

BBC Care Service Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

BBC Care Service Limited is a domiciliary care agency providing personal care to older and younger people with physical and health related care and support needs, some of whom live with dementia or learning disability. At the time of our inspection there were 5 people using the service.

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:

People's care plans had significant discrepancies and lacked information around their individual risks, needs and preferences. The registered manager was not always able to explain to us those discrepancies to identify people's needs correctly. The risks to people were mitigated by the fact they were supported by consistent staff who knew them well. However, should staff or people's individual needs changed, people could be at risk of avoidable harm or receiving poor quality care. Despite these shortfalls, people told us their day-to-day care had overall improved and they felt care was now person-centred.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Although people and their relatives told us they were asked for their consent for care, the registered manager did not always follow Mental Capacity Act 2005 (MCA). The registered manager had limited knowledge and understanding of MCA and people's records lacked information on how their rights were protected.

Right Care:

People did not receive safe support around their medicines and their care plans lacked information around individual risks which put people at risk of avoidable harm. People's experience of care and support had overall been improved as the registered manager ensured support was provided by a consistent staff team who knew them well and had previous experience working in social care.

Staff received support with additional training, supervision and observations of practice. Staff told us they felt supported by the registered manager and valued. People told us staff were kind, caring and patient

when providing care. People and their relatives felt involved in their care. Staff supported people to eat and drink well and to do what they wanted when needed. Staff knew how to help people to access healthcare and social care services.

Right Culture:

The registered manager had not implemented effective governance systems and processes. Multiple shortfalls around safe medicines management, quality of people's care and risk management plans, MCA or staff pre-recruitment checks were not identified within the audits and checks implemented since the last inspection. This placed people at risk of harm as shortfalls around their care would not be identified by the registered manager and addressed in a timely way to mitigate risks.

The culture of the service was supportive, and the registered manager worked in an open and transparent way, both with people, their representatives as well as with staff and other stakeholders. The registered manager worked in partnership with people's supporters, social services and healthcare services in the local area and sought support from local social care networks.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 1 June 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 some improvements had been made and the provider was no longer in breach of regulation 18 (Staffing), regulation 16 (Complaints) and regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider remained in breach of regulation 12 (Safe care and treatment), regulation 17 (Good governance), regulation 11 (Need for consent) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the provider reviewed their responsibilities under the Accessible Information Standard. At this inspection we found the provider made improvements in this area.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to safe care and treatment, good governance, how people's capacity to give consent was assessed and how staff's suitability for their roles was checked at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 'Inadequate' and the service remains 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 rating, 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 safe.
Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our well-led findings below.

Inadequate ●

BBC Care Service 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

Two inspectors carried out the inspection.

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. The registered manager was also the provider of this service.

Notice of inspection

We gave a short period 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 24 October 2022 and ended on 4 November 2022. We visited the location's office on 24 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a 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

We spoke with a person who used the service and 4 relatives of the people about their experience. We spoke with 4 members of staff including the registered manager and care staff.

We reviewed a range of records. This included 5 people's care plans and medicines records for people supported with their medicines. We looked at recruitment checks and training records for 4 staff members. A variety of records relating to the management of the service, including management records were also 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. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. This was a breach of regulation 17 (Good governance) 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.

- At the last inspection risks to people had not been always consistently managed, recognised and addressed clearly in their care plans. When people were diagnosed with specific health conditions, their care plans lacked guidance for staff on people's specific needs. Although people told us they found the care they received to be safe, the registered manager failed to show how they assessed and monitored people's individual risks and what guidance they provided to staff.
- For example, one person required specific support around moving and handling and had suitable recommendations in place from a healthcare professional on how to support them safely. However, these recommendations were not included or signposted to in this person's care plan. This posed a risk of staff trying to help them in a wrong way which could cause them discomfort or injury.
- Another person was assessed as requiring mobility support and needs around day to day activities such as washing, dressing or continence care. However, there was no clear guidance for staff how to support them safely. The person also was said to experience distress related to their health needs but there was no guidance for staff on how to support them with this. The person's care plan also included contradicting information around the mobility aids they used or support they needed to keep their skin healthy. The lack of appropriate guidance for staff put people at increased risk of harm as staff were not given clear guidance what support people needed to stay safe and well.

The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection immediate risks to people were mitigated and people told us they felt the care they received was safe. This was because they were supported by small and consistent staff team and

the registered manager closely monitored staff's practice, also providing care themselves. Staff we spoke with knew people and their needs well and asked people (or their representatives) what they needed before supporting them. People who were supported at the time of the inspection required assistance only with some activities of daily living and their personal care and overall care was overseen by family members.

Using medicines safely

At the last inspection the provider had failed to safely support people with their medicines. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- At the last inspection it had not always been clear what support people required around their medicine. There had been very limited assurances people were supported safely when staff administered their medicines for them due to the quality of the records and staff helping people without appropriate training.
- At this inspection people's support needs around their medicines were still not fully reviewed and there was contradicting, unclear information in people's care plans around what support they required. For example, for one person it was stated they needed help to use a specific medicine but there was no information who would help them and when this medicine was to be offered or where they stored it in their home.
- Staff were guided to support another person to use a 'cream' for damaged skin but it was not clear what cream this was and when and how this person needed help to use it. Another person's care plan stated they needed staff support and they used homely remedies (which are medicines available without a prescription to treat minor ailments) and 'when required' medicines. However, their medicines records did not provide any information about such medicines being used by them.
- Staff signed medicines administration records (MAR) when helping one person with their medicines. However, in June 2022 staff signed to state a medicine which was prescribed to be taken once a day was shown as administered twice a day. This was not identified in the medicines audit that month or actioned by the registered manager as potential error made every day for a period of a month, putting the person at risk of harm. It was unlikely the person received too much of the medicine as they had limited stock available for them in a period of a month.
- The registered manager recorded for one person that a medicine was not available for a period of several days. However, this person's MAR for that time was fully signed by staff confirming all medicines were given to the person as prescribed. Those discrepancies in records were not appropriately recognised as potential medicines errors causing significant risk of harm to the person and were not addressed prior to the inspection. The registered manager told us when the medicine was not available for the person, they contacted their GP for guidance.

The provider had failed to safely support people with their medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff worked closely with people's families and were guided on some areas of support, for example around creams to be used by their wishes. Staff knew who required full assistance with their medicines and people's representatives had no concerns around how this support was provided.
- Since the last inspection, the registered manager told us staff had now received training in safe medicines

administration. The registered manager completed staff's medicines competency assessments and implemented medicines administration records audits.

Staffing and recruitment

At the last inspection the provider had failed to effectively operate their recruitment procedures which put people at risk. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- At the last inspection the registered manager had not followed their own policies and procedure around safe recruitment of new staff. They told us they would rectify gaps in pre-employment checks and ensure staff underwent appropriate checks to provide care to people in the community.
- The registered manager took some action to improve but not enough to fully address all issues. For example, although the provider's recruitment policy was clear staff employment history would be explored with them and appropriate references obtained, this was not always the case. We found a range of discrepancies in staff records which were not identified and clarified by the registered manager.
- For example, for two staff the declared employment did not match their references and where staff worked in previous roles in care, their references were not always obtained. There was no evidence of the registered manager risk assessing this or taking any other action to ensure staff were suitable to lone work supporting people. This could pose a significant risk to people as staff worked with them on a one to one basis when providing care visits. The registered manager did not mitigate those risks by effective pre-employment checks and did not follow their own recruitment policy.

The provider had failed to effectively operate their recruitment procedures which put people at risk. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager requested Disclosure and Barring Service (DBS) checks for staff which were now in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection the provider had failed to ensure there were always enough staff deployed to support people which put people at risk. 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.

- At the last inspection staff had not been deployed effectively to provide people with the care they needed. People did not receive their visits as planned which put them at risk. The provider's monitoring system was ineffective in alerting the registered manager of any issues with staff attendance on care visits.
- At this inspection people received their care as planned and the registered manager closely monitored staff allocation and attendance on individual care visits. One relative told us, "[Staff] never missed visits. If they are going to be late, they would let us know." Another relative confirmed this, "They are usually on time or if late or early, they would let me know."

- The registered manager had improved how the visit monitoring system worked and was now able to see in real time if people received their care as planned. We saw evidence of frequent management spot checks and how action was taken to confirm staff arrived on time when the system was showing any discrepancies.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One relative told us, "Oh, yes, [person] is definitely safe with [staff]." The relatives told us staff helped people with their daily living activities when they could not provide support themselves.
- Staff received training and support to be able to recognise and report any concerns within the agency and externally. One staff member told us, "If I suspected abuse, I would report it to my manager. I have not had to raise any issues to management, but they would definitely support me."
- Although there were no safeguarding concerns since the last inspection, the registered manager had improved their knowledge on how to refer any concerns to the local authority and worked with social services to investigate and address previous concerns.

Preventing and controlling infection

- The registered manager supported staff to follow good infection prevention and control practice. People's relatives told us staff used personal protective equipment when helping people. The agency had appropriate plans in place and a policy to manage the risk of infections spreading.
- People received support to keep their homes clean and hygienic when needed. One relative told us staff would help with cleaning or laundry and made sure the person had all household items available to them.

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. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 the provider had failed to act in line with the Mental Capacity Act 2005 and the related code of practice. This was a breach of regulation 11 (Need for consent) 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 11.

- At the last inspection the provider had not followed the principles of MCA. There was no evidence of how MCA was considered for people who had been said to lack capacity to consent for care. At this inspection people told us staff asked for consent before providing care but there was no improvement in the registered manager's understanding and implementation of MCA when reviewing people's care plans. Staff received training in MCA and understood the need to ask people for consent and their choices before providing day-to-day care.
- Some people's care plans indicated they might have lacked capacity to consent for care. However, there were no records of mental capacity assessments or best interests' decisions for these people. Despite additional training undertaken by the registered manager, they were not able to tell us how they implemented MCA and what processes they followed to ensure people's rights in this area were protected.
- It was unclear how people's consent for care was obtained. The records of consent from people who had

capacity were not completed. For some people consent was provided by their representatives. However, the provider failed to check if those representatives had legal authority to do so. Due to the continued lack of appropriate systems to ensure people's consent was sought and capacity assessed when needed, people were at increased risk of their rights not being protected effectively.

The provider had failed to act in line with the Mental Capacity Act 2005 and the related code of practice. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure there were always enough suitably qualified, competent, skilled and experienced staff deployed to support people. 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.

- At the last inspection staff had not completed training in key areas such as practical moving and handling or safe administration of medicines. People had told us at the time staff had not been fully competent to provide good support and staff and people's records confirmed this.
- Following the last inspection, staff completed additional practical training, for example, around moving and handling and were supervised by the registered manager. This included direct observations of their practice.
- Staff team had become smaller and the registered manager provided closer supervision and support to staff. People told us their support had improved and they found staff helping them were competent. One person told us when we asked if staff were competent to support them well, "100%, [staff] are really trained in that." A relative said, "[Staff] know exactly what they are doing."
- Staff felt supported in their roles. One staff member told us, "I have regular supervision which is once a month. I feel well supported. All the requests I have made have been met. [The registered manager] had spot-checked me so many times. I get feedback from that too." Staff records confirmed they all received supervisions and spot-checks which were unannounced observations of practice.
- Staff had not received any training relating to specific needs of the people they supported. For example, around dementia, communication, falls prevention, skin care or continence care. However, the risks to people were minimised as most staff working with people at the time of the inspection had previous experience of care and the registered manager regularly visited and supported people themselves. The registered manager told us they planned further training for staff.

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

At the last inspection the provider had failed to ensure the care provided to people was always appropriate and met their needs. 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.

- At the last inspection the registered manager had not always fully assessed people's needs and wishes prior to agreeing to provide care to them. They had not always gathered all the information they required to plan people's care with them well. This negatively affected some people's experiences of care at the time.
- Since the last inspection, the registered manager communicated with people and their supporters, as well as social services where relevant, to ensure their wishes and preferences were respected. People told us their care had improved and they were now comfortable with the support provided. However, people's records did not always reflect those changes which we addressed in Safe and Well-Led in this report.
- The agency had started to provide support to one more person since the last inspection. The registered manager told us they met with this person and their family. They also explained to us what processes they would follow in the future to ensure robust and person-centred assessments were completed with all people who they intended to support. However, the overall detail and robustness of all of the care plans required improvements which we addressed in Safe and Well-Led in this report.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's relatives told us staff supported their loved ones to eat and drink well when on care visits. One relative said, "I find [staff] really good. They make sure [person] is having something to eat."
- Another relative said, "[Staff] cook for [person] during the day." Most people did not require staff to support them around meals and drinks, but care plans included some information on what assistance should be offered.
- Most people were supported by their families to access healthcare services. Staff knew when to inform family and the registered manager people needed to see a doctor, a nurse or specialist services such as occupational therapy. The registered manager explained to us in which situations they contacted healthcare or social care professionals for their input and advice. Staff knew when to call for an ambulance. For example, if a person had a fall.

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. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although people's experience of care and how staff involved them had now improved, the guarantee of this being sustained for people was limited. This was because people's views and preferences were not fully reflected in their care plans as a result of those discussions. There was limited evidence of staff proactively seeking people's input since the last inspection. This was mitigated by the fact the agency provided consistent staff to support only small number of people and the registered manager was able to address their feedback themselves.
- People and their relatives told us they felt involved in their care and in control, being able to make changes to their support and care plans. One relative said, "We go to [registered manager]. We had a meeting and asked to change the care plan. [The registered manager] is going to change it. We have seen the care plan and have it in the house at all times."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy, dignity and independence. One person confirmed staff asked how they wanted to be supported, encouraged them to do things for themselves rather than taking the task over and maintained their comfort when helping with personal care.
- A staff member told us, "Everyone is different and has their preference. I make sure they are private and personal care is discreet." Another staff member said, "We respect their [peoples'] personal needs. If they want privacy, it's a normal human thing to want that. If someone is less capable, you still need to treat people as equals."

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

- People and their relatives told us they were now supported by consistent staff who were caring and respectful, and they often saw the registered manager who treated them in a compassionate and respectful way too. One person said, "Since the issues got addressed and resolved, [care] got a lot better. We [me and staff] get on very well and it is very smooth. I have not had any issues."
- People's relatives told us staff were patient and kind. Relatives commented, "[Staff] is very helpful"; "They are really good, have patience of a saint." Another relative told us staff would ask how the person had been to ensure they knew when they needed to provide gentler care and be mindful of the person having a bad day.
- People's relatives complimented how the registered manager was involved in the day-to-day care provided and their attitude. One relative said, "[The registered manager] is brilliant with my mum, so patient and gives all the care she needs."

- People and their representatives told us staff respected them, their homes and families. Staff knew people well, including, for example their needs around their culture, religion or identity, although these were not always fully described in people's care plans.



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; End of life care and support

At the last inspection the provider had failed to ensure the care provided was always appropriate and reflected people's preferences. 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.

- At the last inspection people and their representatives told us the care they had received had not always been person-centred and meeting their individual needs. Since then the registered manager took action and people's experience of care had improved.
- The registered manager became much more involved in supervising and overseeing people's day-to-day care and provided support on some visits themselves. They also increased the frequency and improved the quality of the spot check visits and asked people for feedback more often. This helped them to ensure people's experience was more personalised and met their preferences and needs.
- Although people's experience had improved, their individual care and support plans did not always fully reflect those changes in practice. Care plans still lacked personalised detail on how people wanted to be supported, for example around their personal care. Some information in people's care plans was also inconsistent. This was mitigated by the fact people received consistent support from the same staff members who knew them well. However, if staff changed, this posed a risk of people's experience being negatively affected. We addressed this in Well-Led in this report.
- People and their relatives told us they received person-centred care. One relative said, "[Staff] adjust very well and do as much as they can (for the person). I think they are responsive." Another relative told us, "[Person] is very well looked after. [Staff] always ask me for things (which person may need). If I forget to put socks for them, they will do it. I do not need to supervise them. They will help [person]."
- Staff had now sought ways to improve and further personalise people's care. One relative said, "[Staff] always have suggestions and we discuss things. They don't just come, do it (provide care) and go." Another relative told us, "We are adapting as things change. I am working with them every day and they know [person] very well. [Staff] help out when needed."
- Staff took time to get to know people and their preferences, likes and hobbies. One relative told us staff built a good relationship with their loved one and chatted about day to day things and this person's interests when supporting them. We were also told staff asked this person for their choices and preferences and followed their requests when helping them.

- Staff did not provide end of life care to any people at the time of the inspection. People were asked by staff for their wishes around the care they wanted at the end stages of their lives but not all wishes were added into people's care plans.

Improving care quality in response to complaints or concerns

At the last inspection the provider had failed to operate an effective system to identify, receive, record, handle and respond to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) 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 16.

- At the last inspection not all complaints had been appropriately responded to by the registered manager. The registered manager improved the way they recorded, investigated and managed complaints since. People were much more confident their complaints would be listened to and knew who to approach with any concerns.
- One relative said, "If I had a complaint, I would go to [the registered manager]. They came and visited to see how things are. We are happy with communication (with the agency)." Another relative said, "We have only dealt with [the registered manager]. Issues stopped because of them." Third relative told us, "If any problems, we have head office number. I can contact them, and they are helpful, definitely."
- The registered manager improved their systems and processes and now had a way of recording, monitoring, investigating and responding to complaints. Some of the records could be improved further to include more robust response from the registered manager. We shared this with the registered manager who told us they would seek further support from a social care consultant to develop their management skills.

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.

At the last inspection we recommended the registered manager reviewed their responsibilities under the Accessible Information Standard requirements. The provider had made practical improvements in this area.

- People and their relatives told us they felt staff could communicate with them effectively. Staff in general knew people's individual needs well as they worked with same people throughout the week. Staff could communicate with people as they had some experience in care from their previous roles. This mitigated risks to people, although their individual communication needs were not clearly addressed in their care plans. We addressed this in Well-Led in this report.
- Staff knew people and their communication needs well as they supported same people for a longer period of time. One staff explained to us the person they supported could get distressed when communicating. Staff told us they needed to be patient, calm and remember the person could understand verbal reassurance. Staff also said they would give the person space to calm down and they often used jokes which the person liked to diffuse the situation.

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

- Most of the people supported by the agency at the time of the inspection did not require support around their interests, hobbies or going out as this was provided by their family members. People's care plans included some information about things people enjoyed doing and relationships important to them.
- People and their relatives told us staff knew people well and chatted with them when providing care. One relative also said staff helped the person to go out for a walk when they wanted to do so.

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; Continuous learning and improving care

At the last inspection the provider had failed to establish and operate effective governance systems which impacted on people's care. This was a breach of regulation 17 (Good governance) 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.

- At the last inspection we found the registered manager had not had a good oversight of the quality and safety of the care people received. The governance systems and processes in place were not used at all or were ineffective in addressing shortfalls.
- The registered manager failed to identify they were still not working in line with safe recruitment practices and their own policy in this area. They told us prior to the inspection staff records had been fully reviewed. At this inspection we found there were still significant gaps in staff records which were not spotted by the registered manager prior to the inspection.
- After the last inspection, the registered manager told us they implemented medicines administration audits and assessed staff competency around safe management of medicines to improve people's safety. However, at this inspection we identified the registered manager failed to recognise and appropriately address potential medicines errors which put people at risk of harm.
- Following the last inspection, the registered manager told us all people's care plans, risk assessments and records in relation to consent and mental capacity had been reviewed. However, at this inspection we found this was not the case and people's individual records still lacked consistent and robust guidance for staff around people's individual risks, preferences or their consent. This was despite the fact the number of people using the service decreased significantly since the last inspection. This was not recognised by the registered manager and there were no specific internal or external audits of care documentation in place at the time of the inspection.
- The systems used by the registered manager did not support them to ensure they could locate the most up to date versions of electronic care plans for people. For example, one person's plan could not be located at all. Another person's plan included out of date information on the changes made to the time of their care visits. The registered manager did not identify shortfalls and discrepancies in peoples' care plans prior to the inspection. This posed a continuous risk to people in case staff supporting them or their own needs

changed. People could be harmed or receive substandard care. The registered manager told us they would share the up to date care plans with CQC following the inspection. However, the care plans we received still provided inconsistent information or did not provide enough detail around people's needs.

The registered manager told us they were seeking additional support and input from a social care consultant to support them to address the governance shortfalls and develop their own management knowledge and skills.

The provider had failed to establish and operate effective governance systems which impacted on people's care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager made some positive changes since the last inspection. One staff member commented, "There has been lots of change since March – timekeeping is easier with the rota, [the registered manger] has been monitoring record keeping. There is more monitoring of staff."
- The registered manager implemented some recording structures to support themselves in planning audits and checks. They now monitored safeguarding concerns, complaints and accidents and incidents. They started using spot checks and supervisions to better support staff and to gather ongoing feedback from people.

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

- The culture of the service was overall caring and supportive. People, their relatives and staff were complimentary about the registered manager. One staff member said, "[The registered manager] is trying to get things right. I had not had to raise any concerns." Another staff member said, "I feel they would definitely support if I had a problem."
- People and their relatives told us they often saw or spoke with the registered manager and felt listened to. They stated they felt involved in their care now and asked for feedback which was then considered and implemented by staff. For example, one person required a change in the time of their care visit to accommodate their preferences and this was done.
- The registered manager engaged people, their relatives and staff in the service. Staff were provided with supervisions, spot checks and telephone support whenever needed. People were visited by the registered manager or asked for feedback over a phone. The registered manager monitored this and made sure they contacted everyone regularly. This was achievable as the agency provided support to small number of people at the time of the inspection.
- The service was inclusive. People and the staff supporting them came from different backgrounds and walks of life. They all told us the registered manager was supportive and respectful. Staff respected peoples' rights related to, for example, their disability, gender or culture.

Working in partnership with others; 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 worked with people's families, social workers and healthcare professionals when needed. The registered manager engaged in the local registered managers' support networks and worked with the local authority around improvements to the service.
- The registered manager understood their responsibilities under the duty of candour. People's relatives told us they worked in an open and transparent way and would communicate with them well if things went wrong. The registered manager understood their responsibility to work with external partners in an open

and transparent way.