Pathways of Hope Ltd

Pathways of Hope

Inspection report

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Date of inspection visit:
27 April 2021
28 April 2021
29 April 2021

Date of publication:
17 June 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Pathways of Hope is a service that provides care to people living in their own homes and is based in Chichester, West Sussex. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 47 people receiving personal care. Care was provided to children, young and older people with a range of health care conditions which included those living with dementia, diabetes and physical disabilities.

People's experience of using this service and what we found
There was a lack of oversight to assure the registered manager people were receiving appropriate care to meet their needs. Shortfalls found as part of the inspection had not been identified by the registered manager. Quality assurance processes were not robust or effective in identifying areas that required improvement. The registered manager had not always ensured they were suitably registered to provide care to all groups of people they were supporting. Following the inspection, we made a safeguarding referral to the local authority for them to consider as part of their safeguarding duties.

Staff had not always received a thorough or robust recruitment. There was a lack of oversight of staff training and this meant some staff did not have safe pre-recruitment checks or training before being deployed to work alone and support people who were living in their own homes. Most staff had not had their skills or competence assessed to assure the registered manager they were able to effectively meet people's needs.

Risks to people had not always been identified or mitigated. One person had not been always been supported to have their medicines according to the prescriber's instructions.

We have recommended the registered manager seeks support and guidance from reputable sources. This was required to improve the assessment, planning and review of people's needs. To improve the information provided to staff to help support the consistent delivery of care. To improve information that is provided to people to meet their communication needs and understanding. To ensure staff have a sound awareness of what to do if a person is unable to give their consent to care.

Although our inspection found concerns about some people's care, feedback from people and their relatives was positive. They told us staff were kind, caring and responsive to their needs. One person told us, "The care I get is excellent and I can't fault it in any way. They know what I need and will always do that little bit extra."

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 were involved in their care and the registered manager and staff worked in partnership with external health and social care professionals to ensure people received coordinated care. Feedback about people's care and experiences was welcomed and people told us they felt comfortable raising issues with staff and the registered manager. People were supported to plan for care at the end of their lives.

There were enough staff to meet people's needs and ensure care visits were covered. People were protected from the spread of infection. When people required assistance to prepare food and drinks they were provided with choice and visits were scheduled to ensure people received support at mealtimes.

People were supported to retain their skills and their independence was promoted. People and relatives told us staff were kind and caring. Privacy and dignity was maintained, and people were treated with respect.

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

Rating at last inspection
This service was registered with us on 3 February 2020 and this is the first inspection.

Why we inspected
This was a planned inspection as the service had not been inspected. It was also prompted in part due to concerns we received about staff's practice, skills and competence. A decision was made for us to inspect and examine those risks.

Enforcement
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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to safe care and treatment, staff recruitment and training and the leadership and management of the service. Please see the action we have told the registered manager to take at the end of this report.

Follow-up
We will request an action plan from the registered manager to understand what they will do to improve the standards of quality and safety. We will work alongside them and the local authority to monitor progress. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Pathways of Hope

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection site visit was undertaken by one Inspector. Another Inspector and an Expert by Experience contacted people, relatives and staff by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides care to people living in their own homes. The service had a manager registered with the Care Quality Commission who was also the provider. This means they are legally responsible for how the service is run and the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was to ensure that the registered manager was in the office to support the inspection and so that people and their relatives were informed of our inspection and asked if they would like to receive our calls. Inspection activity started on 27 April 2021 and ended on 29 April 2021. We visited the office location on 29 April 2021.

What we did before the inspection
We reviewed information we had received about the service since it was registered. We had not asked the provider to submit a provider information return (PIR). A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when making our judgements in this report. We contacted a social care professional for their feedback about the service.

During the inspection

We spoke with three people, five relatives, four members of staff and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care and medicine administration records for nine people. We looked at 15 staff files in relation to recruitment and training. A variety of records relating to the management of the service, which included policies and procedures, were also reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We made a safeguarding referral to the local authority for them to consider as part of their safeguarding responsibilities. We shared some of our findings with two local authorities who funded some people's care.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. We found 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 at risk of harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had not always considered potential risks when recruiting and deploying staff. They had not complied with their recruitment policy and had not always assured themselves staff were suitable and of good character before allocating them to support people in their own homes. This increased the potential risk of harm.
- Two members of staff did not have a Disclosure and Barring Service (DBS) check before they were allocated to support people, which included a child. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with those who might be at increased risk of abuse. This increased the potential risk of harm as there were limited assurances staff were safe or suitable until after they had been working alone in people's own homes.
- The registered manager had been creative in finding ways to increase the staff team during the COVID-19 pandemic. Some care staff could not drive so dedicated staff had been recruited as drivers. No DBS checks, references or employment history had been obtained to provide assurances these staff were suitable and of good character, before they were given information about where people lived. This increased the risk of potential harm.
- Two members of staff did not have enough references to comply with the registered manager's policy. No staff employed had been required to provide details of their full employment history. There were no assurances of any gaps in employment or to ensure staff were suitable and had the necessary experience to support people safely.

The registered manager had not always ensured recruitment procedures were operated effectively. They had not always assured themselves that staff recruited were fit, proper and of good character to help ensure people's safety. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was receptive to our feedback. They immediately arranged DBS checks for staff employed as drivers and told us employment history and references would be obtained for all staff.

- Following the inspection, due to the concerns found relating to staff recruitment and training when supporting a child, we made a safeguarding referral to the local authority. Further information about staff training can be found in the Effective key question.
- People and relatives told us there were enough staff to cover their calls and our observations confirmed this. Staff were provided with travel time in-between their care calls and this was considered when

completing staff's rotas. One person told us, "Mostly they are on time, but if they are held up, they give me a ring to let me know what is going on."
● An electronic call monitoring system required staff to log in and out of people's homes. This enabled the registered manager to be aware of staff's whereabouts when they were working alone. It also provided assurances that people had received calls to meet their assessed needs.
● People told us they felt comfortable with staff and they knew who to speak to if they were ever worried about their care. One person told us, "I feel really safe with them all and one carer I know very well."
● Staff demonstrated a good awareness of the signs and symptoms of abuse and knew what to do should they have concerns. When incidents and accidents had occurred, they were reviewed and considered. If required, referrals were made to the local authority's safeguarding team.

Assessing risk, safety monitoring and management; Using medicines safely
● Risk to some people's safety had not always been identified or managed effectively. One person was living with Parkinson's disease and had a history of falls. Parkinson's UK states, 'If someone with Parkinson's doesn't get their medicine on time, every time, this can mean their symptoms are not well controlled and it is more difficult to manage day to day.' This had not been considered when assessing the person's risk of falls or when scheduling their care visits.
● Electronic medicine administration records (EMARs) showed the person had not always been administered their medicines at the prescribed times. On one occasion they had received them two hours after the prescribed time, therefore, increasing the risk the symptoms of their condition were not well-managed.
● Staff responsible did not always have the skills and understanding to support people safely. For example, two members of staff had been allocated to administer the same person's medicines without medicines training or having their competence assessed.
● Staff were provided with conflicting information about who was responsible for administering the person's medicines. EMARs showed both staff and the person's relatives had sometimes administered the medicines. Systems were not used effectively to provide assurances there were no long periods or insufficient time in-between doses.
● Systems did not always provide assurances that people had received their medicines. Some staff had not documented when medicine had been administered by people's relatives. It was not always evident if people had been administered their medicines or if staff had failed to document their actions.
● One person was assessed as being at a high risk of falls and were prescribed an anti-coagulant medicine. A possible side effect of these types of medicines is excessive bleeding. Staff had documented that the person had unexplained bleeding yet had not alerted the registered manager or the person's GP to determine if medical treatment was required. This increased the risk the person might not receive timely or safe care and treatment.
● One person had experienced a fall. One member of staff had documented that following the fall, they had carried the person to another room. This is unsafe practice and increased the risk of injury to both the person and the member of staff.

The registered manager was not doing all that was reasonably practicable to ensure care and treatment was provided in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and relatives told us people felt safe receiving support from staff. A relative told us, "They always treat them with great respect and never raise their voices."
● People were supported and enabled to maintain their independence when administering medicines. Assessments had identified potential risks and measures were in place to monitor that people had enough

quantities of medicines. One person told us, "I lay out all my tablets for the day and take them as prescribed. The carers check that I have taken them."

● Environmental risk assessments had been undertaken to ensure people's homes were safe and free from potential hazards. Staff had been provided with information about potential risks to their safety as well as measures that had been taken to mitigate these. For example, when people smoked they had agreed not to when in the presence of staff to avoid them inhaling second-hand smoke.

Preventing and controlling infection;

● Infection prevention and control was considered and maintained throughout the COVID-19 pandemic.

● Staff had been provided with guidance advising them of when they needed to wear personal protective clothing and equipment and where they should dispose of this safely. This helped keep people and staff safe from the risk of infection and cross contamination. People confirmed staff wore this whilst supporting them.

● Staff had access to COVID-19 testing and suitable measures were in place to enable staff to self-isolate should it be required. This helped reduce the spread and transmission of infection.

Requires Improvement

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.

This is the first inspection of this newly registered service. This key question has been rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. We found concerns about some staff's learning and development as well as a lack of assurances of their competence, to ensure they held appropriate skills to support people safely and effectively.

Staff support: induction, training, skills and experience

- Staff did not always receive learning and development to support their knowledge, understanding and skills, before being deployed. For example, four staff allocated to support a child had not undertaken child safeguarding training to provide assurances they knew what to do if they were concerned about a child's safety and well-being. Three staff allocated to support people with their medicines, had not undertaken medicines administration training nor had their competence and skills been assessed. This increased the risk that people might be provided with ineffective or unsafe care.
- People and relatives told us they valued staff, yet some felt new staff were inexperienced and did not always understand their needs. One person told us, "I do think the regular carers know what they are doing but the new staff that appear seem to have only minimal training." Our findings confirmed this.
- Staff with no prior experience of working within the health and social care sector completed a one-day training course which covered a vast number of topics. One person told us, "The carers appear to be trained, but the newer carers appear less well trained with a very limited induction. We had one that was shadowing one day and came as the carer the next day." Our findings, as well as some people's and relative's comments, raised concerns about the quality of the training provided and the knowledge and understanding staff gained.
- The registered manager sometimes worked alongside staff which allowed them to observe staff's skills and competence to ensure it was safe and effective. This was not regular or structured and meant staff's practice had not always been observed to provide assurances they had retained the learning from their induction or were able to support people in a safe way.
- When staff had previous experience within the health and social care sector, there were no assurances of any previous learning they had undertaken to ensure they had appropriate skills and knowledge to support people safely and effectively. They were not required to complete an induction or other formal training. Despite no evidence of staff's training and no assurances of their competence, all these staff had been deployed to work alone in people's homes.
- People who used the service were living with specific health conditions, Although the registered manager told us staff could be allocated specific on-line training, this had not always been implemented. Staff were not always supported to have an awareness and understanding of the impact these conditions might have on people. When speaking about how to support a person who used a catheter, a member of staff told us, "Nothing in the care plans to describe this. I had to tell two carers about bypass and how to recognise it, they didn't know, and they had to google what to do."

The registered manager had not always ensured staff were suitably qualified, competent, skilled and experienced. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager was in the process of enrolling some staff to undertake Diplomas in Health and Social Care to help develop their knowledge and skills.
● Staff did not always have access to supervisions or appraisals. The registered manager had recognised this and had started to schedule times for this to take place to ensure staff were fully supported within their roles.
● New staff were allocated to work alongside and shadow existing staff to help provide guidance and enable them to learn about people's needs and the registered manager's policies and procedures. The duration of this was dependent on staff's prior experiences and skills.
● We received mixed feedback from people and relatives. In addition to the negative feedback above, some people and relatives told us they had confidence in staff's skills and abilities and people were well-cared for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Some people's needs had not always been sufficiently or effectively assessed to provide guidance for staff on potential risks to their care. For example, one person was at potential risk of verbal and emotional abuse. Although a formal assessment had been conducted, this contained very little information and there was no guidance for staff identifying the risks or providing guidance about how to best support the person if they identified concerns. This increased the risk of the person receiving inconsistent care.
● Staff had not been provided with guidance about people's assessed needs to enable them to identify changes in people's health or know when further treatment was required. For example, one person was living with diabetes and staff had been advised to act when they identified signs of hypoglycaemia (low blood glucose levels), yet no information was provided about what these might be. When we asked staff, they demonstrated a mixed understanding and were not all aware of the signs and symptoms. This placed the person at increased risk of not receiving safe or effective treatment to manage their health condition.
● Some people required support from district nurses to care for and treat wounds. The registered manager had not considered assessing potential risks to people's skin integrity to help mitigate these or determine what support care staff could provide to help minimise risk and support the healing process.

We recommend the registered manager seeks advice and guidance from a reputable source to ensure there are effective systems to assess, plan and meet people's needs.

● Most people's needs had been assessed according to their health conditions and were implemented to help ensure people's needs were met. People and relatives told us if there were concerns about people's health, staff contacted external health care professionals in a prompt way to ensure people received timely support and intervention to maintain their health. A relative told us, "They do help me with my relative and most certainly know how to care for them and their needs."
● The registered manager demonstrated a good awareness of people's healthcare conditions and needs. Records showed the registered manager and staff had sometimes liaised with external health and social care professionals when there were concerns about people's health. This helped to provide a coordinated service and approach to people's care.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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.

● Staff had not received training on MCA and demonstrated a mixed understanding about the importance of what to do if people were unable to give their consent. One member of staff told us they would not force people to do something if they could not give their consent and instead, respect their decision, document this and report it to office staff. Another member of staff was unclear what they should do if a person refused care. They told us, "I would never force people to do anything, but the care plan says you have to get them to do things, you can't always." Staff did not know of other steps that could be taken if a person was unable to give their consent.

We recommend the registered manager seeks guidance from a reputable source to ensure staff have a sound awareness of what to do if a person is unable to give their consent.

● The registered manager had involved people and others in decisions that affected people's care. The registered manager demonstrated good practice as information about people's Lasting Power of Attorneys had been gathered to provide staff with an awareness of who was able to make decisions on people's behalves if they lacked capacity to do this themselves.
● The registered manager told us no people were deprived of their liberty and that no applications to the Court of Protection had needed to be made.
● People and relatives were happy that staff involved people in decisions relating to their care. One person told us, "They do always ask if I am happy with what they are doing, particularly with personal care." A relative told us, "The great thing is that my relative is making the choices for themselves which makes a big difference to quality of life." Another relative told us, "They will always ask if my relative is happy with what they are going to do for them."

Supporting people to eat and drink enough to maintain a balanced diet;
● People told us they were supported to choose food and drinks and enjoyed those which were provided. One person told us, "They prepare all my meals for me and make a drink for me before they leave."
● Call times were scheduled so people who required assistance to prepare food were supported by staff.

Good

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.

This is the first inspection of this newly registered service. This key question has been rated as Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- People were treated with dignity and respect. When people contacted the office to ask staff about their planned visits, staff communicated with them in a respectful and dignified way. Staff told us one person frequently contacted the office to seek reassurance about which member of staff would be supporting them and when they would visit. The registered manager told us they had offered to provide the person with a written record of their scheduled visits, yet the person preferred to contact the office as they liked to speak to people as they lived alone. When the person contacted the office, staff were patient and understanding, they interacted with them as if hearing their requests for the first time, they reminded the person what time staff would be visiting them and reassured them they would receive a visit.
- The nature of the service people received enabled them to remain in their own homes. People valued this and told us this enabled them to remain as independent as possible. Staff were mindful of the importance of enabling people to retain their skills. Staff told us they encouraged people to do as much as they could for themselves to promote their independence and people and relatives confirmed this. A member of staff told us, "I talk to them and tell them we are not here to take over your life, we are here to assist you".
- People told us their privacy and dignity were maintained when staff supported them with their personal hygiene needs. Staff demonstrated a good understanding about how to support people in a sensitive and discreet way. A relative told us, "They are all so polite and show real respect for myself and my relative. They really try to make what they do as good as possible."
- People told us staff were kind, caring and respectful and they were fond of the staff that supported them. One person told us, "They are all very polite and use our first names and treat us with real respect. They always call out when they come into the house." Another person told us, "The care I get is excellent and I can't fault it in any way. They know what I need and will always do that little bit extra." A third person told us, "The girls are always very respectful, and you can always have a joke with them, which I really enjoy."
- . People were treated equally, and their individual differences were respected. People had been involved in initial discussions about their care and were able to choose how they were supported in order to meet their needs and preferences.
- Staff respected people's right to privacy. Information about people was stored on password protected computers within the office or on mobile phones which could only be accessed with a member of staff's password.
- People were supported to maintain contact with their family and friends and staff knew which people were important to the person. They had an understanding about the person's social network, and this had been documented within people's care plans.

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

● People told us they were involved in day-to-day decisions that affected their care. People were asked if they had any preferences with regards to the gender of staff. When people had a preference, we were able to see this had been respected. One person told us they had requested female staff to support them with their personal hygiene and this was always respected and provided.

● Records showed people or their relatives, if appropriate, had been involved in initial and ongoing discussions about people's care to ensure staff provided support that continued to meet people's current needs and preferences.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's physical and mental health needs had not always been effectively identified, assessed or considered. Some people's care plans contained minimal detail to provide clear and descriptive guidance to staff about how to support people to meet their needs. This increased the risk of people receiving inconsistent care.
- Staff used an electronic application (App)to access information about what tasks they needed to undertake when visiting people. Some staff told us they were not provided with enough information about people's needs and sometimes had to continually ask people how they preferred to be supported. One member of staff told us, "We never know about people before we go in, care plans are not detailed, the information we get is on the App and it is not always up-to-date." They provided an example where a person's care plan contained out-of-date information. Our observations also showed this to be the case for another person's care.
- Some people told us they sometimes had to explain their requirements to staff. One person told us, "Some of the new ones have very limited experience and I have to sometimes explain things." This increased the risk that staff, particularly those with limited training, experience or skills, were not always provided with accurate information about people's requirements.
- We fed back our findings as well as the feedback from people and staff, to the registered manager. They showed us how care staff could access care plans on the App yet staff we spoke to told us they did not have time to access information in detail and instead relied upon the tasks that showed on their App which contained very basic detail.
- Reviews of people's care had not always been completed and when changes in their health had occurred, the registered manager had not always ensured that staff were provided with clear, accurate and up-to-date guidance so they could support people safely and according to their needs.

We have recommended the registered manager seeks advice and guidance from a reputable source to ensure there are effective systems to assess, plan and meet people's needs. This in turn, will improve the information provided to staff to help support the consistent delivery of care to people.

- Some people's care plans did contain specific information advising staff how to support people. For example, one person liked to be supported in accordance with a set routine to help alleviate their anxiety. Staff were provided with information about where to place drinks within the person's home.
- People and relatives told us they thought the service was responsive to people's needs. One person told us they needed support at a certain time of day, they told us, "I need help getting dressed and they make sure that is what happens".

● Some people's care plans contained information about the person's life history and people that were important to them. This demonstrated people were treated as individuals and their experiences and things that were important to them, were respected.
● Technology was used so that people were able to call for assistance. Some people had carelines which could be used to contact external services 24-hours' a day. Records showed staff ensured people were wearing their careline pendants before leaving people's homes to help ensure people would be able to call for assistance if they needed this in-between care visits.

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

● Information about people's care was stored on an electronic care App which staff accessed to advise them about what they needed to do to support people at each visit. No information was stored in people's homes and if they wanted access to information, they could request their own passwords to access the App. It was not evident what consideration had been made to ensure information was provided in an accessible way for all people to understand. The registered manager had not considered how information could be adapted and provided to meet people's differing communication needs.

We recommend the registered manager seeks advice and guidance about how to provide information to people in a way that meets their communication needs.

● People's communication abilities had been identified and were documented in their care plans so staff were aware of how to communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation
● Staff were mindful of supporting people to remain in contact with their family and friends. The registered manager and staff considered the risks of people feeling lonely and made efforts to encourage communication when they visited or when people contacted the office. People told us they valued the contact with staff. One person told us, "I am house bound and don't go out so seeing the carers makes a real difference."

Improving care quality in response to complaints or concerns
● The registered manager had a complaints policy. They told us they welcomed feedback and encouraged people to raise any concerns or issues about people's care.
● People and relatives told us they felt comfortable raising issues of concern to the staff that supported people as well as to the registered manager, whom they could contact when needed. When complaints had been made, these were listened to and dealt with appropriately to help minimise reoccurrence. One person told us, "The only complaint I have had to make was regarding late arrival times. I spoke with the office and now it is much improved."

End of life care and support
● People had been encouraged to discuss their end of life care wishes. If people had chosen to have a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), the registered manager had ensured staff were made aware so people could be supported according to their previously expressed wishes. DNACPR means if your heart or breathing stops a healthcare team will not try to restart it. Where people had chosen not to

discuss their end of life care, this had been respected.

● Staff told us they did not receive end of life care training and our findings confirmed this. However, if they needed to care for a person at the end of their life, they received support and information from the registered manager and district nurses to help provide appropriate care.

Requires Improvement

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.

This is the first inspection of this newly registered service. This key question has been rated as 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager lacked oversight to ensure policies and practices were implemented to ensure people received good quality care. Auditing systems were not always effective. For example, shortfalls found at this inspection had not been identified by the registered manager. They had not identified the concerns we found in relation to medicines management, safe care and treatment, recruitment practices or staff training.
- Systems and processes were not always used to their best effect to provide assurances that people were receiving care according to their needs. The registered manager used an electronic care planning system which generated reports to show call timings, allocations and if care had been delivered. However, there were no further quality checks undertaken to monitor the care plans or care notes effectively to assure themselves care staff were providing the right support, information about people's needs was up-to-date and people were receiving appropriate care.
- The registered manager was registered to provide care to people with a range of different needs, including children and young people aged between 13 and 18 years of age. The registered manager told us they were not currently providing care to any younger people. However, we found staff were providing care to a child younger than the registered manager was registered to provide. One person's care plan advised staff they needed to provide support with personal care to a younger child within the household. Daily records showed at times staff had supported the younger child with their personal care. This was not in accordance with the registered manager's registration. Consideration had also not been made to ensure some staff that offered support had received the relevant pre-recruitment checks or training to assure the registered manager they were suitable to provide care to a child. This increased the risk of potential harm.
- Staff did not always document the support they had provided. Some staff ticked the electronic care App to show which pre-populated tasks had been undertaken yet had not provided any information about what occurred during the visit. This meant there was a lack of information to monitor people's health or any changes in their condition. The registered manager had reminded staff of the importance of documenting the support they had provided, yet this had not always been actioned or improved.

The registered manager had not ensured systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. They had not ensured risks were mitigated, and people were provided with safe care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was receptive to our feedback. Once our findings were made known to them, they acted immediately to plan measures to decrease potential risk. They told us about improvements they would make to care systems to ensure there was enough, accurate and up-to-date information to guide staff's practice and assure them of the care people had received.

● The registered manager operated a system to monitor accidents and incidents to help identify trends. Incident forms were completed and collated to enable the registered manager to identify how often incidents or accidents were occurring to enable them to take appropriate action. One person had experienced falls and the registered manager had liaised with an occupational therapist to ensure they were provided with appropriate equipment to help meet their needs and reduce the risk of further falls.

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

● Although our findings identified some concerns, most people and their relatives were positive and complimentary about the service they received. They told us they were treated fairly and with respect. People and their relatives were kept informed if there were any changes to people's care and were happy with the service they received. One person told us, "I have met the manager and I have confidence in her." A relative told us, "The care my relative receives is excellent. The carers we see are all very caring. I feel that I can now be a daughter again."

● Surveys had been sent to some people to obtain their feedback on the service provided, yet a limited response had been received. However, people and relatives told us they knew how to discuss aspects of people's care or raise concerns and found both the registered manager and office staff helpful.

● The registered manager maintained positive and productive working relationships with people, their relatives and external health and social care professionals. When people's needs changed, the registered manager involved external professionals to either reassess people's needs or provide additional care.

● Communication amongst the staff team had been adapted due to the COVID-19 pandemic. Staff meetings had sometimes been conducted virtually and staff had been kept informed about changes to their requirements via a secure messaging facility.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The registered person had not ensured care and treatment was provided in a safe way for service users. They had not assessed risks to the health and safety of service users of receiving the care or treatment. They were not doing all that was practicable to mitigate any such risks. They had not ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. They had not ensured the proper and safe use of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person had not ensured that systems and processes were established and operated effectively to:

	Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Maintain securely and accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken to the care and treatment provided. Evaluate and improve their practice in respect of the processing of information.
Regulated activity	**Regulation**
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 (1) (a) (b) (c) (2) (a) (b) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. The registered person had not ensured that persons employed for the purposes of carrying on a regulated activity were: Of good character. Had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.
Regulated activity	**Regulation**

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The registered person had not ensured that there were:

Sufficient numbers of suitably qualified, competent, skilled and experienced people

That staff had received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.