

Virtue Care Ltd

42 Alexandra Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

42 Alexandra Road is a domiciliary care agency providing personal care to people. Since the last inspection, most people supported receive live-in care, but 2 people still receive domiciliary care calls. The service provides support to both younger and older adults, who may have a disability, people with mental health needs, a learning disability or people with dementia. At the time of our inspection there were 9 people using the service.

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

People and their relatives reported the quality of care provided since the last CQC inspection had improved. They said the care was now, "Pretty good," "The care is fine" and "On the whole very good."

The registered manager had made the required improvements to medicines management and people received their medicines safely. Some further work was required, in order to continue to embed the improvements made and to ensure continuity. The medicines audit process required further work to ensure it was fully effective. The registered manager needed to further review some aspects of people's records, to ensure they were accurate. They also needed to continue to work on improving communications between the office staff, people and relatives.

The last inspection report had not been displayed as legally required, this was addressed immediately. It will take time for the provider to be able to demonstrate they have met the additional condition placed upon their registration following the last CQC inspection.

People were protected from the risk of abuse, through the processes and staff training in place. Potential risks to people had been re-assessed and they were appropriately supported by staff to enable them to stay safe. There were sufficient staff to provide people's care. As the service grows and staffing increases, people will need to be given more choice over the staff providing their care. Staff had been recruited safely. People were protected from the risks of acquiring an infection. Staff were encouraged to report incidents which were then reviewed and required actions taken.

Staff were sufficiently skilled for their role and they received regular supervision and support. Staff supported people to eat and drink enough for their needs. No-one currently supported was at risk around swallowing food or drinks, but the registered manager understood the need to refer people to professionals if required and was arranging relevant training for staff. People's care and support needs had been assessed and were delivered in accordance with legislative requirements and national guidance. People's healthcare needs had been identified and where the person wished staff to be involved, they liaised with professionals for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People and relatives reported staff were kind, compassionate and respectful. Staff ensured people's privacy, dignity and independence were upheld. People were supported to be actively involved in decisions about their care provision.

People's care was planned and personalised to their needs and preferences about how they wanted their care to be provided. Staff were trained and supported to care for people at the end of their life.

People and staff's feedback on the service had been sought. The registered manager had promoted a more positive and open working culture. They had ensured staff understood their role and responsibility to keep people safe. They had informed CQC of significant events as required. Staff audited aspects of the service and when issues were identified, relevant actions had been taken. People's complaints were listened to, investigated and any learning identified in order to make improvements. Staff worked in partnership with external stakeholders and professionals to provide people's care and to make improvements to the service.

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.

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 18 August 2022) and there were 10 breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on actions we required the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 42 Alexandra Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will also monitor the provider's compliance with the additional condition CQC placed upon their

registration following the last inspection.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 42 Alexandra Road

## 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 completed by an 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 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. 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. At the time of our inspection there was a registered manager in post. The registered manager is also the provider for this service.

#### Notice of inspection

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

Inspection activity started on 4 January 2023 and ended on 17 January 2023. We visited the location's office on 6 January 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from professionals involved with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 6 people's relatives about the care provided. We also spoke with the registered manager who is also the provider and 3 members of staff. We reviewed 5 people's care plans and records. We reviewed 3 staff recruitment records and records relating to the management of the service. A variety of records relating to the management of the service, including audits, staff training records, policies and procedures were reviewed.

# 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 two inspections the provider had failed to ensure the safe management of medicines. This was a continued breach of Regulation 12(1) 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 12.

- People had topical cream charts, which provided visual and written guidance for staff about the application of people's topical creams. The topical cream charts for 4 people had not all been updated following changes. However, people's medicine administration records (MAR's) which staff followed had been updated. We saw staff had administered people's topical creams safely, in accordance with the instructions on the MAR. However, when changes were made to the MAR, the topical cream charts also needed to be updated, to ensure accuracy and continuity. This was brought to the registered manager's attention for them to rectify.
- Staff had recently started leaving a person's morning medicines out for them to take as per their verbal instructions. The registered manager understood a written risk assessment should have been in place prior to this change, which they were in the process of arranging. They addressed this immediately after our site visit.
- The registered manager had reviewed the medicines policies, to ensure they were up to date and reflected current good practice guidance.
- People had clear medicines plans, a list of their medicines and there was guidance for medicines people took 'as required'. People had electronic MAR's. Staff signed the MAR after they had administered people's medicines and these were then checked for completeness.
- Staff were up to date with their medicines training and their competency had been assessed before they administered people's medicines. Staff spoken to understood their role and responsibilities in relation to medicines administration. A member of staff needed to refresh their competency assessment, as it was just over a year old. The registered manager was aware of this and had taken measures to satisfy themselves of the staff member's continuing competency, whilst they arranged for this to be completed. Staff's medicines training included awareness of the potential fire risks associated with emollients, used to moisturise people's skin.
- Some aspects of medicines management required further work, to ensure national guidance was consistently applied and to continue to embed the improvements made. There was no evidence people had



not received their medicines as prescribed nor had they been put at risk of harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection there had been a failure to operate effective safeguarding processes to protect people from the risk of harm. A breach of Regulation 13(1) 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 13.

- Staff had completed safeguarding adults and children training and understood their responsibility and duty to identify and report any safeguarding concerns. Staff had access to body maps to record any injuries and told us, "If saw a bruise I would tell the office." Staff recorded any financial transactions for people, such as shopping. Staff felt able to raise any issues as required. Records showed staff had reported incidents and events to the office staff for them to determine if further action was required.
- The registered manager had reviewed the safeguarding policy since the last inspection, to ensure it was up to date and reflected current guidance. The statement of purpose, also provided details of the safeguarding policies in place to keep people safe. People and relatives told us they did not feel there was a risk of avoidable harm. They felt staff supported people appropriately.
- The registered manager had acted appropriately when safeguarding concerns had been identified. They were open with staff and had shared the findings from a safeguarding investigation, at a staff group supervision, to enable them to learn from the findings. They also kept a safeguarding log to enable them to monitor safeguarding records for any trends or themes.

Assessing risk, safety monitoring and management

At the last inspection there had been a failure to provide people with safe care and treatment. This was a breach of Regulation 12(1) 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 12.

- The registered manager had ensured risks to people had been reviewed since the last inspection. There was clear and specific guidance for staff about people's individual risks and how these were to be managed, including how to use equipment safely. People's daily care records demonstrated the care they had received from staff to manage identified risks to them, for example, in relation to mobilising, skin breakdown, nutrition, personal care and their environment. We saw people had received their personal care as required.
- People and relatives reported the care provided by staff was safe. A relative said, "I am happy with the management of the risk of pressure ulcers."
- Staff had completed training in areas such as how to support people with dementia when they were communicating a need, expressing feelings or an emotional reaction if required. For example, a person's daily notes showed when they had experienced an episode of confusion, staff had provided reassurance and re-directed the person's attention until they felt calmer. A relative said, "[Name of staff] has a calm manner and can cope with [name of loved one], [staff] knows what to do."
- Staff had written guidance and were told to ensure any concerns they identified were reported to the office. Records showed, staff had reported incidents to the registered manager.

## Staffing and recruitment

At the last inspection there had been a failure to deploy sufficient numbers of staff to meet people's care needs as commissioned. A breach of Regulation 18(1) 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 18.

- Since the last inspection, the registered manager had decided to streamline and focus their service provision on live-in care for people. They no longer supported people who lived in Hounslow. Only 2 people still received domiciliary care and they had regular care staff. No-one received double-up care calls. The registered manager advised their call delivery times and duration were monitored daily. Records showed staff stayed with people for the time commissioned.
- There were sufficient live-in care staff to provide people's care, however, due to the small number of people supported and the small number of staff employed, there was a limited choice. The 3 office staff supported with cover if needed, to enable people's live in carer to take their leave when required. Not all live-in care staff chose to take their daily break, they preferred to be paid instead and some wanted to accrue their annual leave and take it in a block. The registered manager told us 5 additional staff were in the process of being recruited or were about to start their induction. This will further increase staffing capacity and choice and will enable them to start to take on new care packages for people.

At the last inspection there had been a failure to ensure relevant recruitment checks had been completed. This was a breach of Regulation 19(1) 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.

- The registered manager had a sponsorship licence to recruit overseas staff. They had attended a workshop to ensure they were aware of their legal responsibilities and of the documentation staff were required to provide for their visa application. They had updated their recruitment policy since the last inspection, to ensure it was up to date and reflected current guidance.
- Staff files reviewed showed the required pre-employment checks to assess staff's suitability for their role had been completed. The registered manager ensured overseas workers applied for a Disclosure and Barring Service (DBS) once they arrived in the UK. Overseas staff did not provide people's care until their DBS certificate had been obtained and reviewed. The DBS provides information including details about convictions and cautions held on the Police National Computer. The registered manager had also sought a full employment history and satisfactory evidence of the applicants conduct for all their previous roles in health or social care.

## Preventing and controlling infection

At the last inspection there had been a failure to ensure the risks of infection were controlled. This was a breach of Regulation 12(1) 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 12.

The registered manager had reviewed the infection control policy since the last inspection, to ensure it was up to date and reflected current guidance.

- Staff had completed the provider's infection control and food hygiene training as part of their induction. The registered manager told us as a learning outcome from a complaint received, staff had been reminded of the importance of maintaining a clean environment for people and ensuring any out of date food was disposed of, in order to protect them from the risk of acquiring an infection. A relative told us staff ensured, "The house is clean" another person told us how due to their sight impairment, staff ensured food in their fridge was placed in date order. This helped ensure they did not eat out of date food.
- Staff told us they had the personal protective equipment (PPE) required to enable them to provide people's care safely. We observed a staff member collect PPE supplies from the office.

#### Learning lessons when things go wrong

- The registered manager encouraged staff to be open about people's safety and ensured they had relevant numbers to raise any issues. There were senior staff on-call out of hours if people or staff needed to report any issues. Staff understood what to report and how and felt able to do so.
- People's records showed when something had gone wrong, it had been reviewed, reflected upon with the staff member where applicable and any learning had then been shared amongst the team. Records showed who had been informed about incidents both internally and externally, in order to enable any required actions to be taken for the person.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection there had been a failure to ensure staff were always sufficiently skilled for all aspects of their role or to provide ongoing supervision. This was a breach of Regulation 18 (Staffing) 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 18.

- The registered manager told us having arrived in the UK, new staff completed a 4 to 5 day induction to their role, with the first day a face to face classroom based session. Staff then completed a mixture of online training and shadowing of more experienced staff. Staff were required to complete the Care Certificate, 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. All but one person spoken to felt staff now had sufficient training for their role.
- The registered manager told us they had completed the 'train the trainer' course to enable them to train staff in the practical aspects of moving and handling. They had also sourced equipment for staff to use to practice their moving and handling skills. The registered manager had investigated courses for overseas staff to develop their cookery skills and knowledge but had not yet been able to book any. However, people reported staff understood how to use their kitchen appliances and could re-heat their microwave meals safely. Staff were now encouraged to complete meal plans with people, which helped them serve appropriate meal combinations.
- The registered manager advised no-one supported had a diagnosis of a learning disability. They understood the legal requirement for all registered health and social care providers to ensure their staff received training in learning disability and autism, at a level appropriate to their role. Staff had completed this training as required.
- The registered manager provided evidence after the site visit office staff had enrolled for professional qualifications in health and social care. Staff had completed relevant training for their role.
- Staff had received one to one and group supervisions of their work since the last inspection. Staff's frequency of supervision reflected the requirements of the revised supervision policy. The registered manager kept a record of what supervision staff had completed. Staff who supervised others had completed relevant training. A relative confirmed office staff had visited them to make check on the live-in care staff.

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

At the last inspection there had been a failure to ensure people's nutrition needs were assessed by a professional when people presented with swallowing problems. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- Since the last inspection, people's nutritional needs and any associated risks had been reviewed to identify if anyone required referral to a relevant professional. No-one currently supported required this support, but the registered manager understood how to refer people to the speech and language therapy service if needed. The registered manager had arranged for staff to attend International Dysphagia Diet Standardisation Initiative (IDDSI) training. This framework uses agreed definitions to describe the safe consistency of food and drink for people, which staff can then follow. The training provider had cancelled the training and the registered manager was waiting for new training dates.
- Staff had clear guidance about people's nutritional and fluid requirements, support needs, risks, wishes and preferences within their care plans. Staff documented what people had eaten and drunk across the course of each day.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At the last inspection there had been a failure to ensure procedures when people appeared to lack the capacity to make decisions about their care met the requirements of the MCA. This was a breach of regulation 11 (Need for consent) 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 11.

- The registered manager advised no-one cared for currently lacked the capacity to consent to the provision of their care. Since the last CQC inspection, they had received external professional guidance and input, to enable them to develop their understanding of the MCA. They now had access to relevant tools to enable them to complete and record MCA assessments and best interest decisions, if a person lacked the capacity to make a specific decision about their care. They told us about an example where they had assessed the mental capacity of a person they no longer supported to make a specific decision and how they had liaised with relevant parties to make a decision in the person's best interests.
- Staff had received MCA training and had access to the MCA policy which had been reviewed since the last

inspection, for guidance. Staff spoken to confirmed they had completed this training and understood its application in relation to their role. They understood how to support people to be able to be involved in making day to day decisions about their care. Such as showing people choices and writing information down for them to aid their understanding if required.

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

- The registered manager had reviewed people's assessments, care plans and records to ensure they accurately identified and reflected people's care needs and how they wanted them met. People's care plans met legal and good practice requirements.
- People's care plans identified their needs in relation to their protected characteristics under the Equality Act 2010. Their care and support needs related to their religion, age, disability and ethnicity had been recorded. Staff had received training in equality and diversity.
- People's oral health care needs had been identified and addressed, in accordance with good practice guidance.
- The registered manager received social care updates from different sources, these kept them informed of good practice, updates and changes in adult social care. It ensured they were updated about health and social care information and local information which could impact people's welfare. They were also a member of social care professional forums, where they could access advice and guidance.

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

- Staff worked with other services to understand and meet people's needs. They liaised with people and professionals where the person wished them to be involved, to ensure their needs were met. People were supported where required to follow professional's guidance to maintain their health and welfare. Staff ensured people were referred to external services when required.
- People's care records detailed their diagnosis and its impact upon them and how this was to be mitigated if possible. For example, one person had limited movement in one side and their care plan informed staff about which side of them to dress first. Another person's records detailed how they could be enabled to participate in activities. People's care plans alerted staff about potential risks to their health and any indicators or signs the person might be becoming unwell.

# 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.

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

At the last inspection there had been a failure to ensure people were always treated with compassion, dignity and respect. This was a breach of Regulation 10 of the HSCA 2008 dignity and respect.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People and their relatives told us staff were kind and caring and treated people well. They were positive about the attitude of staff and their relationships with them. Their feedback included comments such as, "We [person and their carer] get on alright," "The carers are very nice and kind," "They [staff] are caring" and, we are "Very happy with the current carer." A person said, "They [staff] ask if [I need] anything else before they leave."
- The registered manager told us they wanted to recruit the right staff, who were compassionate and whose personal values were aligned with the values of the service. They assessed applicant's values and attitudes and whether they met their requirements during their interview for their role. Staff records showed applicants had been asked at interview about their motivation for working in social care and their experience. They had been asked how they would maintain a person's privacy and dignity during the provision of their care. The registered manager told us, "People have a right to expect good care and to receive it."
- Since the last inspection, the registered manager had reviewed their dignity and privacy policies. Staff completed equality and diversity training, to enhance their understanding of people's difference's and to increase their confidence. Staff had the knowledge and skills to provide compassionate care and understood the support needs of the people they cared for. They treated people with dignity and as individuals. People's care plans informed staff of what they could do for themselves and best to enable them to be independent.
- People's social care needs were understood by staff, who supported them to maintain relationships with those they were close to. A person said they had, "Lots of visitors."
- People's communication methods were noted and how these were met, including those of people who don't speak English as their first language. For example, staff communicated with one person using photos and observing their facial expressions.

At the last inspection there had been a failure to ensure people's confidentiality was maintained in their records. This was a breach of Regulation 17(1) 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 17.

- People's records had been reviewed and re-written where required. They only contained information specifically about them and relevant to their care.

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

- People were involved in making decisions about their care. They had been asked to sign their care plan, to demonstrate their involvement and agreement with the content. The registered manager understood people's right to make their own decisions about their care.
- People's daily records now provided a greater level of detail about how people had been within themselves and the care which staff provided.
- The provider's statement of purpose and service user guide provided people with relevant information about the service provided.



# 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. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection there had been a failure to ensure people's care plans were personalised to their needs, preferences and interests. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People's care plans had been rewritten with them or their representative since the last inspection. People's care plans were detailed, individualised and reflected the person's choices and preferences about their care. The plan included detailed information about the person's personal history, to enable staff to understand about the person's background and what was important to them. The care plan reflected people's whole life and how people could be empowered to be as independent as possible.
- Staff supported people to participate in activities of interest to them where possible. A person's care plan stated one of their personal interests and their relative confirmed their live-in care staff supported them to enjoy this activity. A person told us, "We [the person and their live-in carer] go out for a walk."
- Live-in care staff told us they received a handover from the existing live-in care staff about the person's care needs and preferences and they had read the person's care plan. Staff were familiar with the content of people's care plans. A staff member confirmed, "There is a care plan, it is detailed and has all of the relevant information."
- People and relatives confirmed they had a copy of the care plan for their records.

### 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 had an accessible information policy to guide and inform staff. People's communication needs and how staff were to meet them were clearly documented.

#### Improving care quality in response to complaints or concerns

- People were given information about how to make a complaint in the provider's service user guide, the statement of purpose and the complaints policy. People knew how to provide feedback on their care. When people made either a verbal or written complaint, action had been taken.
- When complaints had been made, the registered manager had investigated them in accordance with the complaints policy. We saw although they had not been able to address a complaint to the person's satisfaction, there was evidence the learning from the investigation into the complaint had been shared with staff and used as an opportunity to make improvements to the service. The complaint received had been used as an opportunity for reflection and learning.

#### End of life care and support

- Staff had completed end of life training and had access to the provider's guidance. Although no-one required end of life care at the moment, the registered manager was able to demonstrate how they planned people's care at this time with them and the guidance provided for staff. This included guidance about the symptoms the person may experience as they neared the end of their life and the corresponding actions required of staff. The outcomes to be achieved and the support staff required to achieve them.

# 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. At this inspection the rating has changed 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: Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last two inspections there had been a failure to fully mitigate the risks relating to people's safety and welfare. To always maintain accurate and complete records or to assess and improve the quality of the service provided. These were breaches of Regulation 17(1) 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 17.

- Staff and the registered manager, had not identified some topical cream charts needed to be updated. Although people had received their medicines as prescribed and safely, and were not at risk of harm. Further work was required to ensure staff always checked people's topical cream charts thoroughly before administration, so any anomalies could be identified and addressed promptly. Further time was required, to demonstrate the medicines audit process was fully robust and embedded.
- Staff completed daily checks and monthly audits of different aspects of the service. Staff audited people's MAR records, care records, staff recruitment files and infection control. Visit times and duration were monitored for people who received domiciliary care. Staff's audits had identified aspects of the service where improvements were required and relevant actions had been taken. Staff identified in October and November 2022 there were some gaps in the completion of people's MAR's. The registered manager advised this had been addressed with staff and the MAR's for December 2022 which we reviewed were complete. Office staff completed a care records audit in December 2022, it noted there were some issues with a member of staff's records. The staff member was to be sent an exemplar to show them how to complete their records to the required standard.
- There had been improvements both in the accuracy and the level of detail in people's care plans and daily records. Although people's records had all been reviewed and updated by staff, occasionally they referenced an incorrect pronoun for the person. This was brought to the registered manager's attention for them to rectify.
- The registered manager understood the extent of the issues identified at the last inspection and with external support and guidance from the local authority and an external consultant had developed a robust and detailed service improvement plan and most of the required actions had been completed. This

demonstrated a significant amount of work had been taken to improve the service since the last inspection. We saw evidence of improvements across the service. They had also attended a training event focused on improving their CQC rating. They had reviewed their policies to ensure they remained up to date and provided relevant guidance.

- The registered manager had sought both people and staff's feedback on the service. People's views had been sought at their reviews and an accompanying survey. Staff's views were sought at their supervisions and staff meetings. People's questionnaire responses, showed they were happy with the service received. We received feedback from 2 relatives that a profile for live-in carers would be helpful as they had only been provided with the staff's name before they started work. This was shared with the registered manager who then provided evidence after the site visit they had acted on this feedback.
- The registered manager had re-assessed individual risks to people and any risks identified had been mitigated for their safety. Staff were motivated and understood their role and responsibilities in relation to people's safety. Staff were provided with relevant information and guidance in order to keep people safe.

At the last inspection there had been a failure to inform CQC of a notifiable incident. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager had submitted notifications of notifiable incidents to CQC as required following the last CQC inspection.
- The provider's last CQC report was not displayed either in their office or on their website at the start of the site visit as legally required. We spoke with the provider at the site visit and this was addressed immediately.
- The provider had a condition placed upon their registration following the previous inspection. This meant they could not accept any new packages of care for people without the prior agreement of CQC. Since the last inspection, the provider has not been commissioned to take on any new packages of care for people. Therefore they have not yet been able to demonstrate their ability to take on new people safely or their adherence to the condition. The provider understood the requirements of the condition, which remains in place.

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

- The registered manager understood the duty of candour to ensure relevant people were informed of incidents and had ensured this took place.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The registered manager had promoted a more positive and open culture which was better focused on achieving good outcomes for people. They engaged with staff and stakeholders. People and relatives feedback on the service was more positive than at the last CQC inspection, they told us they were happy with their staff. A person said, "I'm quite happy with the service," a relative said, "It's all good." Some relatives reported they felt further improvements were required to both the frequency and content of communication from the registered manager and office staff. Some relatives reported they were not always aware of who was replacing their loved one's live-in carer when they took a break or if they planned to return, which caused anxiety. The registered manager told us staff were informed of changes and they were supposed to communicate this information to people and relatives. They had discussed the need to improve communication across the team with staff at a recent meeting. When the service grows, the registered manager will also need to identify how to enable people to have more choice and involvement

over which staff member provides their live-in care.

- Staff spoken with were happy in their work and satisfied with the training and support they received.

Working in partnership with others

- Since the last inspection the registered manager had received external support and input from relevant agencies, to support them to make the required improvements. They had worked with stakeholders and agencies to provide people's care and ensure their needs were identified and met.