Recruitment documentation had improved. The provider had ensured that more robust checks of new workers were completed, and obtained the appropriate documentation for personnel files.
- People were better protected against abuse and neglect. Systems and processes put into place where strengthened to ensure adults at risk were identified and safeguarded.
- People and relatives reported the service remained caring. Care was person-centred and planned and reviewed in conjunction with people and others.
- Insufficient processes are in place for the assessment of the safety and quality of care. More management oversight was required to ensure good governance of the service.
- The service's ratings for each key question have not changed since our last inspection. The overall rating for the service remained at "requires improvement".
- More information is in our full report.

Rating at last inspection:

- At our last inspection, the service was rated "requires improvement". Our last report was published on 22 December 2017.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- The service is required to provide an action plan to us because there is a breach of a regulation.
- We made recommendations in our inspection report, which we will follow up at our next inspection.
- We will inspect the service again within one year of the publication date of this report.

## 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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our findings below.

**Requires Improvement** ●

# Goldcrest Care Services

## Detailed findings

### Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge about personal care of adults within the community.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and people with dementia. At the time of our inspection, six adults used the service.
- The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a manager registered with us.

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because the staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

- We did not ask the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with one person who used the service and two relatives.
- We spoke with the nominated individual, care coordinator, and one care worker.
- We reviewed five people's care records, two staff personnel files, staff training documents other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

# 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 on 13 November 2017, this key question was rated "requires improvement". We found effective systems were not in place to protect people from the risks of abuse or neglect. People were at risk as the service failed to ensure only fit and proper persons were employed. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the service had taken some steps to improve the safety of people's care. However, the rating remains at "requires improvement" as further improvements are required to ensure people's safety.

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.

Systems and processes:

- At our last inspection, there was a breach of the regulation pertaining to safeguarding people. The service had made sufficient improvements to ensure compliance with the regulation.
- No safeguarding allegations were reported by the local authority or referred to the service since our last inspection
- Care workers had received safeguarding training. This enabled them to understand abuse, neglect and discrimination.
- The safeguarding training commenced at induction. Some care workers completed safeguarding as part of the Care Certificate. The Care Certificate is a nationally-recognised set of 15 modules of learning for new care workers.
- Since our last inspection, care workers had repeated their training and all were up-to-date with their learning.
- There was a whistleblowing and safeguarding policy and staff were made aware of this during their induction. The care workers received a hard copy of the policies and procedures for their reference.
- The care coordinator and nominated individual had completed managerial level training in safeguarding people from abuse.
- The nominated individual explained an example of a person who they felt received insufficient care calls. This was raised with the person's GP and social services. The service refused to take the person's care package because of reluctance to increase the number of care calls to ensure safe care.
- Criminal history checks have been completed for all staff since our last inspection. New care workers must wait for the Disclosure and Barring Service (DBS) 'adults first check' before starting work.
- During the interview, staff were not asked questions about safeguarding or whistleblowing and there was no written competency checks for this.
- We recommend that the service includes questions about abuse and neglect in their interview processes.
- The service subscribed to a third-party HR company for any advice about staff investigations or disciplinary.

#### Staffing and recruitment:

- At our last inspection, there was a breach of the regulation pertaining to employment of fit and proper persons. The service had made sufficient improvements to ensure compliance with the regulation. The service required further investment in recruitment processes to ensure people remain safe.
- The nominated individual told us there were improvements to the pre-employment checks.
- We checked two staff personnel files to verify this. They contained all the necessary checks and documents to ensure fit and proper persons were employed. This included ID checks, a criminal history check, full employment history, checks of conduct (references), qualifications, health questionnaire and interview notes.
- The service completed an initial assessment before a person commenced a care package. This involved an assessment to determine the mobility to see if a second member of staff was required.
- The service proposed the amount of time and the number of calls per day. The service then ensured that it is safe to have the person receive the proposed care.
- Care workers were deployed to geographical patches, but also to people's preferences, for example with regards to particular staff.
- Travel time was worked out by the care coordinator. For example, one person had a care call at 6.15am at Burnham. The next call was at 7am at Taplow. That allowed the care worker to safely travel one mile between the calls and ensure the support was on time.
- When care workers took unexpected absences, then another care worker was used to cover people's calls.
- The service used one agency worker. This was because one person liked the care worker and wanted them to continue to provide the care.
- At the time of our inspection, the service did not have a reliable method for determining what time was spent by care workers at the call and whether the call was late or early.
- In January 2019, the service planned to implement the use of an electronic live staff deployment service. This would enable real-time monitoring of staff whereabouts and whether calls were late.
- Short term changes to the call schedule could be accommodated by the service being flexible to the requests from people. The care workers would adapt their rota accordingly to suit people's needs.
- The care coordinator and nominated individual were available to cover care calls if needed.
- Care calls could be extended if needed, but only if the person consented to it first.

#### Assessing risk, safety monitoring and management:

- Staff completed an initial assessment of people's needs. They asked for relevant documentation from the local authority or other commissioner.
- The service assessed each person's risks and the capacity to deploy appropriate numbers of care workers to support people.
- The service visited people in their home or other settings like hospitals. They spoke with the person and relatives, or another responsible person to gather information about risks.
- A risk assessment was completed to determine what the person's needs were and what support they required.
- The risk assessments covered topics like medicines, the person's functional ability, communication needs, risks in the home environment and equipment the person needed.
- The care documentation set out the risks and control measures in place to mitigate the risks. For example, one person's risks were related to falling out of bed. The care records showed that the person had bed rails in place and that care workers were to check these at any calls where the person was left in the bed at the end of the visit.

#### Using medicines safely:

- Continued improvement of medicines safety was required.
- None of the people who used the service at the time of our inspection required administration of their

medicines. Care workers however prompted people to take their own medicines.

- The staff training records showed care workers' medicines management training as up-to-date.
- Staff completed medicines safety training during induction, during the completion of their Care Certificate, and they repeated the training every year. These were online courses.
- The care workers undertook some practical training, but this consisted of only 'shadowing' more experienced workers and observational learning.
- We asked about medicines competency assessments for staff. These were not completed and there was no mechanism in place for checking the competency of staff who prompted or supervised medicines administration.
- In one person's MAR we viewed, the allergies box was left blank so it was unknown whether the person had any. The contents of the pharmacy box were listed. The GP was listed. There was a box prompting the care worker to sign that the blister pack was checked against the list of medicines on the form. Medicines were simply ticked off as "morning", "lunch", "teatime" and "evening". There was overwriting and crossing out of documentation when there were mistakes in the documented list of medicines. These processes could lead to confusion and increased the potential for medicines incidents.
- After our inspection, the provider wrote to us to advise care workers had received competency assessments and copies of three medicines policies.

Preventing and controlling infection:

- Staff completed training in infection prevention and control. They are required to repeat the training annually to refresh their knowledge.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers. They had access to handwashing facilities and alcohol-based hand rub for disinfecting their hands.
- Staff were required to complete training in food hygiene, so that they could safely make and serve meals and clean up after preparation.
- Spot checks of care workers' conduct with infection control were completed by care supervisors using a 'tick box' form.

Learning lessons when things go wrong:

- There were limited numbers of reported incidents and accidents.
- The service could make adaptations when things did not go as planned.
- For example, a person had to be ready for transport to a hospital at 6am for a routine appointment. After the person returned from their hospital appointment, they called the service and wanted their care call outside the planned schedule. The service could deploy two care workers to meet the change in routine.
- Incidents and accidents were communicated to the care coordinator via the person, relative, care worker or other parties (such as health and social care professionals).
- The care coordinator recorded these in a spreadsheet. For example, one person had a fall and the care worker called the ambulance. The person was transferred to hospital.
- There was no incident or accident form completed to show the details of the incident. There was no other supporting documentation either showing the circumstances of the event or what the management team did to investigate the matter.
- Better documentation of incidents and accidents would ensure people's safety, and the provider could analyse any trends or themes.



# 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 on 13 November 2017, this key question was rated "requires improvement". We found there were unsatisfactory levels of staff training, supervision and performance appraisals. Records of staff training were insufficient. People's consent was obtained but further information was required about alternate decision-makers and do not resuscitate preferences. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the service had taken some steps to improve the effectiveness of people's care. However, the rating remains at "requires improvement" as further improvements are required to ensure people receive care from well-supported staff.

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

Staff skills, knowledge and experience:

- The management team had acted to improve staff knowledge and skills since our last inspection.
- Relatives felt that the staff had the skills and knowledge to support them. One stated, "The carer has the right attitude, and she and my wife chat and get on well. She is getting to know her well."
- Improvements to the staff induction, training and supervision of staff were noted. Staff completed the Care Certificate; a nationally-recognised set of 15 learning standards for new workers to complete.
- The module completion is checked by the supervisor, the nominated individual and the care coordinator. Each module's completion was checked by the care coordinator.
- Staff had completed a satisfactory local induction and were provided the opportunity for supervisions and appraisals. One-to-ones were held more often, and appraisals had commenced.
- We were told staff supervision sessions took place monthly. The nominated individual stated that they are sometimes not written down. We provided feedback about recording all supervision sessions, and the nominated individual noted this for future care worker meetings.
- The supervision record was basic, with tick boxes and in one case the words, "wears jewellery sometimes" written down. The staff member had not signed the supervision record and there were no documented details about any meaningful discussion about performance or support between the two parties. In another example, the tick box form did not record any feedback from the staff member. The only information recorded was, "Punctuality. Only to speak in English [with people]".
- We recommend that the service reviews the quality of documentation for supervision sessions.
- We looked at a staff performance appraisal which was a tick box list of information including information about timekeeping, quantity and quality of work, acceptance of responsibility, and rated staff from 1-4 (good performance to cause for concern). Although there were boxes for strengths and weaknesses, problems encountered and training requirements, these were not always completed. The form was signed by the supervisor and not by the staff member. There was no record of a meaningful performance appraisal.
- There was no record of the dates of supervisions or performance appraisals. The service was not able to

demonstrate how often staff were supported to have the knowledge, skills and experience to carry out their roles effectively.

- No staff were completing further qualifications, such as health and social care diplomas, at the time of our inspection.
- None of the current management team had started or completed a managerial level qualification in health and social care management. The training company that was being used revoked their support in January 2018, but no further plans were made to start these courses.
- We recommend that the service keeps accurate records of the dates of all staff training.

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

- The details within people's care records was satisfactory. This was aided using the electronic care documentation system.
- Assessments of people's needs we saw were sufficient, expected outcomes were identified, and care and support regularly reviewed.
- We saw notes, such as progress information, kept in people's homes were appropriately recorded. The notes and care plans were updated as people's needs changed.
- The nominated individual explained that paper-based information related to people's care was being phased out. This would assist in the provision of a better, single 'picture' of each person within the computer care system.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to the person's home environment.

Supporting people to eat and drink enough with choice in a balanced diet:

- Information about people's eating and drinking was recorded during their initial assessment. In one person's care file, for example, it was highlighted the person had difficulty with swallowing. The record stated, "Might need mashed food".
- There was a care plan which detailed the person's need for eating food considered safe. The relative took the responsibility for the shopping and preparation of the food. The care workers heated the food. A speech therapist had made recommendations about the texture of the food. The person received pre-prepared foods from a company delivering to their door.
- There was no information in the care plan system about the person's drinks, but this was in the paper care plan which was four months old. The care coordinator explained both the paper based version and a print out of the care plan was in the person's house.

Staff providing consistent, effective, timely care within and across organisations:

- There was evidence that staff worked with other organisations to ensure people's need were met. The extent of evidence was limited because of the number of people who used the service.
- Where necessary, the service contacted other organisations to gather information about people who used the service. For example, this included social workers and the person's GP.
- The service liaised with others when a person's care needs changed or deteriorated. This ensured the service had the most up-to-date information available about the person's needs.

Supporting people to live healthier lives, access healthcare services and support:

- There was evidence that people's care was organised in conjunction with other health and social care professionals.
- One person's speech and language therapist was in contact with the service about their swallowing and communication. There was no record of the information that the SALT provided to the service. There was, however, a record of communication with the relative about the consistency of the food.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- There were contractual arrangements for the provision of care.
- A relative had signed a contract in lieu of a person, and it was stated there was a lasting power of attorney (LPA). The person refused to accept care. The service had not obtained a copy of the LPA and therefore could not be sure that the relative could legally consent on behalf of the person.
- However, there was evidence that the service was in contact with the relative about the power of attorney document. There was evidence that the service had contacted the Office of the Public Guardian to find out whether the person had a valid LPA in place.
- There was evidence that the service had contacted the OPG for another person and verified that there was a valid LPA in place what areas it covered (health and welfare) and who the attorney was.
- There was a consent form which people with capacity could use to consent to various aspects of their care. This included, for example, administration of first aid, calling a GP, arranging admission to hospital, entering their property to carry out the care and using the key safe.
- There was a mental capacity assessment for one person, which included the 'two-stage' test and the four steps set out in the MCA codes of practice. However, it then went on to record functional aspects of life. No conclusion was reached about whether the person had the capacity to consent or not.
- In the summary of the notes, it was recorded that the person's representatives would make the decisions for them as they had a lasting power of attorney, but the LPA or confirmation was not obtained. We pointed this out to the nominated individual, who agreed to update the care documentation and pursue the LPA information.
- Staff received training in the principles of the MCA and how to apply it during the provision of care calls. A care worker we spoke with could clearly explain how they applied the principles of the MCA to their role, and the responsibilities required.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- The service continued to be caring.
- The service provided friendly care. Care workers were kind and knew people well.
- The nominated individual and care coordinator were described by staff as involved in the day-to-day care of people. This included the management of information from people and relatives, as well as occasional provision of direct support during care calls.
- A relative stated, "Goldcrest provide what we want. It's the same girl each day. She [the care worker] and my wife get on well. The carer worked with children before. I think she does an adequate job."
- A person said, "Yes they [staff] treat me with respect. They are kind and they ask your permission before they do things. No ideas for improvement really."

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

- People and relatives were asked for their feedback about the care.
- The nominated individual and care coordinator asked for the feedback via letters or e-mails, as this was the most effective method for obtaining comments due to the size of the service.
- Where care workers received the feedback in the first instance, they summarised the information and sent it to the office.
- There were good examples of feedback from people and relatives. This showed people's involvement and inclusion in their care
- Comments included, "The assessment of [the person's] needs was thorough and, from the first visit to the last, [the person] was treated with care and respect by all members of the time who supported him whilst he was living at home. [The nominated individual] and [care coordinator] monitored the care needs regularly and were in constant contact with us to ensure that we were aware of any amendments necessary."
- Another relative stated, "My mum and I just wanted to thank you and your lovely staff for caring and going beyond your duties in caring for our lovely [person] who was struggling for the last couple of years. He felt secure and comforted in the knowledge that he has great support from all [staff] that helped him at Goldcrest."
- There was evidence of people's and relative's involvement in care planning and review. Some people had complex care needs which prevented them from participation, however it was clear relative and others had read and reviewed the care plan.

Respecting and promoting people's privacy, dignity and independence:

- A care worker we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- There were both male and female care workers and management at the service. This enabled the ability for

people to choose the gender of the staff members who would provide their care. People's preferences for a particular care worker were also considered, and accommodated where possible.

- Confidential personal information was accessed and stored correctly by the management team. This ensured the privacy of people's and staff's records.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery of care.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- The care records documented that the service identified and recorded communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it.
- Some people had very complex needs, and staff recognised the need for alternative methods of communication with them.
- Care documentation explained what communication aids such as glasses, hearing aids or technology people required as part of their daily care.

Personalised care:

- The service continued to provide responsive, person-centre care.
- People and their relatives were fully consulted at the start of any care package. An assessment was completed and a care plan is written. A copy was sent to the person or their representative and any amendments are made as required. After the care plan was finalised, a copy was placed in the person's house.
- Care plans were reviewed every six months for paper versions, however with the electronic care planning system care plans would be updated more frequently.
- Care plans would be completely updated again in January 2019, before the deployment of mobile handsets to the care workers. The mobile handsets would provide the most current information about people to the care workers who completed the care calls.
- A person commented that the service was flexible to their changing needs. They said, "My family are all very close. The carers are flexible on times. They come in extra early to help out if needs be."
- A relative wrote, "The carers have done a great job with mum's skin. The [issues] with her arms and legs has cleared up completely and is much improved on [other parts of the body]." The comment was in response to the attentive care given by the staff to the person who used the service.

Improving care quality in response to complaints or concerns:

- A satisfactory complaints management system was in place. This included a complaints policy, information for people and relatives about how to raise concerns and forms for documenting complaints.
- If there were concerns or minor issues, these were raised by people or relatives with the care worker or by telephoning the office. These were managed as informal concerns rather than formal complaints requiring more detailed investigation.

- A complaints form was used. Some improvement to the documentation of formal complaints was required, to ensure there was a clear audit trail of how any issues were resolved.
- There was a telephone complaint from a relative that a care worker left a call early. Action taken by the care coordinator included speaking with the care worker to gather information. The care coordinator wrote they, "found out the situation" to establish what happened. There was a statement from the care worker but no record of the meeting with the relative. There was no letter of acknowledgement or record of the outcome being communicated with the complainant. The care coordinator explained the matter was successfully resolved.
- There was another complaint about two staff members. A friend of a person who used the service made the complaint, and the nominated individual responded via e-mail.
- There was some useful information in the complaint response by the nominated individual. However, although the friend provided options to the service to resolve the matter, the service did not choose to follow through with the potential actions. This was a missed opportunity to resolve the matter amicably.

#### End of life care and support:

- No one received end of life care at the time of our inspection
- Some people had 'do not resuscitate' forms within their care records. This provided staff with information about whether to provide resuscitation and all 999 in the event of a person's cardiac arrest.

# 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 on 13 November 2017, this key question was rated "requires improvement". We found had not complied with a condition of their registration. Following our last inspection, we liaised with the provider to ensure that they met the condition. We are satisfied the provider has complied with the registration requirement. However, at this inspection, we found the service had taken insufficient action to implement systems to monitor the safety and quality of care. This resulted in a breach of a regulation. The rating remains at "requires improvement" as actions are required to ensure the service complies with the regulation and achieves a rating of at least "good" at the next inspection.

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- We asked people and their relatives about the management of the service. They provided mixed feedback about the quality of leadership.
- One said, "We met the owner, and [they] have made a couple of visits. We have a coordinator which works well. They do listen. If I said we didn't like [a certain] carer, they would send another one instead."
- The provider had relevant policies in place, but some required review and others contained outdated information.
- We received statutory notifications from the provider, but these were not required as the matters in the forms did not related to personal care. This was a misunderstanding of the regulation by the nominated individual.
- There was a statement of purpose in place, which was accurate and up-to-date. The aims and objectives in the statement of purpose were basic, and required review to ensure they were aligned with the service's core role.
- After our last inspection, we provided a recommendation in our report for the provider to "implement a suitable system to assess the safety and quality of care." The provider had not satisfactorily acted on our recommendation.
- We asked the nominated individual for evidence of any audits or checks of the safety and quality of care since our last site visit. They explained they did not have any they could show us which would demonstrate a well-led service and complied with the relevant regulation.
- The nominated individual stated, "There might be things we may not be aware of through inexperience, so a consultant will check and explain this to us. We were planning to have this before our [CQC] inspection but there were too many other things that...[took up our time]."
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider wrote to us after our inspection to advise they were engaging a compliance consultant to



assist with a service improvement plan, a risk register and process flowcharts for each aspect of the service's operation.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager was absent at the site visit. The nominated individual explained why. However, the registered manager had not actively managed the regulated activity (personal care) since our last inspection. The nominated individual described the occasional involvement of the registered manager, but there was no supporting documentation to show their checks of the quality or safety of the service.
- As the registered manager did not actively manage the personal care, the provider was obligated by regulation to advise us of the staff member who supervised the delivery of the service. They had failed to do this.
- At the site visit, we discussed the availability of the registered manager. The nominated individual explained they would not be involved in the day-to-day operation of the service. We provided advice about having a registered manager in place that was actively involved.
- After the inspection, the nominated individual wrote to us to advise the registered manager would step down, and they would apply to register as the manager.
- The care coordinator was knowledgeable in their role and committed to providing good support to the staff. One care worker we spoke with confirmed this, and provided positive feedback.
- After our inspection, the nominated individual wrote to us with additional information. They advised they and the care coordinator had enrolled in a management level health and social care diploma.

Engaging and involving people using the service, the public and staff:

- We were told there were three staff meetings held since our last inspection, but there was only one set of meeting minutes. Topics discussed at prior meetings included the use of personal protective equipment and the use of a prior online care recording system.
- The most recent meeting included topics such as the use of the rollout of the new electronic care recording system, training for safeguarding for in December 2018 and the use of personal protective equipment
- There were no memos or newsletters to staff. There were no other methods used to provide updates to the staff or to receive feedback from staff, except on a personal basis via the phone or e-mail.
- There was a staff survey sent to three care workers in September 2018, but it is unknown where the results of the survey ended up. They were unable to be provided at the time of the inspection. We could see a blank copy of a staff survey which had scores from 1-5 and respective ratings from very poor to very good. Questions included opinions about training, friendliness of other staff, opinion about induction training, overall impression about the way the organisation is run. Without the results, the service could not determine the perceived workplace culture.
- The nominated individual had started a "process handbook" for each operational process, such as recruitment, induction and all the different aspects of the service. However, there was no content apart from a title page and template for the rest of the handbook.

Continuous learning and improving care:

- The service requested people's and relatives' feedback using surveys, although there was no set frequency for assessing people's satisfaction with the care and quality.
- Three responses were received in 2018.
- The survey asked questions on a rating scale of very poor to very good, and checked topics such as the standard of care, whether people's rights were protected, whether people knew how to make a complaint.
- Examples of feedback included, "[I] took time to get to know the staff but have a good relationship with them now", "[The service is] prompt and helpful", "Personal care given is very good..." and "Carers are always helpful."

Working in partnership with others:

- The service continued to work effectively with relevant community stakeholders. This included the local authority.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). The registered person failed to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>